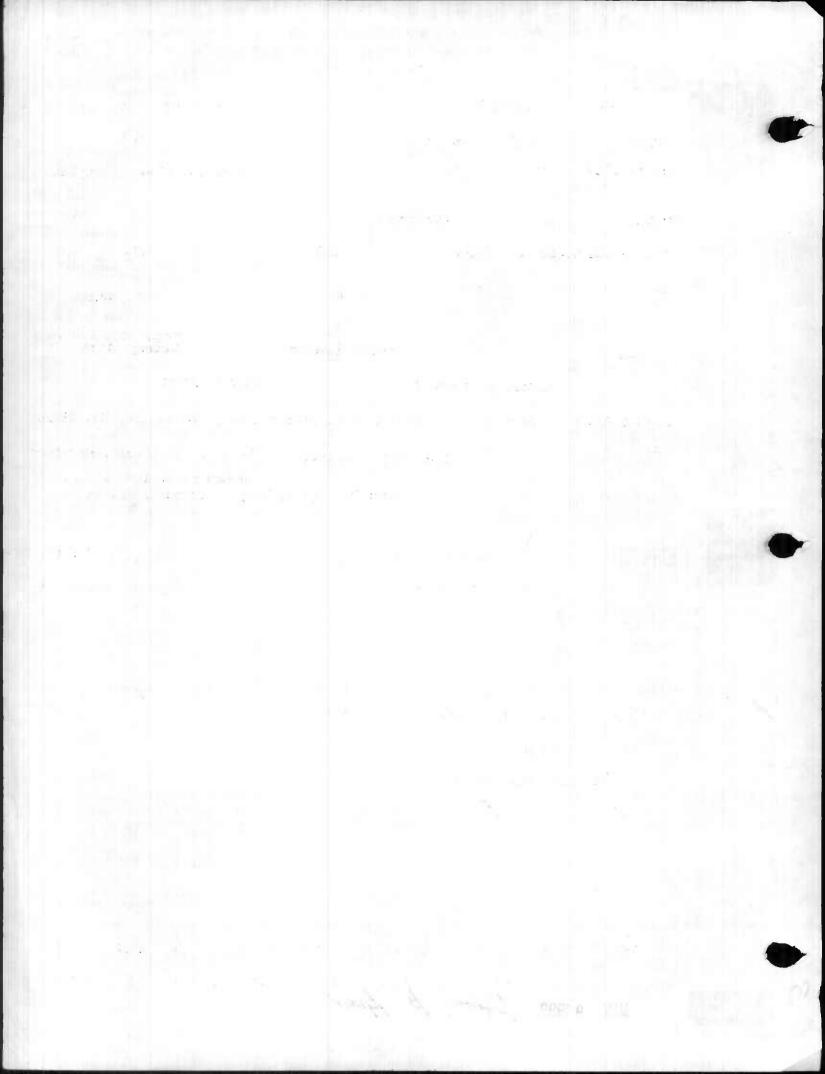
				Certificate	of Death		Reg. No.			
	1. Decedent's Name (First, Middle,	Last)				2. Date of De Month	eeth Dev	Yeer	3. Time of Death	
Physician /Medical	NORMAN	JONES	JR.			JUNE		999	3.55 am	
Examiner	4a Facility Name (If not institution, g	rive street end number)				or Location of Dea	th 4c. County	of Deeth		
	HARBOR HO.	SPITAL C	ENTER			MORE		/A		
Funeral Director	5. Social Security Number 214 44 9222	Sex 7. Ag 125 M 2□ F	e (In yrs. lest bi	rthday) If Under 1 Months Yrs.		Ain. (Month, D	ey, Yeer) 8, 1946		lace (State or Foreign try) aryland	
pu &	Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location							1	0d. Inside City Limits	
72 hours after deeth with the Maryland natural; or items 23s or 28s-f show seal Examiner must be notified at steel by Funeral Director		λ		imore					1⊠ Yes 2□ No	
or 28a-f st or 28a-f st be notified Director	Maryland N/	A	Darc.	10f. Zip (Code		10g. Citizen of V	What Coun	ntry?	
23a or unit be ral Dir	4216 - 6th Str	eet 2nd Flo	or		21225		U.S	5.		
Examiner munt	11. Marital Status 1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decadent Armed Forces? 1 ☐ Yes 2 X If Yes, Give Year or Dates:	No	1□Yes 2	ent of Hispanic Origin fy Cuben, Mexican, P No Specify:		o- 14. Rac Blac Specify	a - Americ ck, White,		
Hygiena. ther than "natural' ant, me Medical Ex	15. Decadent's (Specify only highest of	Education prede completed)	16a	. Decedent's Usual (Give kind of work	Occupation k done during most of a retired)	working	16b. Kind of Be			
than than	Elementary/Secondary (0-12) College (1-4or 5+) 9th			Produce			Stop, Grocer	shop y Sto	& Save ore	
d other event, Be Cc	17. Father's Name (First, Middle, La	st)			18. Mother's	Name (First, Middle	e, Maiden Surnam	10)		
2 0 m		Norman L.	Jones S	r.		Thelma G	lover			
th end Mer 7 Is marke traumatic TO	19a. Informant's Name/Relationship	(Type, Print)			(Street end Number o					
0 9 6	Steven Jones	Brother	1	402 Cypre	ess Street	Apt. 5	Baltimor	e, M	d. 21226	
Department of Health important: If item 27 any injury or other tr pace.	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		cemete	of Disposition (Nem ery, cremetory or off Hill Cen	her plece)	Date 6/11/99	20c. Location - Baltin		wn, State Maryland	
Department of important: If if any injury or one once.	21. Signature of Funeral Service Lie	LE &	avis		Address of Facility		Funeral timore,			
	23e. Pert1. Enter the disease, or complications thet ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.								Approximate Interval Between	
hysician /Medical xaminer	Immediate Cause (Final disease or condition resulting in death)		PTICEN						5 PAYS	
je je		10						1	5 PAYS.	
ng physician and s as the buriel-transit	Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of):								3 PA (2).	
d by the attendir letached for usa Physician/		d				COL Di			a the sauce of death?	
ed by the a detached t	Part II. Other significant conditions	contributing to death t	out not resulting	iuse given in Pert I.		23b. Did tobacco use contribute to the cause of death 1 Yes 2 No 3 Probably 4 Unknow				
igned be deta	ISCHEMIC !	PLATED	CARDIO	MYOPATI	нү	'	Yes 2 No	3	Dabiy 4 Dikilowi	
should should	HYPERTENS	SION				24a. We	s en eutopsy tormed?	ev	ere eutopsy findings reilable prior to empletion of cause death?	
tate has been signed by the attending physician and page 2 should be detached for use as the buriel-transit completed by Physician/Medical Examit	DIABETES	MELLIT	JS.			1 🖫	Yes 2□ No	1[□Yes 212 No	
is certificata director, pa Fo Be Co	25. Was case referred to medical examiner?	Hospital				Deeth (Check only	one)			
T di	1 Yes 2 No	Hospital: 1 Inpati				ng Home 5 □ Re			fy)	
After funer	27. Manner of Death O Natural 5 Pending (Month, Day Y			Time of lnjury M	8c. Injury at Work? 1 ☐ Yes 2 ☐ No		d. Describe how Injury occurred			
within 24 hours after death. To the Funeral Director: After t completely filled in by the funera Medical Certification:	3 Suicide 6 Could no 4 Homicide determin	farm, street, factory, office 28f. Loca City			ocation (Street end Number or Rurel Route Number, City or Town, State)					
in 24 hours he Funeral pletely fille edical C	29a. Certifier (Check only one)	Physician: To the best aminer: On the basis of and manner st	of examination e	e, death occurred a nd/or investigation,	at the time, date end p in my opinion, death	placa, end due to the	e cause(s) and m e, date end placa,	enner es s end due t	stated. o the cause(s)	
within 2 To the comple	29b. Signeture and title of cartifier			29c.	License number		29d. Date signe	ed (Month,	Day, Year)	
7 - 0	acquitai	M.D. RESI	DENT HO	UCESTAGE	P 11949		7m Ju	AIL	1999	
	30. Neme end eddress of person wh	-			1 11 179		LINC 30	100		
	ABHAY MOWHERA				ENTER 2	DOLS HAI	VOVER S	T	BALTIMORE	
State	31. Date filed (Morith, Day, Year)		rar's Signature			001 0 1(/1	-0001	, , ,	- NOTHING	
Registrar	JUN 9 19	99 ,-	The second	· popor	K					

DHMH 16 Rev 6/95

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM: #5 PER F.H. G772 6-16-99 WR. Certificate of Death Reg. No. 1. Decedant's Name (First, Middla, Last) 2. Data of Daath Month 1999 Elizabeth Lillian Kondner June 8, 2:50 a.m 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Charlestown Nursing Center Baltimore Baltimore If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) If Undar 1 Yeer 5. Social Security Number 213-03-1/15 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 1□M 2₽F Months Days Yrs. 81 215-03-1715 June 11, 1917 Maryland Usuel Rasidance of Dacedeni 10e. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland Baltimore Baltimore 1 ☐ Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21228 1073 Southridge Road United States 12. Was Dacedant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No if Yas, Giva 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 ☐ Navar Marriad 2 Merrled 1 ☐ Yas 2 ☐ No Spacify: Specify: White Yaar or Datas: 3 Widowed 4 Divorced 15. Decedant's Education (Specify only highast grada complated) 16a. Decadant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Coilaga (1-4or 5+) 0 Civil Service government 17. Fethar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Malden Sumame) Leon Nackfalski Helen Wisniewski 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Richard D. Kondner - son 1073 Southridge Road, Baltimore, Maryland 21228 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Removal from State 4 ☐ Donetion 5 ☐ Othar (Spacify) Loudon Park Cemetery 6/11/99 Baltimore, Maryland of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Loudon Park Funeral Home 3620 Wilkens Avenue Baltimore, Maryland 21229 23a. Part1. Enter the disease, o compli at one that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. Lis only one lause on each line. Approximata Intarval Batwean Onsat and Death Dementiq Immediata Causa (Final disaasa or condition rasulting in daath) Lars Dua to (or as a consequence of): Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaasa or injury that initiated evants rasulting in daath) Last Dua to (or as a consequance of): Dua to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy findings evailabla prior to complation of ceusa of daath? 24e. Was an autopsy performad? 28 No 1 Yas 1 ☐ Yas 2 ☐ No 25. Was cesa rafarrad to medice axaminar? 26. Piace of Death (Check only ona) Other: Nursing Home 5 Assidance 8 Other (Specify) Hospital 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a, Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 5 Panding investigation 2 Accidant 1 ☐ Yes 2 ☐ No 6 Could not be datarmined 3 ☐ Suicide 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 - Homicide

Box 68760, Kondner P.O. Name: Control Division of Vital Records, Hospital

The law requires that the death certificate be executed Attending Physician: ŏ

Physician

/Medical

Examiner

Director

Funerai

à

Completed

Be

P

Examine

Physician/Medical

ð

Completed

Be

Certification: To

Medicai

29a. Cartifian

(Check only one)

12

Funeral

Director

show

daath

item 27 is marked other than "naturel", or items 23s or 28s-f show other traumstic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Haaith and Mental Hygiene. Innocrtant: if item 27 is merked other than "netural", or item any Injury or other traumetic event.

Physician

/Medical

Examiner

and

the attending physician

ata has been signed by tha a page 2 should be detached

Aftar this cartificata has

tha

illed in by

within 24 hours after death. To the Funeral Director: A

burial-tran

tha

Elize bed

Registrar

State

31. Data filed (Month, Day, Year)

29b. Signatura and life of certifie

Andrew

9 1999

30. Name and address of person who complated ceusa of death (Itam 23a) (Type, Print)

(421.5

Certifying Phyalclan: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and placa, and due to tha causa(s) and mannar statad.

29c. Licansa number

Lang

29d. Data signed (Month, Day, Year) June 8, 1999

Catansville mayle

711 Marida Choice 32. Registrar's Signature

v in the self-off first

many 500 (140)

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Data of Daath Month Day 1999 9:15 pm Helen June 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Nama (If not institution, give street and number, Baltimore Johns Hopkins Geriatric Center 5. Social Security Number 212-01-1273 8. Data of Birth Month, Day, Year) FEB. 8, 1901 If Under 1 Year | If Undar 24 Hrs. 7. Aga (In yrs. lest birthday) 9. Birthplaca (Stata or Foraign 6 Sax 1□M 200 F Months Days Hours MARYLAND 98 Usual Rasidance of Dacedant 10b. County 10c. City. Town or Location 10d. Inside City Limits BALTIMORE DUNDALK 1 ☐ Yes ANO 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 103 CENTER PLACE APT. 129 21222 U.S.A. 12. Was Decedant Ever in U.S. Armed Forces? 13. Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, atc. Wavar Marriad 2 Mamied 1 Yas 27 No If Yas, Give Yaer or Datas: 1 ☐ Yas 2√ No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 18a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grade complated) Elemantary/Secondary (0-12) Collega (1-4or 5+) HOMEMAKER 12 OWN HOME 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) UNKNOWN UNKNOWN 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) MARY HERHEI - FRIEND 1807 DUNMERE ROAD BALTIMORE, MARYLAND 21222 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition Deta 20c. Location - City or Town, State 1 ☐ Burial 2 X Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) cematary, cramatory or other place) BALTIMORE-WASHINGTON CREMATORY LAUREL, MARYLAND 22. Name end Address of Fecility 21. Signal Funaral Sarvice Licansaa BRADLEY-ASHTON-MATTHEWS FUNERAL HOME, INC. 23a Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, approximate approximate. Intarval Batwaan Onset end Death Immediata Causa (Final diseasa or condition rasulting in daath) Sepsis Dua to (or as a consequance of): foot gangrene Le Left Dua to (or as a consequance of):

Physician /Medical Examiner

physician and the burial-transit

88 use

signed by the

page 2 has

funeral director.

in by

certificata

After this

s after daath.

Et hours a

within 24 To the Fu

Hespital or Attending Physician:

by

Completed

Be

Certification: To

Medical

requires that the death certificate be exec

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

10a Stata

Funeral

Director

ral", or Itama 23a or 28a-f show Examiner mant be notified at

Director

Funeral

þ

Completed

Be

with the Maryland

Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiena. Ant: If Item 27 Is marked other than "natural", or Itams 23.

traumatic event, the Magical

other

ò Department o important: If any injury or

Baltimore, Maryland 21215-0020

Examiner Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Ceuse (Diseesa or injury that initiated avants rasulting in death) Last Physician/Medical Pa

art II. Other significant conditions of	contributing to death but not res	sulting in the underlyin	g cause given in Part I.	23b. Did tobacco use co	ontribute to the cause of deat 3 □ Probably 4 ☑ Unkno
				24a. Wes en eutopsy performed?	24b. Wara autopsy findings available prior to complation of cause of daeth?
5. Was casa rafarrad to madical axaminer?				of Death (Check only ona)	
1 ☐ Yas 2 ☐ No	Hospital: 1 Inpatiant 2	ER/Outpatient 3□	DOA Othar: 4 Nurs	sing Homa 5 ☐ Rasidence 6 ☐ Ot	har (Specify)
7. Manner of Daath 1 Matural 5 □ Panding 2 □ Accident Investigatio	28a. Date of Injury (Month, Day Year)	28b. Time of Injury M	28c. Injury at Work?	28d. Dascribe how Injury occu	rred

25 27

Plece of Injury - At home, ferm, straet, fectory, office building, atc. (Specify)

29a. Certifian (Check only one)

3 Suicida

4 Homlcide

1 Certifying Physician: To the best of my knowledga, death occurred at tha time, dete end place, and dua to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner stated.

29b. Signature end title of certifiar

29c. Licansa number

29d. Data signad (Month, Day, Year)

6 Could not be detarmined

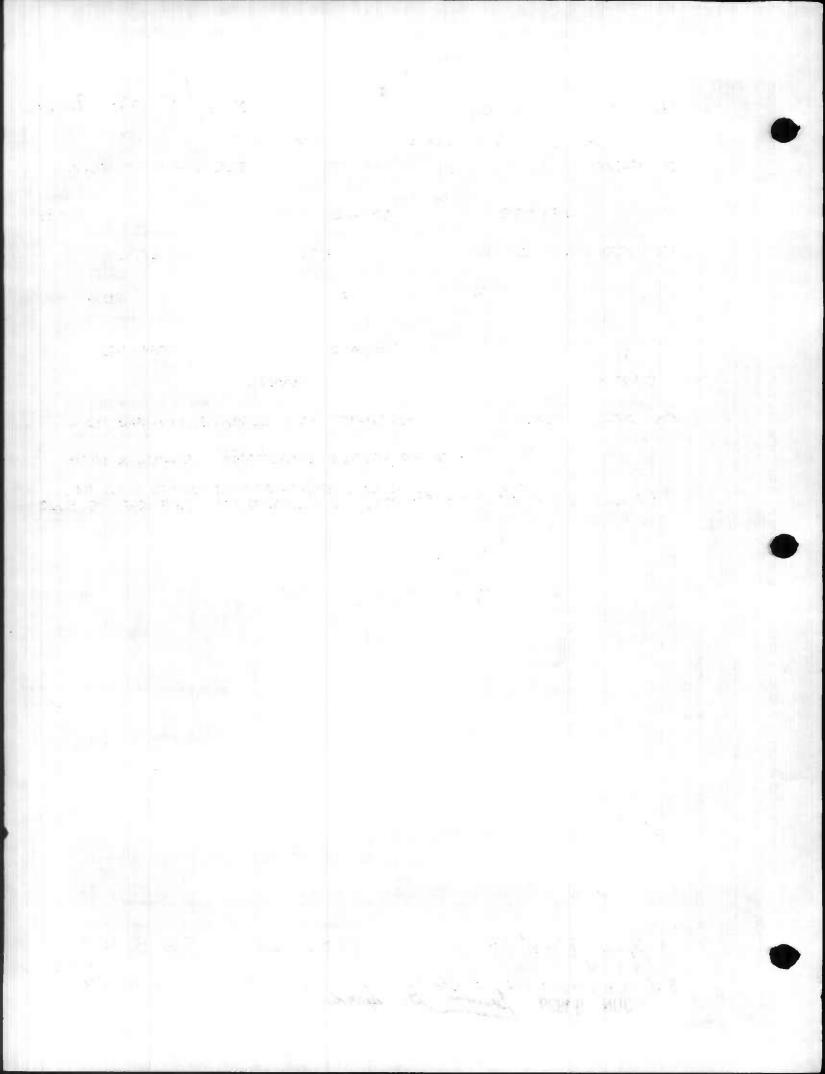
20053124

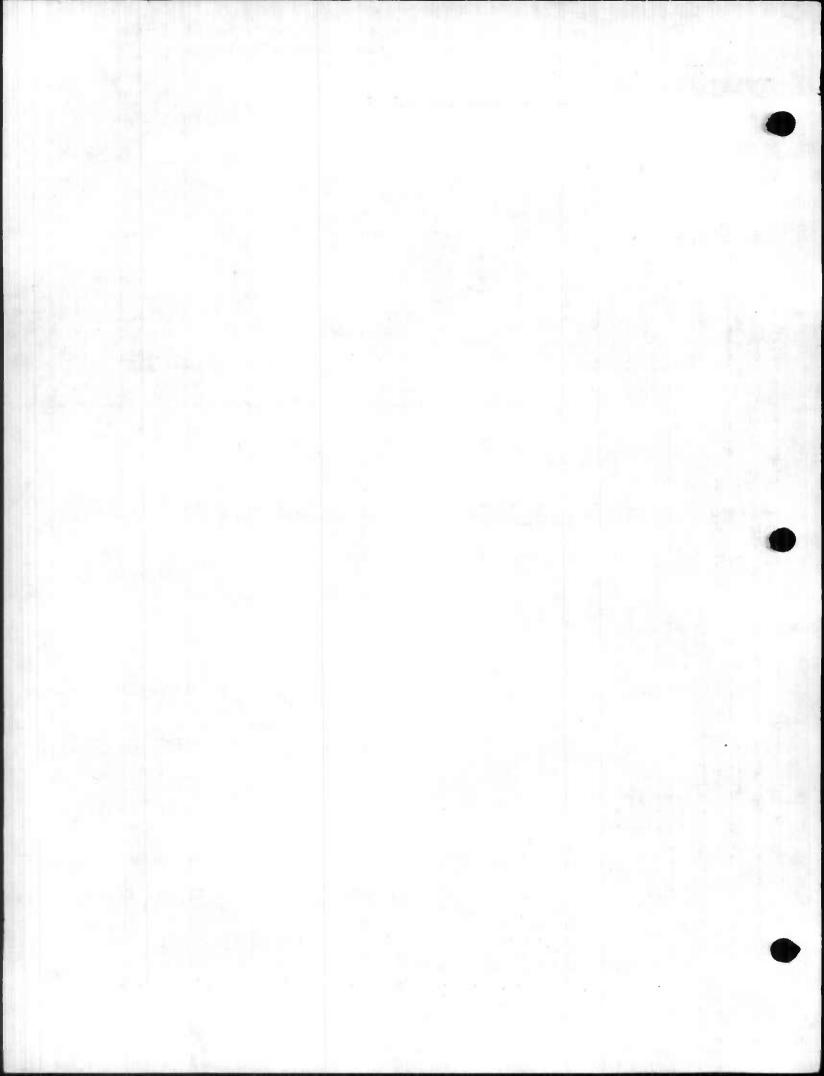
28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

addrass overson who completed causa of daath (Itam 23a) (Type, Print) Edmond

State Registrar

5505-Hopkins, Bayyiew Circle Bultimore Maryland



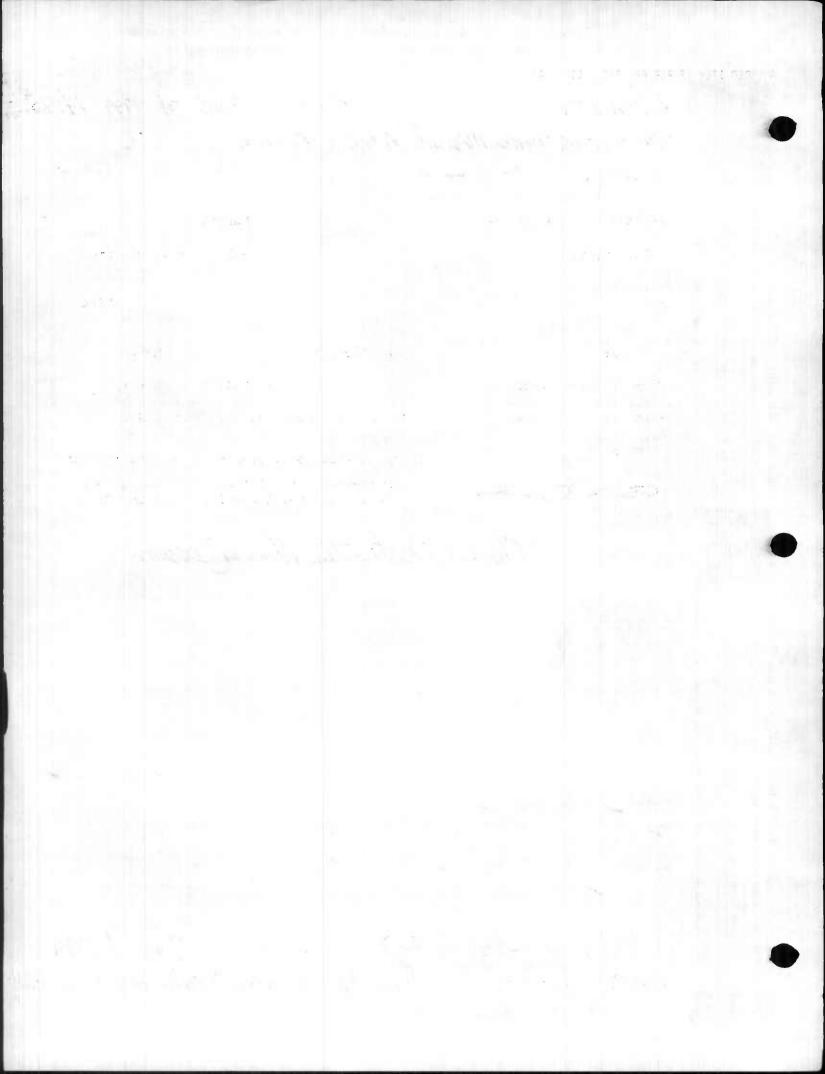


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. AMENDED ITEM #7 PER FH G772 6/11/99 AH 3. Time of Death s Name (First, Mid 2. Date of Death **Physician** /Medical y Name (If not institution, give street and numb 4b. City. Toy 4c. County of Dea N/A 8. Date of Birth (Month, Day, Birthplace (State or Foreign Country) **Funeral** 1 M NOFF Yes 54 July 3,1944 Director Maryland 216-44-0686 Usual Residence of Decedent deeth with the Maryland 10d. Inside City Limits 10e. State 10c. City. Town or Location show r than "naturel", or items 23s or 28s-f shortine Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Maryland Baltimore Dundalk 10g. Citizen of What Country? 10e Street and Number 10f. Zip Code 1934 Guyway 21222 United States Funeral 14. Race - American Indien, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 11. Marital Status permit. Pagas 1 and 2 should be filed within 72 hours after to Department of Health end Mental Hygiene.
Important: If Item 27 is marked other than "naturel", or iten any injury or other traumatic event, the Medical Frontine page. 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: p 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Years Cake Decorator Bakerv 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be John Francis Roesch Mary Elizabeth Nelson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Zarr Sister 1934 Guyway Dundalk, Maryland 21222 20b. Place of Disposition (Name of 20c. Location - City or Town, Stete Dete 20a. Method of Disposition cemetery, cremetory or other place) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stete 4 Donation 5 Other (Specify) Hilltop Service Corp. 6/8/99 Towson, Maryland 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or es a consequence of): Examiner The lew requires that the death certificate be executed physician end the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of) ettending p signed by the e Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy Completed certificata has t 1 Yes 2 No 1 Yes 2 No director, Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Impatient 2 ER/Outpatient 3 DOA this funeral Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Affer 1 Natural 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident ector: / 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Direc 4 Homicide ò C To the Hospital or within 24 hours aft To the Funeral Dicompletaly filled in 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and plece, end due to the cause(s) and menner es stated. edical 29a, Certifier 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29c. Licensa number 29d. Data-elgned (Montt), Day, Year) 29b. Signature and title of certifie 30. Name and address of person who completed cause of death (Item 23a) Type Print) ONK 32. Registrar's Signature 31. Date filed (Month, Day, State

Registrar

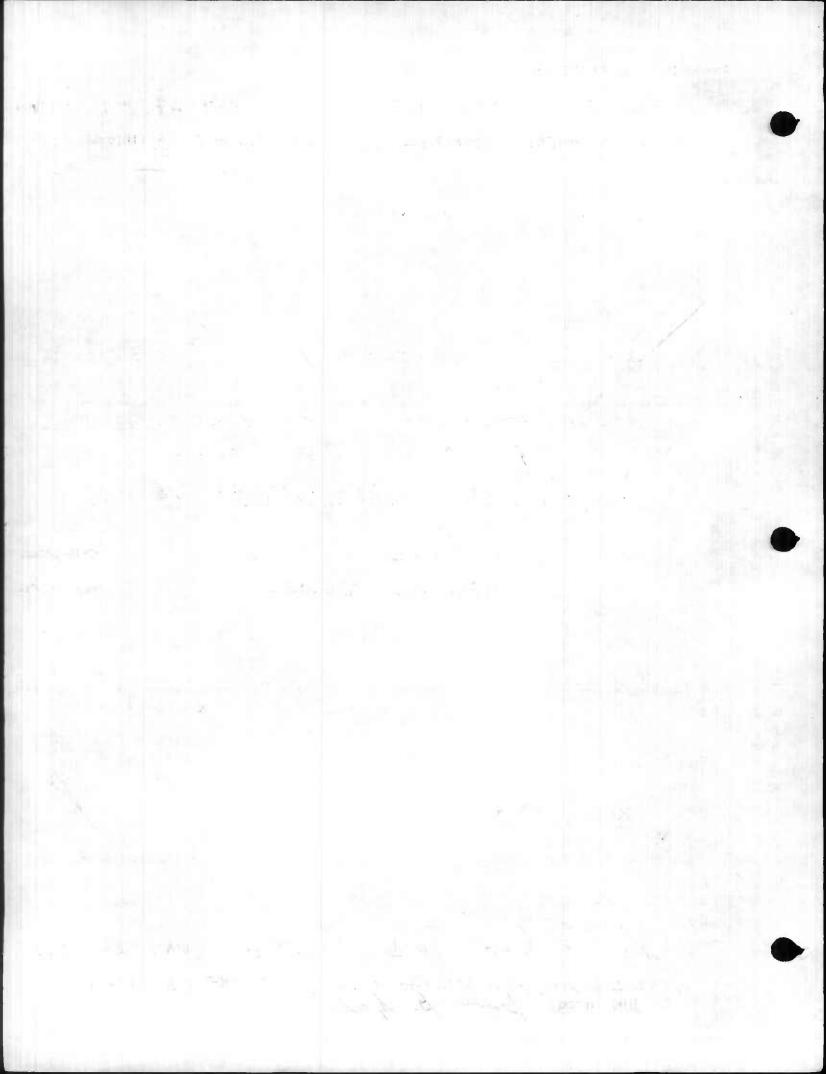
DHMH 16 Rev 6/95

JUN 0 9 1999



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Amend	ed Item#8 per FH G772 6/			of Death	Re	g. No. 99	18506	
Physician /Medical	1. Decedent's Neme (First, Middle, Las	Muse	THE		2. Date of Death Month	27 1	Year 999 5.04p	
Funeral Director	213-20-3465	AN HOSPIT		BALT		4c. County of BALT N 1925		
anyland show	Usual Residence of Decedent 10a. State 10b. County	10c. City	10c. City, Town or Location			10d. le		
vith the M or 28a-f be notified	MD N/A 10e. Street and Number 5220 YORK RD .	10	10g. Citizen of What Country? U.S.A.					
5-0020 72 hours after death v natural; or flame 23a fical Evanting must	11. Marital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Was Decedent Ever in U, Armed Forces? 1 Yes 2 WNo if Yes, Give Year or Dates:	S. 13. Was Deceded If Yes, spec	ent of Hispenic Origin? (: ify Cuban, Mexican, Puer No Specify:	Specify Yes or No- to Rican, etc.)	Black	- American Indian, White, etc.	
1 21215-002C led within 72 hours at tyglene. her than "natural", or nt, the Medical Exam Completed by I	15. Decedent's Edi (Specify only highest grad Elementary/Secondary (0-12)	cation fe completed) College (1-4or 5+)	16a. Decedent's Usua (Give kind of wor life. DO NOT us HOMEMAKE	k done during most of wo e retired)	orking	OWN HO		
Maryland 2 should be file h and Mental Hy 7 is marked othe treumetic avent.	17. Father's Name (First, Middle, Last) WILLIAM LLOYD	FARLOW			me (First, Middle, M JOSEPHIN			
Mary Id 2 should be should	19a. Informant's Name/Reletionship (T) LUCILLE WARING	The same of the sa	The second second	(Street and Number or R				
Sattimore, errit. Pages 1 an opartment of Heal montant: if Item 2 ny Injury or other 608.	20a. Method of Disposition 1 Burial 2 Cremation 3 1 4 Donation 5 Other (Specify,	20b. Pla	ace of Disposition (Name metery, crematory or of K LAWN CE	ne of		20c. Location - C	ity or Town, State	
Benit. Depart Import any inju	21. Signature of Funeral Service Licent	JER & SON, INC. ZE. BALTIMORE, MD. 21224						
box 500 00, and contificate be executed attending physician and I for use as the burial-transit clar/Medical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Last	Due to (or Due to (or	as e consequence of): as e consequence of): as e consequence of):	BOWEL			ONG WEEK	
ty ache	Part II. Other eignificant conditions co	ntributing to death but not resul	Iting in the underlying ca	use given in Pert I.		d tobacco use contribute to the cause of death		
v requires the been signed should be deleted by					24a. Was an perform		24b. Were autopsy findings aveilable prior to completion of cause of death?	
	Of West and and the market				1 □ Ye		1 □ Yes 2 No	
	ILI 165 ZIZ NO		ER/Outpatient 3 DO	Other	eth (Check only one Home 5 Reside		(Specily)	
thending death. The fune fune fune	27. Manner of Death 1 Netural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide	28a. Date of Injury (Month, Dey Year) 28e. Plece of Injury - At hor huilding the / Speciful	28f. Location (Str.	28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number,				
To the Hospital or A within 24 hours the To the Funest Discompletely fined in the Completely fined in the Medical Certification of the Complete of the Complet	29a. Certifier 1 Certifying Phy.	building, etc. (Specify) sician: To the best of my knowner: On the basis of examinetic	rledge, deeth occurred e	t the time, date and placin my opinion, deeth occ	e, and due to the ca	use(s) end men	ner as stated. Indicate to the cause(s)	
To the within To the comple	29b. Signature and title of offitter	and manner stated.		License number			(Month, Dey, Year)	
	30. Neme and address of person who co	ompleted cause of death (Item:		LUD BALT	imone n	m 21	239	
State Registrar	31. Date filed Man, Day 9 1999	42, Registrar's Signatu		W				



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dey Yeer **Physician** Robert Perry
40 Fecility Name (It not institution, give street and number) 359 PM 5 30 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner N/A 7. Age (In yrs. last birthday)
77 Yrs. Saltmore Mercy Medical Birthplace (State or Foreign Country) if Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, Year) if Under 1 Year 5. Social Security Number 6. Sex 1 AM 2 F **Funeral** 214-18-6227 Months Days Hours MD. Director Usuei Residence of Decedent 10c. City, Town or Location 10a. State 10b. County 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Modical Examinar must be notified at the Maryle 1 HYes 2 No MD. N/A BALTIMORE Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6713 RANSOME PARK 21207 USA permit. Peges 1 end 2 should be filed within 72 hours after death 1 Department of Health end Mentel Hygiena. Important: If item 27 is marked other than "naturel", or items 23s any Injury or other traumatic event, the Medical Examiner must once. Funeral 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2♥ No il Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11. Maritel Stetus Bleck, White, etc. Never Merried 2☐ Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 ◯ (No Specify: Specify: BLACK à 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) MAINTENANCE JANTTORTAL. 18. Mother's Name (First, Middle, Meiden Surneme) 17. Fether's Neme (First, Middle, Last) JOHN D. PERRY JULIA HICKS 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) RUTH D. PERRY (SISTER) 6713 RANSOME PARK RANDALLSTOWN, MD. 21207 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from Stete 4 Donetion 5 Other (Specify) METRO CREMATORY 6-7-99 BALTIMORE, MARYLAND 22. Name end Address of Facility REDD FUNERAL SERVICE 21. Signature of Funerel Service Licensee 1721-27 N. MONROE ST. BALTIMORE, MARYLAND 21217 unne 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart leilure. List only one cause or each line. Approximete Intervet Between Onset end Death **Physician** tmmediate Ceuse (Finel diseese or condition resulting In death) /Medical Cerebral Hemmarr Lucely Examiner Due to (or es e consequence of): Examiner Small Vessel law requires that the death certificate be axecuted ician end bunal-trans Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Due to (or es e consequence of) Box 68760 physician Due lo (or es e consequence of) Physician/Medical the 88 Dicheter use 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. the signed by t 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were eutopsy tindings eveileble prior to comptetion of cause of deeth? Completed 24e. Wes en eutopsy performed? 296 page 2 2 No 1 ☐ Yes 2 No 1 ☐ Yes certificate 25. Wes case referred to medicat exeminer? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To After this funeral 27. Manner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 28e. Dete of Injury (Month, Dey Yeer) 28b. Time of Attending 1 Naturei 5 Pending investigation s efter death. 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Placa of Injury - At home, Ierm, street, factory, offica building, etc. (Specify) 3 4 Homicide ò within 24 hours To the Funeral (Hospital 29a. Certifier Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end manner es stated. edical 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the ceuse(s) end menner steted. (Check only one) the 29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifier 29c. License number 5/30/99 S 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Cur Marian Mercy 32. Registrer's Signature 31. Dete filed (Month, Day, Year) Registrar

and the same of the same

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death AMENDED ITEM #8 PER FH G772 6/9/99 AH 1. Decedent's Name (First, Middle, Last) 2. Date of Death Dey Month ANNIE **Physician** 8:00 am MICHARDSON MNE 04 /Medical 4c. County of Death 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** GOCB SAMARTIAN HOSPITAL BALTIMORE If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 1 M ADE Yrs 94 Director 17-22-0183 9-17-991904 SC Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at XX Yes 2 No Directo MD. BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6211 CATALPHA RD. 21214 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11 Maritel Status Bleck, White, etc. 1 Yes 2 No
If Yes, Give
Year or Detes: 1 Never Merried 2 Married 1 Yes 2 No Specify: Specify: BLACK P "natural" Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within Department of Health and Mental hygiene. Important: If Item 27 is marked other than "I any Injury or other traumatic event, me Mental Injury or other traumatic event, me Ment Elementery/Secondary (0-12) College (1-4or 5+) HOMEMAKER HOME 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be BENJAMIN PINKNEY HAGER PINKNEY 0 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiting Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BEARTRICE E. WINDER 6211 CATALPHA RD BALTIMORE, MARYLAND 21214 20b. Ptece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 Burlal 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 6-10-99 BALTIMORE MARYLAND zion cemeteru 21. Signature of Funeral Service License 22. Name end Address of Facility ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTIMORE, MARYLAND 21217 disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, failure. List only one cause on each line. Approximate Intervet Between Onset and Death 23a. Part 1. Enter the shock, or head to **Physician** Immediata Ceuse (Final disease or condition resulting in deeth) /Medical Examiner Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last and Due to (or as a consequence of): physicien Physician/Medical the Due to (or as e consequence of): 88 attending Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Donknown þ 24b. Were eutopsy lindings eveilable prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed Deed 105 2 No certificate 1 Yes 1 Yes 2 No 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Yes 2 No 1 Dipatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 DNeturat 1 TYes 2 □ No 2 Accident 3 Suicide 28e. Ptece of tnjury - At home, larm, street, lectory, office building, etc. (Specify)

Box 68760, Division of Vital Records, P.O. Mospital or Attending Physician: 24 hours after deeth.
 Funeral Director: After this certifical letaly filled in by the funeral director,

the Marylend

72 hours after

Baltimore, Maryland 21215-0020

4 ☐ Homicide

29a. Certifier (Check only one) 6 Could not be determined

281. Location (Street and Number or Rural Route Number, City or Town, Stele)

1 Decrtifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Day, Year) une 4

Baltimore

ted cause of deeth (Item 23a) (Type, Print) 30. Neme and eddress of person who SKAR 5601 Loch Raven

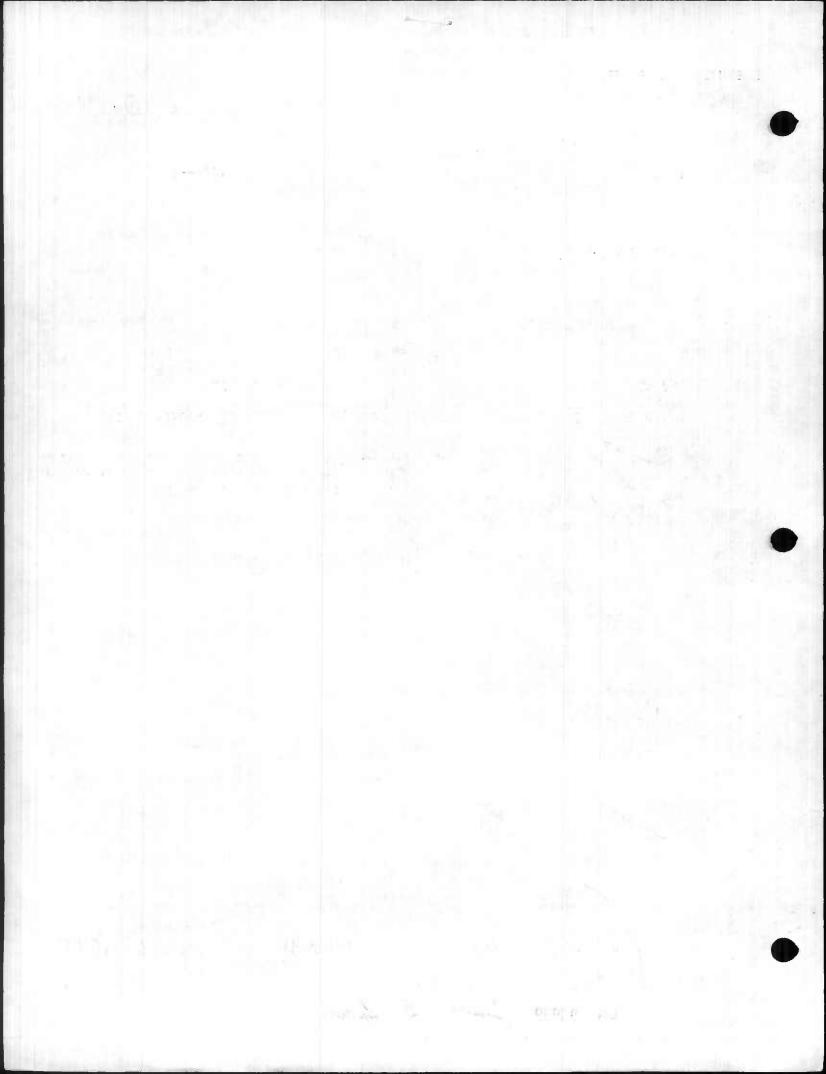
31. Dete filed (Month, Dey, Year) JUN 9 1999

32. Begistrer's Signeture

State Registrar

DHMH 16 Rev 6/95

within 2



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death James H. Rodgers, Sr. Month June 6, 1999 1:25 AM 4e Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore 9 Russ Court Edgemere 5. Social Security Number 215-07-9982 If Under 1 Yaar | If Undar 24 Hrs. 7. Age (In yrs. last birthday) Birthplaca (State or Foraign Country) 8. Data of Birth (Month, Day, Year) Days Months Hours 12 M 2□ F Yrs. 80 July 23, 1918 Maryland Usual Rasidence of Decedent t Oc. City, Town or Location 10d. Inside City Limits Baltimore Maryland Edgemere t Yes 2 No 10e. Street and Number 10f. Zio Code 10g. Citizen of What Country? 9 Russ Court 21219 United States 12. Was Decedent Evar in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - American Indien, Black, White, atc. 1 Never Married 2 Married 1 ⊠ Yas 2 □ No If Yas, Give Year or Datas: WWII 1 Yes 2 No Specify: Specify. 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) t6b. Kind of Business/Industry Elemantary/Secondary (0-12) 12 Years College (1-4or 5+) Insurance Agent Life Insurance Comp. 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Howard Rodgers Marion Cook 19a. Informant's Name/Relationship (Type, Print) Wife 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Mrs. Helen A. Rodgers 9 Russ Ct. Edgemere, Maryland 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata t Burial 2 Cramation 3 Ramoval from Stata Oak Lawn Cemetery 6/9/1999 4 ☐ Donation 5 ☐ Othar (Specify) Baltimore, MD 21. Signature of Junaral Service Licenses 22 Nama and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland riplications that caused tha deeth. Do not entar tha moda of dying, such as cardiac or raspiratory arrest, ona cause on each line. Approximata Intarval Batween Onsat and Death Extensive Stage Small Cell Lung Councer Immediate Causa (Final 1 mo diseasa or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Dua to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacço use contributa to the cause of death? 1 Pree 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? t ☐ Yes 2 No t □ Yas 2□ No 25. Was case refarred to medical 26. Placa of Death (Check only ona) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) t ☐ Yas 2 → No

Physician **Examiner**

parmit. Pages 1 and 2 should be filt.
Department of Health and Mantel Hy
Important: If Nem 27 is marked oth
any Hijury or other traumatic event

Physician

/Medical

Examiner

Funeral

Director

28a-f show

"natural", or items 23a or 28a-f shoredical Examiner must be notified at

deeth

filed within 72 hours after

Baltimore, Maryland 21215-0020

Director

Funeral

à

Completed

8

Examiner attending physicien and if for use as the buriel-transit funeral director

Physician/Medical þ Completed Be Certification: To

The lew requires that the death certificate be executed been signed by the a should be detached Records. page 2 of Vital or Attending Physicien: this

After

24 hours after deeth.

To the within 2

Hospital

filled in by

Medical

Division

State Registrar

5 Pending

6 Could not be

m. D.

28a. Data of Injury (Month, Day Year)

29c. License number D45390

28c. Injury at Work?

1 Yes 2 No

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 6/8/99

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print)

MYO MLN (InD.) G8-30 HOSPITAL DR. #200, BALTIMORE, MD 21237

28d. Describe how injury occurred

29b. Signatura and title of certifier

27. Manner of Death

t (Natural

2 Accident

3 Suicide

29a, Certifier

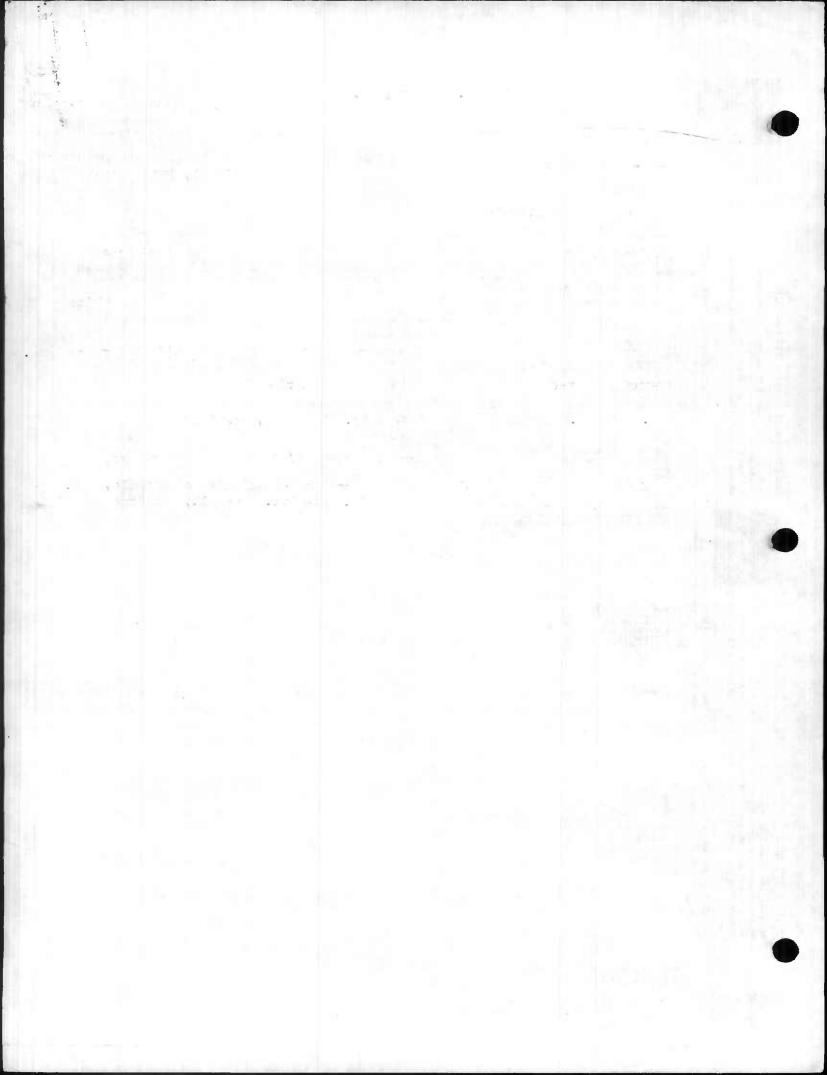
4 THomicide

(Check only one)

32. Registrer's Signatura

28b. Time of

28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month 20 Steel June 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore A eterans enter uministration ledica) If Under 1 Yaar | if Under 24 Hrs. 8. Data of Birth (Month, Dey, Dec. 11 5. Sociei Sacurity Number 6. Sex 7. Age (In yrs. last birthdey) Birthplece (Steta or Foreign Country) Months Days Hours 1€ M 2□ F 81 275-03-4884 Yrs Dec. Kentucky Usuel Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Essex Md. Baltimore 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 21221 306 Locust Ave. 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐¥as 2 ☐ No If Yes, Give Yaer or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-iff Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc. 11 Marital Status 1 ☐ Nevar Married 2 ☐ Married specify: White 1 Yes 20 No 3℃ Widowed 4 Divorced 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Coa1 Coalminer yrs 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fathar's Nama (First, Middle, Last) Mary Maynard Perry Steele 19e. Informent's Neme/Ralationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 306 Locust Ave. Baltimore Md. 21221 Lois Gavazzi / daughter 20b. Place of Disposition (Neme of 20e. Method of Disposition Date 20c. Location - City or Town, Stete cemetary, crematory or other place)
Holly Hill Cemetery 1 XBuriai 2 Cramation 3 Removal from Stata 6/10/99 Baltimore Md. 4 ☐ Donetlon 5 ☐ Other (Spacify) 21. Signeture of Funerel Sarvice Licensee 22. Name and Addrass of Fecility Connelly Funeral Home of Essex 0 300 Mace Ave. Baltimore Md. 21221 one cause on each line. Approximate Interval Between Onset end Deeth Immediete Ceusa (Finel disease or condition resulting In deeth) Sepsis Due to (or as a consequence of): Dua to (or as a consequence of): Due to (or es a consequance of): Part It. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the causs of death? 1 Yes 2 No 3 Probably 4 Dunknown

Physician /Medical Examiner

The law requires that the death certificate be executed

been signed by

has

certificata

this

24 hours efter death. • Funeral Director: After

within 2 the

or Attending Physician:

Hospital

2

þ

Completed

Be

Certification: To

Medical

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

Director

Funeral

P

Completed

Be

2

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if flom 27 is marked other than "natural", or items 23s or 23s-f show any injury or other traumatic event, the Medical Examiner must be notified as once.

altimore, Maryland 21215-0020

Examine the attending physician end hed for use as the buriel-transit Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events rasulting in death) Lest Physician/Medical

> 25. Wes case referred to medical examiner? 1 Yes 2 No

1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 28. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 3□ DOA 28c. tnjury et Work? 28d. Describe how Injury occurred

24e. Wes an autopsy performed?

27. Menner of Deeth 1 Netural 2 Accidant 3 Suicide

4 Homicide

28a. Date of Injury (Month, Dey Year) 5 Pending Investigation 6 ☐ Could not be

1 Dinpatient

Hospitei:

2 No 1 ☐ Yes 28e. Piece of Injury - At home, ferm, street, fectory, office building, atc. (Specify)

2 ER/Outpetient

28b. Time of

Green

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check only

30. Neme and add

26

1 Certifying Physictan: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner as stated. 2 Medicat Examiner: On the basis of examinetion end/or invastigetion, in my opinion, deeth occurred at the time, date and piece, end due to the cause(s) and manner stated. 29c. License number 29d. Deta signed (Month, Day, Yaer)

29b. Signature and title

24b. Were autopsy findings aveileble prior to complation of causa of death?

State Registrar

31. Dete filed (Month, Day, Year) JUN 1999

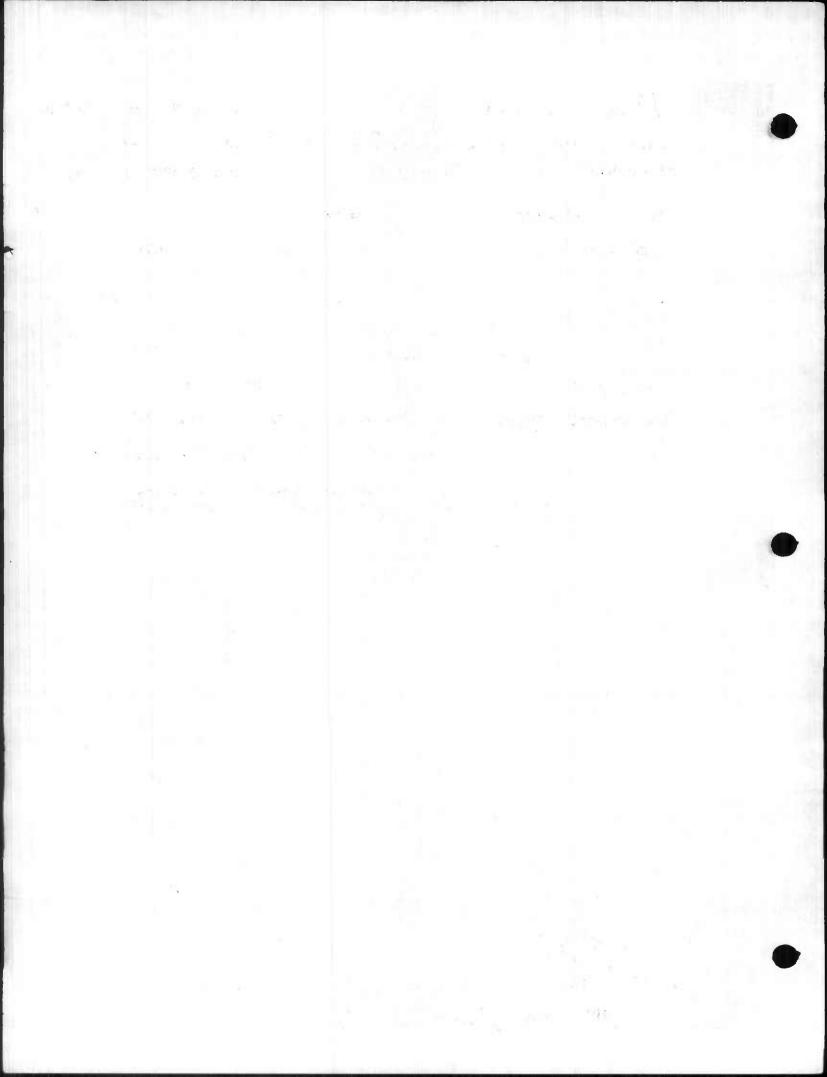
Teld



North

ss of person who completed causa of death (Item 23a) (Type, Print)

10



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Joseph 3.59 AM 4b. City, Town, or Location of Deeth 4e Fecility Name (If not institution, give street end number) 4c. County of Death 9640 Barrell House Road, #A Laure1 Howard If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6 Sex 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) t®M 2□ F Days Yrs. 29, 1922 Portuga1 035-14-0175 76 Usual Residence of Decedent 10d. Inside City Limits 10a State 10b. County 10c. City. Town or Location 1 Yes 2 No Maryland Howard Laurel 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 9640 Barrel House Road, #A 20723 U.S.A. 14. Race - American Indian, 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Bleck, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 □ Never Merried 2 □ Merried 1X Yes 2 No Specify: Specify: white 3€ Widowed 4 Divorced 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) 0 Jockey 6 Horse Racing 18. Mother's Name (First, Middle, Maiden Surneme) 17. Father's Name (First, Middle, Last) Jose Gouveia Maria Gouvia 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a, Informent's Name/Relationship (Type, Print) Marie A. Triado/friend 9640 Barrel House Road, #A, Laurel, MD 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removal from State 4 Donation 5 NOther (Specify) in state 21. Signature & Punerel Service Licansee 22. Name and Address of Fecility Wade, Ronald S. Director State Anatomy Board, 655 W. Baltimore Street 21201 Baltimore, MD Part 1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Ceuse (Final disease or condition resulting in deeth) Stomach with motostases Due to (or as e consequent Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Due to (or es a consequenca of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 3 Probably 4 Onknown 1 Yes 2 No 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Was en eutopsy 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Praesidenca 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28a. Date of tnjury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending

Physician /Medical Examiner

Examiner

2

edical

2 Accident

3 Suicide

29a. Certifier

4 Homicide

(Check only one)

Physician

/Medical

Examine

Directo

Funeral

þ

Completed

Funeral

Director

permit Pages 1 and 2 should be filed within 72 hours effer death with the Meryland Department of Health and Mental Physiene. Importants if them 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumetic event, if a Modical Examiner must be notified an ones.

Baltimore, Maryland 21215-0020

physician and the buriel-transit Physician/Medical 98 for use es the signed by the þ should should Completed his certificete hes but director, page 2 s Be Certification:

funeral

C

To the Hospital or within 24 hours aft To the Funeral Di completely filled in

thet the death certificate be executed Division of Vital Records, P.O. Box 68760. The law requires or Attending Physician: offer death. Director: After this certifice

> State Registrar

29b. Signature and title of certifier

investigation

6 Could not be determined

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

29c. License number

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

1 Yes 2 No

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dev. Year)

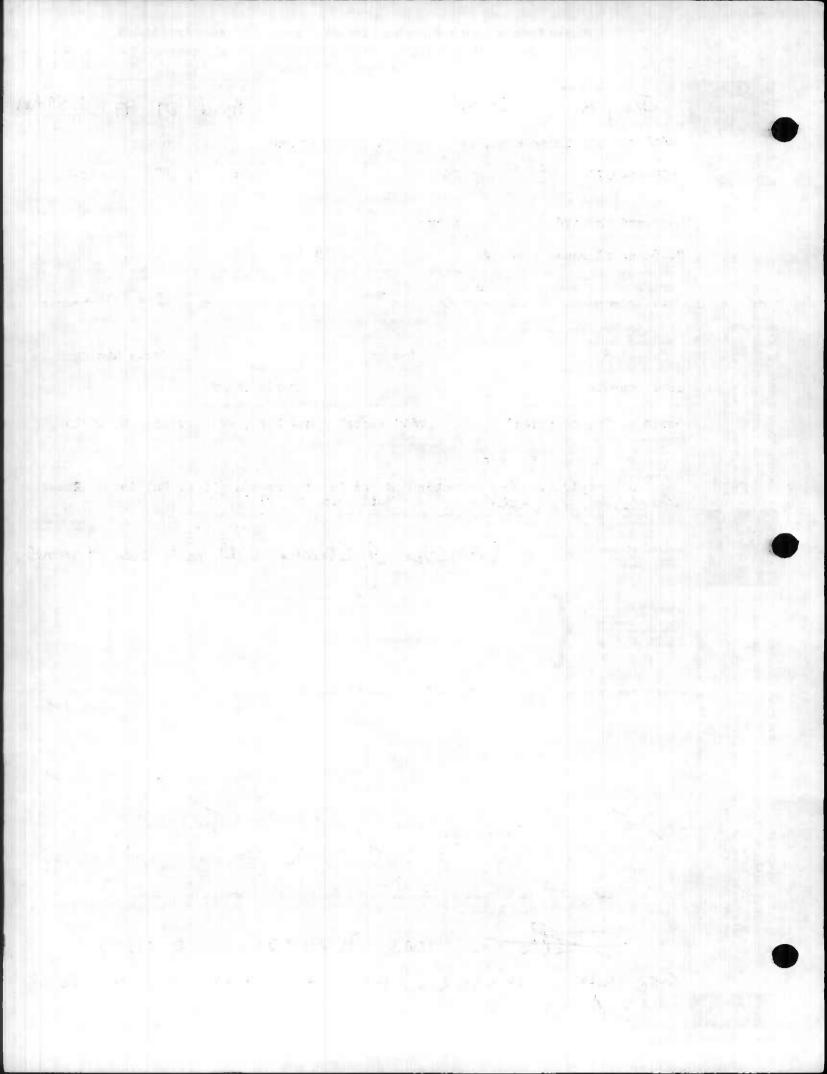
28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) SANCE SYED

14333 Laurel Bowie St 208 LAUREL MA

31. Dete filed (Month, Dey, Year)
JUN 0 9 1999

32. Registrar's Signature

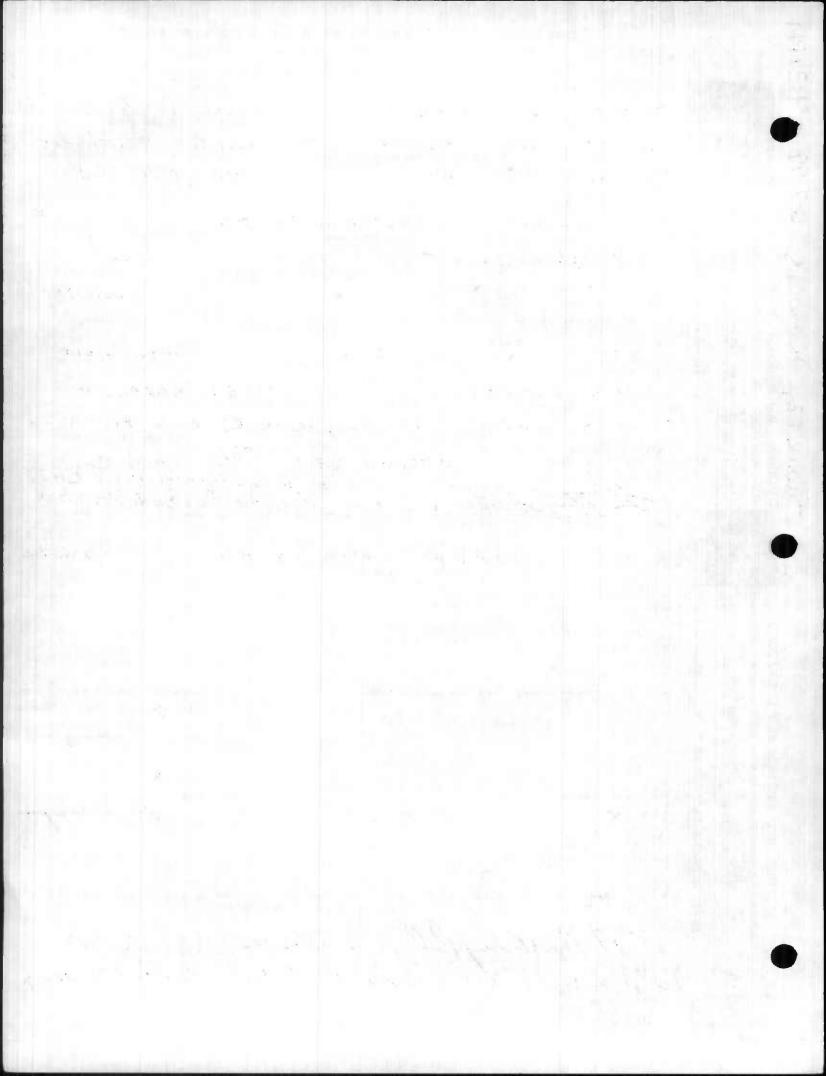


Physician /Medical Examiner **Funeral** Director 284-73 Directo 2 8 traumetic event, the Medical Examiner must be Herre 23a Funeral 6 ģ 'natural' Completed marked other should be Menta Important: If hen 27 is mark any injury or other traumatic once. Baltimore. Pages **Physician** /Medical Examiner Examiner and -trans physician at

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 7:31 PM SWARTZ 999 FRANCES JUNE 4b. City, Town, or Location of Deeth 4e Fecility Name (If not institution, give street and number, 4c. County of Death CENTER BALTI MORE CO Tyrs. last birthday) "If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) GILCHRIST NURSING BALTIMORE 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country) 1□M 214 F Yrs. 218305726 Usual Residence of Decedent 64 Ma NOV 17 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Ma BALTIMORE BALTIMORE CO 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Lybrook 21236 15 HOL COURT USA 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Merital Status 1 Never Married 2 Married Specify: WHITE 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced Year or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) DEPT. STORE CLERK NA 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) GENTILE ESTHER MARIO ANZALONE 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20b. Place of Disposition (Name of cametery, crematory or other place) BAILO Mc 21236 EdWARD S. SWARTZ 20a. Method of Disposition Date 20c. Location - City or Town, State 6/11/99 1X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) CAKLAUN CEM. 22. Name and Address of Facility
HARTZEY MA 21. Signature of Funeral Service Licensee FYNERAL HOME, CHTD. MILLER Rd. BAHO Md 21234 HARFORD 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Cause (Final 2 months cerebral 06 disease or condition resulting in death) requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that Initieted events resulting in death) Last Due to (or es e consequence of): Box 68760 Physician/Medical Due to (or as a consequence of): 88 Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by the 1 Yes 2 000 3 Probably 4 Unknown Records, by 24b. Were autopsy findings available prior to completion of ceuse of death? should should Completed 24a. Was an eutopsy law has le 2 page The 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No certificata Physician: director Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ER/Outpatient 3 DOA this After this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 5 Pending Investigation Attending 1 Natural or Attending after death. Director: After d in by the fur 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completaly filled in 29a. Certifier 12 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. edicai 29d. Date signed (Month, Day, Year) 29b. Signature and title of certified 29c. License number D25205 N. Chales St. Parts. Md 2(20x 30. Name and address of person who completed cause of death (Item 3a) yee, Print) . R. An 6701 (24 32. Registrer's Signature 31. Date filed (Month, Day, Year) State JUN 0 8 1999 oocks Registrar

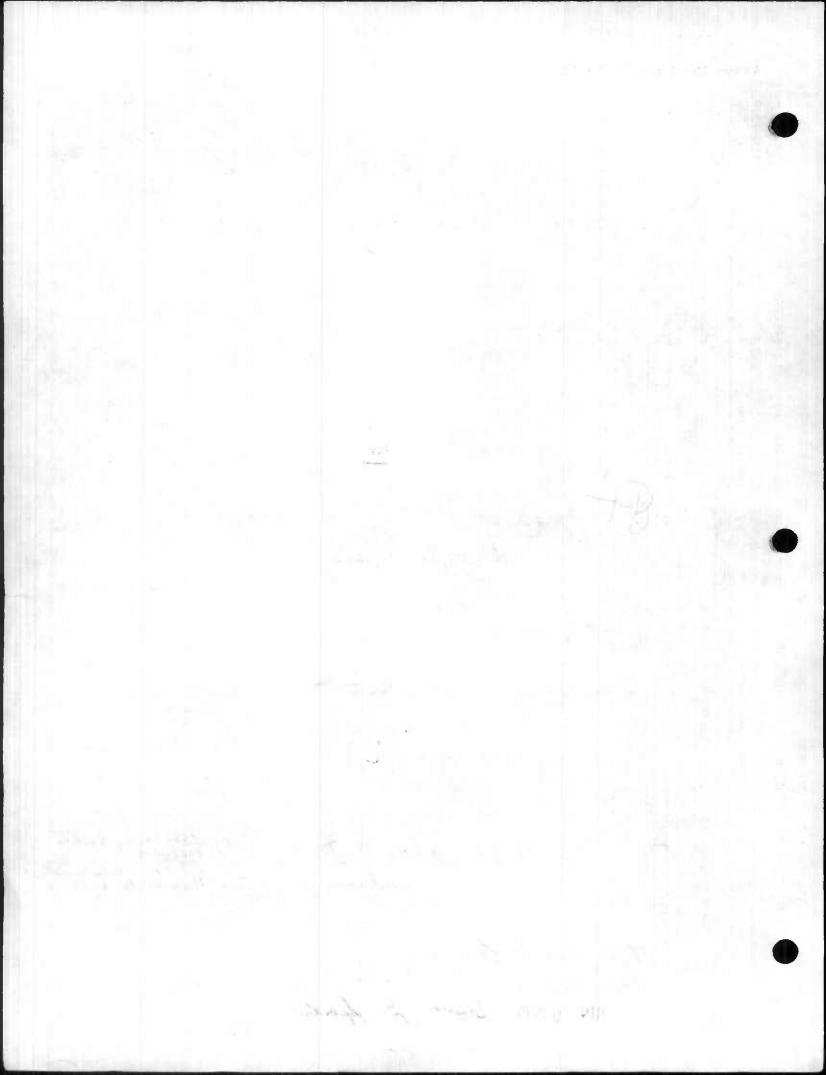
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.



ROGER KEITH SISLER

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	Amended It	State of em#20b perFH G773 7/13/99 EW	Maryland / De C	partment of the strate of the			ene g. No. 99	18513		
	Physician	Decedent's Name (First, Middle, Last)				2. Dete of Deat Month	Dey Y	3. Time of Deatl		
	/Medical	Roger Keith		Sisler	4b. City, Town, or Loc	JUNE	8, 1999		AM	
	Examiner	4e Facility Neme (If not institution, give street end number GARRETT COUNTY MEMORIAL			OAKLAND	ation of Death	4c. County of GARRE			
Funeral		. Age (In yrs. lest birthda	y) If Under 1 Year		B. Date of Birth (Month, Day,	. Birthpleca (Stete or Fore Country)	aign			
	Director	232-72-0433	53 Yrs.	Months Deys	Hours Min.	12-03-1		aryland		
	ith the Meryland or 28a-f show re notified at	10a. State 10b. County West	10c. City, Town or				26	10d. Inside City Lim 1 ☐ Yes ※XX		
	vith the Me t or 28s-f a be notified Director	Virginia Preston 10e. Street and Number	Horses	shoe Run		11	0g. Citizen of Wh	at Country?		
	23e or	Rt. 1		26716			U.S.A.			
	r thema 234 new must Funeral		ent Ever in U,S. 1		Hispanic Origin? (Specian, Mexican, Puerto R	ify Yes or No-	14. Race -	American Indian, White, etc.		
21215-0020	by	1 Never Married 2 Married 1 Ses 2 If Yes, Give Year or Det	No No	1 ☐ Yes 2 ☒ No		ioan, etc.)	Specify:	White		
5-0	ed within 72 ho ygiene. Nor than "natura rt, the Wedeel Completed	15. Decedent's Education (Specify only highest grade completed)	16a. De	cedent's Usuel Occup	pation during most of working	9	16b. Kind of Busi	ness/Industry		
121	ne. hen mpl	Elementary/Secondery (0-12) College (1-4	lor 5+)	a. DO NOT use retire	(d)		(
	Hygie Hygie other the ort, the	12 Years	Long	wall Opera	18. Mother's Name		lining Maiden Sumeme)		-	
Maryland	\$ 5 5 W	Chauncy C. Sisler				McCune	naloen obmemey			
ary	should nd Men marke	19e. Informent's Neme/Reletionship (Type, Print)	19b. Ma		t and Number or Rural	Route Number	City or Town, St	ate, Zip Code)		
	1 and 2 Health er em 27 is other trau	Nancy G. Sisler (Wife)	Rt.	1 Horsesh	oe Run, We	st Virg	ginia 2	6716		
ore,		20e. Method of Disposition	annatant a	sposition (Name of crematory or other ple	ce)	Date	20c. Location - Ci	ty or Town, Stete		
Ē	nit. Pages settment of I cortant: If ite Injury or o	1 Buriel 2 Cremetion 3 Removel from St 4 Donetion 5 Other (Specify)		g Run Ceme		12-99 I	riendsv	ille, MD		
Baltimore,	permit. Pages 1 and Depertment of Health Important: If item 27 any Injury or other to once.	21. Signeture of Funeral Service Licensee			ers Funeral					
10		J. Wayne Os 23a Part Lefter the diseese, or complications that can shock or heart failure. List only one cause on eer	sterling	8/28 Liber enter the mode of dyl	ty Road Ra	respiretory erre	est, MD	Approximate		
	Physician /Medical Examiner	Immediate Cause (Fine) disease or condition resulting in deeth)	Lultipla Due to for as a con	lighter sequence of:				Interval Between Onset end Death		
Box 68760,	deeth certificate be executed e attending physicien and of for use as the burial-transit sician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initiated events resulting In deeth) Lest	Due to (or es a cons							
B	d for a	Pert II. Other significant conditions contributing to dea	th but not resulting to the	a undorbring course gi	upp in Bod I	22h Did to	hacco use contr	bute to the cause of de-	eth?	
P.0	the ache	Form, other significant conditions continuum to dea	an out not resulting in the					Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown		
Records,	seen s should eted					24e. Wes e perform		24b. Were eutopsy finding eveilable prior to completion of cause of death?		
E E	The law ata has be page 2 s					NE YO	as 2 No	1 XYes 2□ No		
Vital	certificata rector, pag Be Co	25. Wes case referred to medical examiner?	26. Placa of Deeth	(Check only on	e)					
of	T di di	Y Yes 2 No Hospitel: 1 ☐ Inj		lient 3LI DOA	her: 4 Nursing Hom	100				
		TELITORIES OF STREET	Injury (Day Year) 28b. Time Injur	y Wo	ryet rk? L¥es 2 □ No	28d. Describe how injury occurred				
Division	after death. Director: After I in by the fune	20 Accident investigation 3 Suicide 6 Could not be determined 286. Piece o	f Injury - At home, ferm,	-0 /		Bf. Location (St	reet and Number	or Rural Route Number,	-	
Di	after Direction Direction	4 Homicide determined 200. Field building		City or Town	, Stete) Meh	Ki Cockmone I	2			
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in Medical Cert	29a. Certifier (Check only one) (Check only one) (Check only one)	Is of examinetion end/or	eath occurred et the ti	me, date end plece, er opinion, deeth occurre	nd due to the ca d et the time, da	ause(s) end menr ate end placa, en	er es stated. d due to the cause(s)	-di	
	ithin o the omple	29b. Signeture end title of combet	stotou.	29c. Licens	se number	2	9d. Date signed (Month, Day, Year)		
	- 5 - 0	> The Ut	1	0.0	.M.E		JUNE 8	1999		
		30. Neme and address of person who completed cause THENDONE MIKENS			reet, Balti	more. M	Maryland	21201		
	State	31. Dete filed (Month, Dey, Year) 32. Rec	gistar's Signeture	B. Spa						
	Registrar	JUN 9 1999 D		170						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month Day RUTH L. SMITH 05-04-99 10:00 AM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner 122 Foxchase Court Apt. Prince George's Largo If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** 1□ M 2□ F 85 Yrs Director 309-16-8674 03-06-1914 Kentucky Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours efter death with the Marylen Department of Health and Mental Hygiene. Important: if Itam 27 is marked other than "natural", or itama 23a or 28a-f show any injury or other treumatic event, the Medical Examiner must be notified at once. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1√2 Yes 2 No Director Prince George's Largo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 122 Foxchase Court Apt. 20774 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Specify: Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Secretary Private 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Unknown Unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 122 Foxchase Court Apt. 1 Largo, MD 20774
ace of Disposition (Name of Date 20c. Location - City or Town, State Jean A. Morton/friend 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 5/14/99 Beltsville, MD Chesapeake Crematory 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Latney's Funeral Home 3831 Georgia Ave., NW Wash., DC 20011 23a. Pert1/ Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Cardiorespiratory Arrest
Due to (or as a consequence of):
Congestive Heart Failure Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Records, P.O. Box 68760, Failure to Thrive Physician/Medicai the Due to (or as a consequence of): for use es signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 □ No 3 Probably 4 Unknown Cerebrovascular Accident λq Completed 24a. Was an autopsy performed? Were eutopsy findings available prior to completion of ceuse of death? 2 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be 25. Was cese referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 → Residence 8 ☐ Other (Specify) 2 1 Yes 2₺ No 28c. Injury et Work? 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 1 Netural 2 Accident 5 Pending Investigation 1 Yes 2 No 3 Sulcide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 15 Cartifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the ceuse(s) and menner as stated.
2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. Medical 29a. Certifier 29b. Signature and title of certified 29c. License number 29d. Date signed (Month, Day, Year) D47604 May 6, 1999 30. Name and address of person who completed eause of death (Item 23a) (Type, Print)

2905 Mitcheville, MD 20716

B. Spark

32. Registrer's Signature

State Registrar Sobhan Matthew

31. Date filed (Month, Day, Year)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Dev Year **Physician** BH DE SIMONE 5: ROSE 1999 JUNE /Medical 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner BALTIMORE
If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) HARVIEW AVE YA 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (State or Foreign Country) **Funeral** Months Deys 1 M 25 F Director 213-20-1425 MAY 18, 1910 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 XYes 2 □ No Director Md BALTIMORE, 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò items 23a 21234 USA 3011 Funeral IEU death HARV 12. Wes Decedent Ever in U,S.
Armed Forces?
1 Yes 226 No
If Yes, Give
Yeer or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Meritel Status 72 hours after 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 "natural", or 1 Yes 2 No Specify Specify: WHITE by 3 ⊠Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filled within 72. Department of Health and Mental Hygiena. Important: if item 27 is marked other than "natu any Injury or other traumatic event, the Medical DRGs. 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) th HOMEMAKER HOME WA 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be ORAZIO 10 TARO FILIPPA BOMBARA 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) BENEDICT J. DESIMONE MARX BAL 21206 4101 To. Md. 20a. Method of Disposition 20b. Piece of Disposition (Name of cemetery, crematory or other place) Dete 20c. Location - City or Town, State 6/8 1 Buriel 2 ☐ Cremetion 3 ☐ Removel Irom State 4 ☐ Donation 5 ☐ Other (Specify) 99 BALTIMORE REDEEMER HOLY 21. Signaturitof Funeral Service Licensee 22. Name end Address of Fecility/ER FUNERAL HOME, CHTD. iller BALTO HARFORD 23a. Pert1. Enter the disease, on complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Final 1 Car diseese or condition resulting in deeth) phon Examine Due to (or es a consequence of) Examiner attending physician end for use as the burial-transit The law requires that the death certificate be assecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence al): Box 68760 Physician/Medical Due to (or es e consequence ol): 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by the 1 ☐ Yes 2 € No 3 Probably 4 Unknown 2 24b. Were autopsy lindings available prior to completion of cause of deeth? 24a. Was an eutopsy performed? Completed 1□ Yes 2K No 1 Yes 2 No certificata or Attanding Physician: 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) 1 Yes 250No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this 27 Menner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Neturel

Accident 5 Pending investigation To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun 1 ☐ Yes 2 ☐ No 6 Could not be 28I, Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Place of Injury - At home, Ierm, street, factory, office building, etc. (Specify) 4 ☐ Homicide edical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. 29e. Certifier (Check only one) 29b. Signeture and title of certified 29d. Date signed (Month, Day, Year) 29c. License number 30. Name and address of person with

Registrar

State

herter St. Baltmuc MD 21204

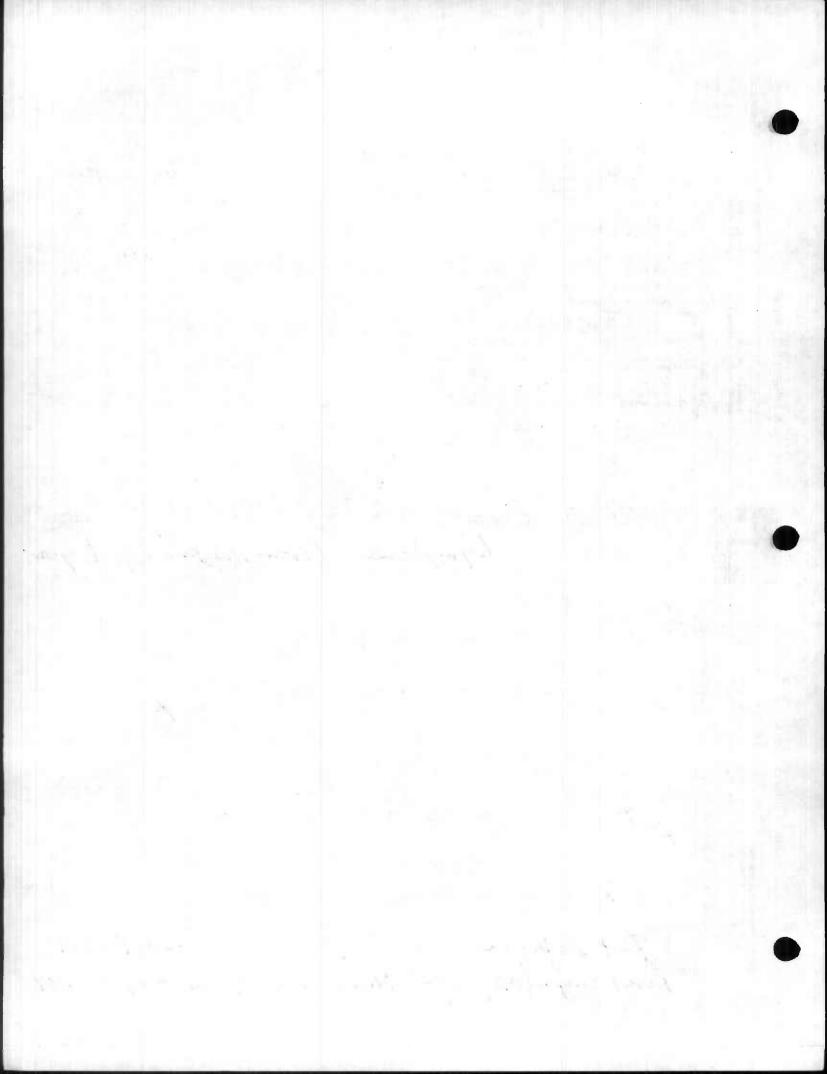
completed cause of deeth (Item 23a) (Type, Print)

32. Registrer's Signeture

6569

Shepardno

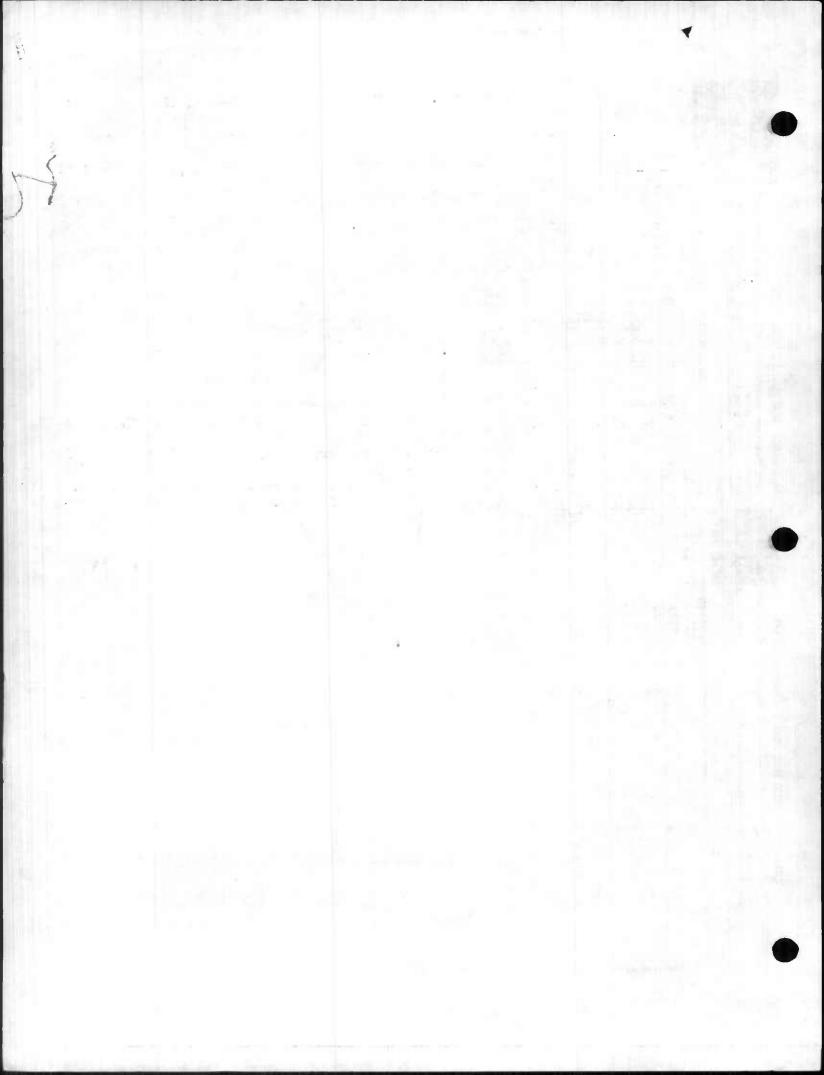
31. Dete liled (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene, Certificate of Death Reg. No. 2. Data of Death 3. Tima of Death 1. Decedent's Nama (First, Middla, Last) Cyrethia I. Taylor Month Day 1999 **Physician** June 5, 18:20 /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 810 Thimble Berry Road Middle River Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) July 18,1927 Birthplaca (Stata or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Yaar **Funeral** Days Months Hours 1 M 200F Virginia 225-30-0524 Yrs. 71 Director Usual Rasidanca of Dacedant the Marylend 10e. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f ahow mast be notified at 1 ☐ Yas 2 No Director Middle River Maryland Baltimore 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 21220 810 Thimble Berry Road United States Funeral Items 2 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, 11. Maritai Status Black, Whita, atc. filed within 72 hours after 1 Yas 2 No 1 ☐ Nevar Married 2 ☐ Married 21215-0020 1 Yas Z No Specify: Specify: by White XXWidowed 4 ☐ Divorced Yaar or Datas: Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Hygiene. Elementary/Secondary (0-12) Collega (1-4or 5+) Homemaker Own Home 8 Years Baltimore, Maryland 18. Mother's Nama (First, Middle, Maiden Surnama) 17. Fathar's Nama (First, Middla, Last) Be Pages 1 end 2 should be finent of Health and Mentel I int: If item 27 is marked of Lottie Morris Luther Henry Morris 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) or other tra Faye Williams/Daughter 810 Thimble Berry Road Middle River, MD 21220 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata Department of Important: If any Injury or 6/9/99 Oak Lawn Cemetery Baltimore, Maryland □ Donation 5 □ Othar (Specify) 21. Sid turn of Funaral Sarvice L cansag 22. Nama and Addrass of Facility Duda-Ruck Funeral Home of Dundalk, Inc. ma death D 7922 Wise Ave. Dundalk, Maryland 21222 23a. Part 1. Entar tha disaasa of complications that caused tha death shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death not antar tha mode of dying, such as cardiac or raspiratory arrest, **Physician** /Medical Immediata Cause (Final disaasa or condition rasulting in death) Examiner Dua to (or as a consequenca of): Examiner The lew requires that the death certificate be axecuted Sequantially list conditions, if any, leading to immadiata causa. Enter Undarlying Cause (Disease or injury that initiated evants resulting in death) Last burial-tran pue Dua to (or as a consequence of): physician s the burial Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of): USB 85 signed by the atter 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? plnous Aftar this certificate has page 2 2 No 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital or Attanding Physician: funeral director, 25. Was casa rafarred to medical axaminar? Be 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 1 Yas 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation Natural s after death. 1 Yas 2 No 2 Accidant 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) filled in by 4 Homicida 24 hours a Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

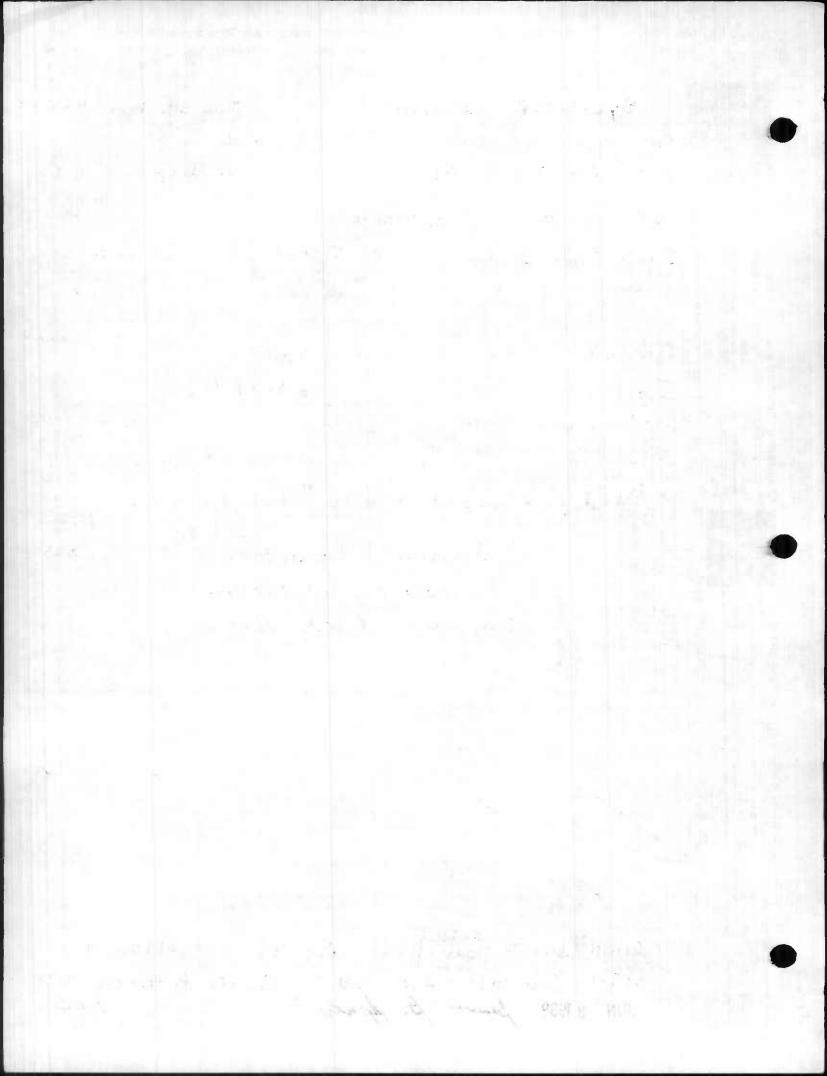
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medical completely (Check only one) within 2 2 29b. Signature 29cg License number 29d. Data signed (Month, Day, Year) 30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print) 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State JUN 0 9 1999 Registrar DHMH 16 Rev 6/95

ORIGINAL



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ()

	Decedent's Name (First, Middla, I	1. Decedent's Name (First, Middla, Last)						Reg. No. 2. Date of Death		3. Time of Death
Physician	SYLVES	TER I	warr	en			Sune 5th Maga			4.20an
/Medical Examiner	4a Facility Name (If not institution, g		000011		4	b. City, Town, or Lo				
Examino	Bon Secours	Hospita	l			Baltim	ore	NA		
Funeral Director	5. Social Sacurity Number 216-174-0925		ga (In yrs. last b	rthday) If Un- Month	dar 1 Yaar ns Days	If Undar 24 Hrs. Hours Min.	8. Data of Birt (Month, Der	r. Yaar) -58	9. Birthpi Coun	laca (State or Foreign try) S , C .
3	Usual Residence of Decedent 10a. State 10b. County		10c City To	wn or Location •					10	0d. Inside City Limits
28a-f show notified at		VA		Himor	0 _					1 Yas 2 No
28a-f	10e. Street and Number		Va		Zip Code			10g. Citizen of \	What Coun	try?
23a or	2503 Rigas	Mara arra				1216		U.	5.4	
Examine m by Funer	11. Marital Status 10 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedant Armed Forces 1 Yes, Give Yaar or Dates:			cedent of H pecify Cube 20(No	ispanic Origin? (Sp in, Mexicen, Puerto Specify:	ecify Yas or No- Rican, etc.)	14. Rac Blac Specify	e - Americ ck, White, Blo	etc.
"natural", adical Ex-	15. Decedent's (Specify only highest (Education trada complated)	16	a. Decedent's U (Giva kind of	sual Occup work dona	ation during most of work f)	ing	16b. Kind of B		
omp omo	Elementary/Secondary (0-12)	College (1-4or	5+)	Sel+	C EM	played				provement
2 0 e	17. Father's Name (First, Middla, La	st)				18. Mother's Nam	. /		na)	
marked marked matic e	James War	ren, or	-	A	(0	Mary		vant	Cinto Tin	Code
7 is m traum	19a. Informant's Name/Relationship	en - Sist		D. Mailing Addr	ess (Street	and Number or Run		Baltim		1
if itam 27 or other tr	20a. Mathod of Disposition	211	20b. Place	of Disposition (Varna of	1	Dete	20c. Location	_ +	
V = 1	1 Bunal 2 Cremation 3 4 Donation 5 Other (Spe		cemat	ery, cramatory of	or other place	O Parks	210-90	Pand	11/57	Swn, Md
Important: if	21. Signature of Funeral Service Lig		1 121	22 Name	and Addre	ss of Facility	10 19	arrec	001-1	21215
any it	NO 0)	Mari	から	ss of Facility est	1	2 6	11	re, mel
-	23a. Part1. Enter the disease, of co shock, or heart failure. List on	mplications that cause	d the death. Do	not enter the n	ode of dyin	walkask ig, such as cardiac			ITIMO	Approximate Interval Between
ysician		0			^					Onset and Death
ledical aminer	Immediata Causa (Final disease or condition resulting in death)	a. B	vate	Jun	PN	Lymon	a		!	ZWKS
- E		0	Due to (or as	consequence						
nsit		b. PU		iary		iber au	10212		<u> </u>	
physician and the buriel-transit dical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury c. Endstage Reval Desease.									
physicia s the bur edicai	that initiated avents	c. ZWO		consaguanca	eva	L ve	secise.			
000	resulting in death) Lest									
attanding for use e		d								
igned by the attending be datached for use by Physician/M	Part II. Other signiffcent conditions	contributing to death b	ut not resulting	In the underlyin	g ceuse giv	en in Pert I.	23b. Did	tobacco use co	ntribute to	the cause of death
d by t latach							10	Yes 2 No	3 Prol	bably 4 Unknow
should be dat								Activities of	Total Mile	ere outenou fin din ee
page 2 should Completed							24a. was perlo	an autopsy rmed?	CO	ere eutopsy findings allable prior to mpletion of ceuse
cate has to page 2 s								/		deeth?
Co Cate							10,	res 2 No	1[Yes 20 No
this certificate ral diractor, pag To Be Co	25. Was cese referred to medical examiner?	Hospital:			Oth	26. Place of Deat				
this aldi	1 Yes 2 No	28a. Date of Inju		Outpatient 3 I	DUA	4 Nursing Ho		dence 8 Oth		y)
After	1 Neturel 5 Pending 2 Accident investigat	(Month, De	y Yaar)	Injury M	28c. Injur Wor	k? Yes 2 □ No				
of the	3 ☐ Sulcide 6 ☐ Could not	be 28e. Plece of in	jury - At home,	farm, street, fac	tory, office		28f. Location (Street and Numi	per or Rura	I Routa Number,
din din	4 Homicide	building, et	c. (Spacify)				City or Tov	vn, Steta)		
Medical Certification:	29a. Certifier 1 Certifying I (Check only one) 2 Medical Ex	Physician: To the best amfner: On the basis o and manner st	f examination a	ge, death occurr nd/or investigat	ed at the tin	ne, date and place, pinion, death occur	end due to the red et the time,	cause(s) and m dete and place,	enner es si and due lo	teted. o the cause(s)
Me Me	29b. Signature and title of certifier	10.0	.\ 1		29c. Licens	e number		29d. Date signe	d (Month,	Day, Year)
8 ⊢ 8	Merroulldo	rmy H	ediccu	licer		38993		0610		
	30. Name and address of person wh	o complated ceusa of	leath (Item 23a		1			Λ		
	HUNDIA P	LODIC MATZ	21	000	her	ru II.	TATE	Kr. His	AAAIA	MATZ



Please Type or: Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Dav Month Vear 1)01/13 WOOD 99 4:20 PM 6 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth BON SECOURTS BALTIMORE If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year 6 Sex Hours 1 M 2017 Months Days 215-30-9969 MARYLAND Usual Residence of Decedent 10c. City, Town or Location 10d Inside City Limits 10a State 10b County XX Yes 2 No M.T. BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 108 ALLENDALE ST 21229 U.S S.A. 14. Race - American Indian, 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status Black, White, etc. ▼ Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: 3 Widowed 4 Divorced BLACK 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 TELLER NATIONS BANK 18. Mother's Name (First, Middle, Maiden Sumame) 17 Father's Name (First, Middle Last) CHARLES WOOD EDNA WOOL 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) BALTIMORE MARYLAND 21229 PATTI JACKSON 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1√ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) ARBUTUS MEMCRIAL PARK 6-9-99 BALTIMORE MARYLANT 21. Signature of Funeral Service Licensee 22. Name and Address of FeciliTESTEP BECTHERS FUNERAL HOME F.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximately Approximete interval Between Onset end Death Immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last NAZ Due to (or es e consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the cause of death? 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of ceuse of deeth? 24a. Was an autopsy 1 Yes 1 Yes 2 No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Impatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Natural

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

ne 23a or 28a-f ehow must be notified at

r than "naturel", or Items the Medical Examiner m

Director

Funerai

by

Completed

Be

the Maryland

filed within 72 hours after

Hygiena.

Pages 1 and 2 should be family on the family of Health end Mentel First Ham 27 is marked of

Baltimore, Maryland 21215-0020

Examiner physician end s the burial-trensit Physician/Medical attending ph for use as t by

signed by the a Completed page 2 is certificate h director, page Be 2 funeral Certification:

in by

edical

The law requires that the death certificate be axed Division of Vital Records, P.O. Box 68760, Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifice • Funeral Di To the Hospi within 24 hou To the Funer completely fil

> State Registrar

2 Accident

3 Suicide

29a. Certifier

4 T Homicide

29b. Signature and title of certifier

6 Could not be determined

30. Name and eddress of parson who completed cause of deeth (Item 23a) (Type, Print) 5 PARE

29c. License number

1 ☐ Yes 2 ☐ No

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the ceuse(s) end manner stated. 29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

06-09-1999

RANDALISTOWN

309A. OLDCOURT RA 32. Registrar's Signatur

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

06-0 VET RA RAND

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** MAUDE A. WATSON 1999 May 3:35PM /Medical 4a. Fecility Name (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Heartland Health Center Adelphi Prince George's If Undar 1 Yaar | If Undar 24 Hrs. Months | Deys | Hours | Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) 6. Sax Birthpleca (Steta or Foreign Country) 8. Data of Birth (Month, Dey, Year) **Funeral** 10 M 20 F 64 Yrs Director 577-94-6622 July 13, 1934 Jamaica, Wi Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Markel hygiene.
Important if item 27 is marked other than "netural", or items 23a or 28a-f show any injury or other treumstic event, the Medical Experiment 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYas 2 No Directo District of Columbia Washington, DC 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 417 Shepherd St., NW 20011 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 14. Rece - Amarican Indian, 11. Merital Status Bleck, White, etc. 1 ☐ Yes 2 ♠☐ No If Yes, Give 1 ☐ Navar Married 2 ☑ Merried Specify: Black 1 ☐ Yes 2 ☐ No Specify: ģ 3 ☐ Widowed 4 ☐ Divorced Year or Detas: Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th private housewife 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Maude Agath Walters 2 James Walters 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 417 Shepherd St., NW Wash.,DC 20011 Donald Watson/husband 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata Dete 1 Burial 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 5/11/99 Washington, D Latney's Funeral Home, Washington, DC Glenwood Cemetery 21. Signature of Funeral Service Lice 22. Neme end Address of Facility 3831 Georgia Ave., NW Wash.,DC 20011 23e. Part. Entar tha diseese, or complications that ca shock, or heart failure. List only one cause on ee Approximata Interval Between Onsat end Death tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, **Physician** Immediata Cause (Finel disease or condition resulting in death) /Medical 4-6 hours Aspiration pneumonia **Examiner** Due to (or es e consequence of): Physician/Medical Examiner Cerebro vascular accident The law requires that the death cartificate be axecuted signed by the attending physician and be detached for use as the bunal-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably ♦ Unknown Tube feeding by 24b. Were eutopsy findings evellable prior to completion of cause of deeth? 24a. Was an autopsy Completed End Stage renal disease peed paga 2 certificata has Daibetes mellitus 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? director, Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Aftar this 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred 28c. Injury et Work? Certification: or Attending 1 Netural 2 Accident 5 Pending invastigation after death. 1 Yes 2 No 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 - Homicide Hospital 24 hours 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, data end place, and due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. Medical 29a. Certifier complataly (Check only one) To the Vithin 2 29b. Signature and title of certifian 29c. License number 29d. Dete signed (Month, Day, Year) D19609 May 7, 1999 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Dr. Raman Tuli 3503 Perry St. Suite B Mt.Rainier, MD 20712 31. Dete filed (Month, Day, Year) 32. Registrer's Signatura State

B. Spark

Registrar

9 1999

Tooling word Eding

Will and the second will

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month June 7, Isabella Catherine Walker 1999 8:01a.m. 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Augsburg Lutheran Home Lochearn Baltimore If Under 1 Year 5. Social Sacurity Number If Under 24 Hrs. 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) 10 M 20 F Months Days Hours 169-50-9721 97 Yrs October 28, 1901Pennsylvania Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits Maryland Baltimore Pikesville 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8412 Winands Road 21208 United States 14. Race - Amaricen Indian, Black, Whita, atc. 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 Z No Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexicen, Puarto Rican, atc.) 11 Marital Status 1 Nevar Married 2 Married If Yas, Giva Yaar or Datas: 1 Yas 2 No Specify: Specify: White 3 Nidowed 4 Divorced 16a. Decedent's Usuaf Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) 10 th. Collega (1-4or 5+) Homemaker Home 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Robert Oscar Kein, Sr. Agnes Minerva Gashaw 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) David L. Walker (Son) 8412 Winands Road Pikesville, MD 21208 20b. Place of Disposition (Nema of cematery, crematory or other plece) 20c. Location - City or Town, Stata Richland Township 20a. Method of Disposition Data 1 Burial 2 □ Cramation 3 □ Ramoval from Stata June 9, 1999 Richland 4 ☐ Donation 5 ☐ Othar (Specify) Pennsylvania 21. Signature of Funaral Service Licenses 22. Nama and Addrass of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133-4784 and Entar the disads, or complications that caused the death. Do not entar the mode of dying, such as cerdiac or respiratory arrest, ogsk, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Immediata Causa (Final disaasa or condition rasulting in daath) ONE MONTH ATHEROSCLENOTIC HEART DISEASE Dua to (or as a consequence of): Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Diseasa or Injury that initiated avants resulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in tha underlying ceusa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Binknown 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 ☐ Yas 1 Yas 2 No 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred

Examiner physician end the burial-transit thet the death certificate be axecuted Box 68760 98 USB P.O. signed b Division of Vital Records. lew requires should s page 2 has The Th this

Examiner Physician/Medical by Completed Be Certification: To Hospital or Attending Pi
 24 hours after death.
 Funeral Director: After ti After in 24 hours filled in by Medical To the Hosp within 24 hor To the Fune completaly fi

Physician

/Medical

Examiner

Funeral

Director

28a-1 show

ŏ

Norms 23s

permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or item eny injury or other treumatic event, the Medical Engineer proces.

Physician /Medical

Baitimore, Maryland 21215-0020

Director

Funeral

þ

Completed

Be

treumetic event, the Medical Examiner must be notified at

the Meryland

25. Was cesa refarred to medicel axaminar? 1 Yas 2 No 27. Manner of Death 1 Natural 5 Pending invastigation 1 Yes 2 No 2 Accidant 6 Could not be determined 3 ☐ SuicIda 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the tima, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner stated. 29a. Certifier (Check only one)

29b. Signatura and titla of certifier

29d. Data signed (Month, Day, Year) JUNE EIGHTH, 1999

29c. License number

cerce 30. Nama and addrass of person who complated ceusa of daath (ftem 23a) (Type, Print)

PIERCE Deborah I TARO PARK HEIGHTSAVE BALTIMORE

State Registrar

32. Registrar's Signatura

MD Z1208

99-3181-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ihm State of Maryland / Department of Health and Mental Hygiene ARTHUR ITEMS: #16A-B PER F.H. G772 6-15-99 WR. Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Year **Physician** ARTHUR WYNN, JR. JUNE 4, 1999 14:10 PM /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 1429 LIMIT AVENUE BALTIMORE N/A If Under 1 Year 5. Social Sacurity Number 7. Aga (In yrs. last birthday) If Under 24 Hrs. Birthplaca (Stata or Foraign Country) 8. Data of Birth (Month, Day, Year) **Funeral** Months 1 M 2 F Yrs. 218 48 1084 51 Director 01/25/1948 MD Usual Residence of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or itema 23a or 28a-f ahow the Medical Exercines must be nothed at 1X Yas 2 No Directo N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1429 LIMIT AVE. 21239 USA Funeral 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 12. Was Decedant Evar in U,S. Armed Forcas? LL Yas 2 □ No 14. Race - American Indian, Black, Whita, atc. 11 Marital Status filed within 72 hours efter 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: If Yas, Giva Yaar or Datas: Specify: BLACK by 3 ☐ Widowed 4 ☐ Divorced 68-74 Completed 16a. Decedent's Usual Occupation
(Giva kind of work done during most of working
tine. PO NOT use retired)
LABURER

LABURER 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast greda completed) Hygiene. Elementery/Secondary (0-12) Collega (1-4or 5+) BALTIMORE CITY COMPUTER ANALYST BLACK-DECKER h and Mentel Hygin permit. Peges 1 and 2 should be file Department of Health and Mentel Hy Important: If fem 27 Is marked other any Injury or other traumatic event blace. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Be ARTHUR WYNN, SR. LAVERNE PAGE 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informent's Name/Ralationship (Type, Print) LAVERNE WYNN/MOTHER 118 CHESTNUT ST. BALTO., MD. 21222 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cremetory or other plece) 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata GARRISON FOREST VET CEM 6/9/99 OWINGS MILLS, MD. Othar (Specify) Signatula of Funaral Sarvice Licensea 22. Nama and Addrass of Facility JAMES A. MOROTN & SONS F.H., INC 23a. Pall f. Enter the disease, or complications that caused the death shock, or heert failure. List only one cause on each line. Approximata tntarvel Between Onset and Death **Physician** atteroscleratic Cardioviscular disess /Medical immediata Causa (Final disaasa or condition rasulting in death) Examiner Examiner physicien and s the bunal-transit certificate be executed Sequentially list conditions, if any, laeding to immadiata causa. Entar Undarfying Cause (Disaase or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Box 68760 Physiclan/Medical Dua to (or as a consequence of): 980 Part II. Other algrificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. the signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Ware autopsy findings available prior to 24a. Was an autopsy performed? Completed peeu completion of cause of death? Outhid 1 TYas 2 □ No 1 ⊟Yes 2 No certificate or Attending Physician: Be 25. Wes casa rafarrad to medical axaminer? 26. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1⊠ Yas 2□ No Hospital: Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Tima of 28c. Injury at Work? 1 Natural 5 Panding n 24 hours effer death. Ne Funeral Director: Afte pletaly filled in by the fun 1 Yas 2 No invastigation 2 Accident 6 Could not be datarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 28e. Placa of Injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homicida To the Mospital or officin 24 hours of To the Funeral D completely filled is 1 Certifying Physician: To the best of my knowledge, deeth occurred at the tima, date and place, and due to the cause(s) and menner as stated. edical 29e. Certifier 2X Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29b. Signatura and titla of certifian 29c. License number 29d. Data signed (Month, Day, Year)

State Registrar

ILIN **DHMH 16 Rev 6/95**

Javid

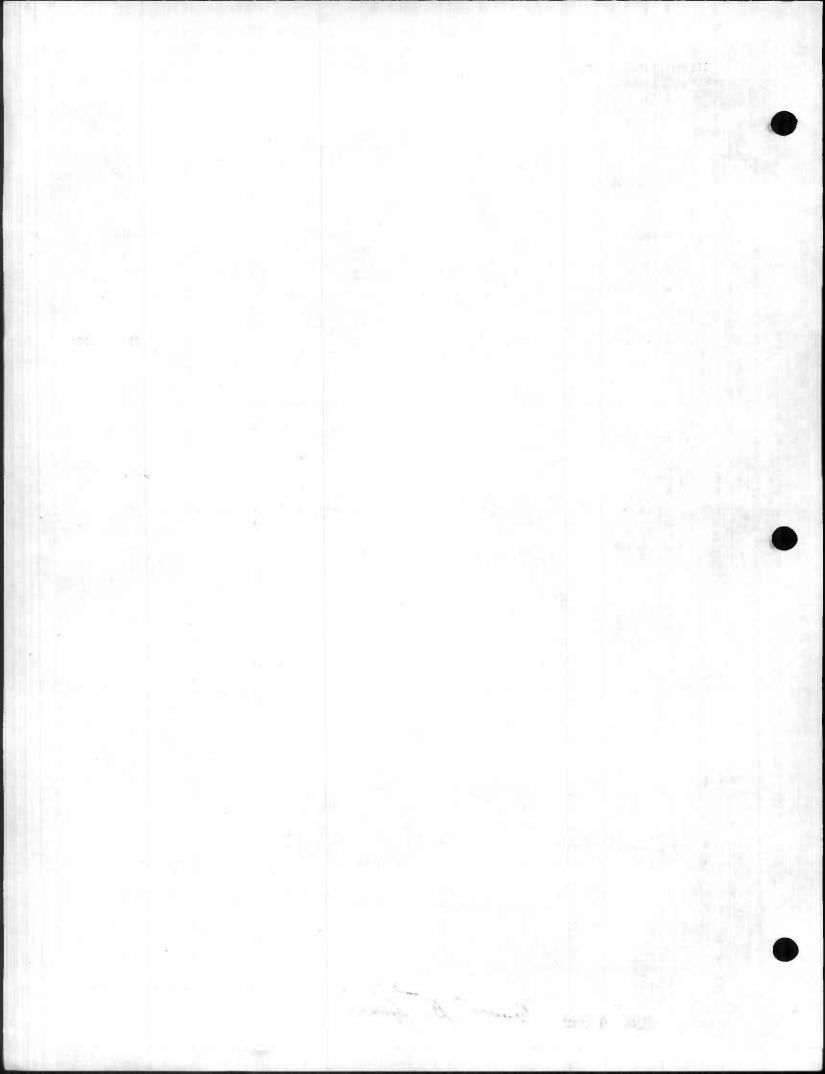
111 Penn Street, Baltimore, Maryland 21201 31. Data filad (Month, Day, Year) 32. Ragistrarie Signatura 9 1999

30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print)

ORIGINAL

OCME

JUNE 05, 1999



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 99 18522 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month Physician Betty Wayland June 1 1999 2:10pm /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Rosedale Baltimore Manor Care - Rossville 8. Data of Birth

(Month, Day, Year)

JULY 13 1924 If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Ye 9. Birthplaca (State or Foreign Funeral Days Months Hours 218-12-3091 1□M 2MF New York 74 Director Usual Residence of Decedent the Menyland permit. Peges 1 and 2 should be filled within 72 hours effer death with the Merylan Departmant of Heelth end Mantal Hyglena. Important: if Itam 27 is marked other than "natural", or items 23s or 28s-f show explicitly or other treumstic event, the Medical Examina must be notified at page. 10e State 10h County 10c. City. Town or Location 10d. Inside City Limits MD. Baltimore Essex 1 ☐ Yas 2 ☐ No Director 10e Street and Number 10g. Citizen of What Country? 10f. Zip Code 5 Palm Lane 21221 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 No Specify: Specify: þ 3₺ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) Nurses Aid RiversideNursingHome 10th 17, Father's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) 8 Frederick C. Klein unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) James Messec Jr. / son 1503 LanFlair Road Baltimore Md. 21221 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata Data Burial 2 Cremation 3 Removal from State Baltimore Md. 4 ☐ Donation 5 ☐ Other (Specify) Holly Hill Cemetery 6/4/99 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Connelly Funeral Home of Essex 23a. Part1. Enter the disease, or complications that caused the death Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on aech line. Approximete Interval Batween Onset and Death **Physician** Elechlyte imbolance are wit /Medical Immediata Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of):

Demydration 2 w/cs Examiner physician and a the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last P.O. Box 68760, Physician/Medical Due to (or as a consequence of): signed by the aid to be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? disader 1 Yes 2 No 3 Probably 4 Onknown of Vital Records, à 24b. Wara autopsy findings evailable prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1□ Yes 2□ No 25. Was case referred to medical axaminer? 8 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yes 2 No Certification: To ä 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Division Affine 1 Natural 5 Pending investigation Attending 24 hours after death. Funeral Director: Aft 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be detarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or Within 24 hours att To the Funeral Di completaly Illied in Cortifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifier 29c. License number 29d. Data signed (Month, Day, Year) 06-01-99 29b. Signature and title of certifier - M.D 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

NALKA WASSEM: 404-EASTERN BLVD, M.D - 21221 31. Data filed (Month, Day, Year) 32. Registrar's Signature State

DHMH 16 Rev 6/95

Registrar

JUN

9 1999



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death Month Day **Physician** 13/am William 02 June /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner East Point Nursing Home Baltimore Baltimore 7. Age (In yrs. last birthday) If Under 1 Yaar Months Days 5. Social Security Number 6. Sex If Undar 24 Hrs. Birthplace (State or Foreign Country) 8. Dala of Birth (Month, Day, Year) **Funeral** Days Hours 180 M 2□ F 108 5, 1890 unknown Oct. Director 218-01-8240 Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show Maryland Baltimore Baltimore 1 ☐ Yes 🏖 ☐ No Director 10f. Zio Code 10e. Street and Number 10g. Citizen of What Country? death with 21224 1046 Old Northpoint Road U.S.A. Funeral 12. Was Decedent Ever in U.S.
Armed Forces? unknown
1 ☐ Yes 2 ☐ No
If Yes, Give
Year or Dates: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Pages 1 and 2 should be flied within 72 hours after can of Health and Mental Hygiene.
Int. If Nam 27 Is marked other then 'natural', or Neury or other treurnals event, the Wald or Exercise my or other treurnals event, the Wald or Exercise. 1 Nevar Married 2 Married Baitimore, Maryland 21215-0020 Specify: black 1 Yes 2 No Specify: à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) none none Laborer Railroad 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be unknown unknown 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a, Informant's Neme/Relationship (Type, Print) Eastpoint Nursing Home 1046 Old Northpoint Road, Baltimore, MD 21224 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State permit. Page Department of Important: If any Injury or pace. 5 MOther (Specify) in state 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Wade, Ronald /S. Director State Anatomy Board, 655 W. Baltimore Street 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. macell Approximete Intervat Between Onset and Death **Physician** an terio 5 devote a /Medical Immediate Causa (Final disease or condition resulting in death) Examiner interiscleron Physician/Medical Examiner physician and the burial-transit the death certificate be axecuted Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last Due to (or as a consequence of) Box 68760. Due to (or as a consequence of): USB AS Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? P.O. 1 Yes 2 No 3 Probably 4 Unknown signed b Records, þ The law requires 24b. Were autopsy findings availabla prior to completion of cause of death? should | 24a. Was an autopsy performed? Completed page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vitai Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 412 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yes 2 No 2 After this funeral 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? Division or Attending 1 D Natural 5 Pending investigation n 24 hours after death.

Funeral Director: After pietely filled in by the fun 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 2 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier To the Hosp within 24 hou To the Fune completely fi (Check only one) 29b. Signature and title of partifier-29c. License number 29d. Date signed (Month, Day, Year) (ars Tues u. 0011156 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MELITE M. TORRES, NO. 1441 ELLWOOD AUG. BACTO, MD 21224 TORRES, MO 441

DHMH 16 Rev 6/95

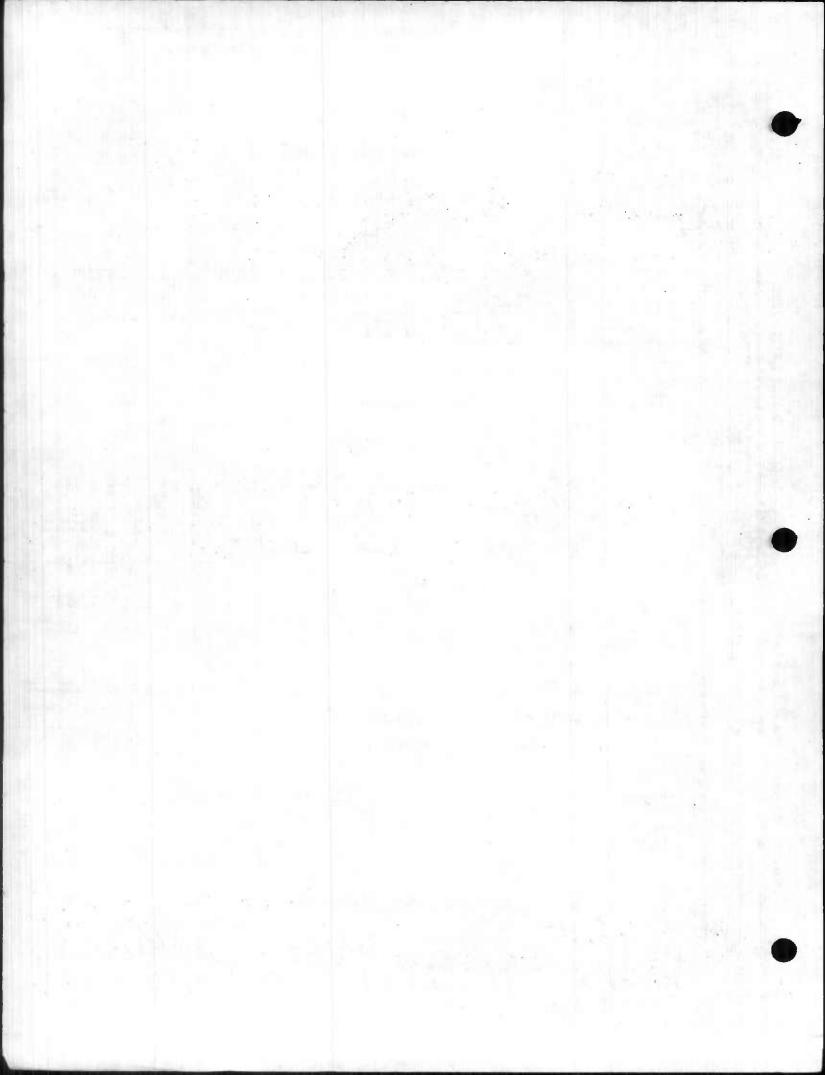
State

Registrar

31. Dala filed (Month, Day, Year)

JUN 0 8 1999

32/Registrar's Signatura



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 18524 State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death AMEND ITEM #1 PER PHYNS G772 6-10-99 J.A. 2. Date of Daath 3. Tima of Death 1. Decedent's Name (First, Middle, Last) Month A LALISA **Physician** 1:43 Adams JUNE 06 1999 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) **Examiner** Medical Control
lest birthdey) If Under 1 Year Baltimore 5. Social Security Number 6. Se Bayy, w If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Yeer) Birthplace (Stete or Foreign Country) 7. Age (In yrs. lest birthdey) **Funeral** Months Days 1□M 2□F Yrs Director 212-90-9701 Maryland Sept. 8,1964 Usual Residence of Decedant with the Marylend 10d. Inside City Limits 10a. State 10b. County 10c. City. Town or Location r 28a-f show 1 Yas 2 XNo Directo Maryland Baltimore Essex 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? r than "natural", or items 23s or the Medical Examiner must be 1616 Riverwood Road 21221 United States Pages 1 and 2 should be filed within 72 hours effer deeth near of Health and Mentel Hygiene.
Int: If Rem 27 Is marked other than "natural", or items 23 inty or other traumstic event, the Medical Example results. Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Give Year or Dates: 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify. Š 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highest grade completed) Elamantary/Secondary (0-12) College (1-4or 5+) 7 Years Waitress Food Service 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Meiden Sumeme) Be Bill Adams Myrtle Gibson 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. tnformant's Name/Ralationship (Type, Print) Mary Friend/Sister 20 Villa Capri Circle Essex, Maryland 21221 20b. Place of Disposition (Name of 20a. Method of Disposition Date 20c. Location - City or Town, State cemetery, crematory or other place) 1 Surial 2 □ Cramation 3 □ Removal from State Department of important: If any injury or another any injury or another anothe 4 Donation 5 Other (Specify) Hill Mem. Gdns. 6/9/99 Middle River, MD 22. Name and Address of Facility 21. Signati Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222 Part Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one causa on each form. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final HIV disease or condition rasulting in daath) Examine Due to (or as a consequanca of): Examiner ettending physician and for use es the burief-transit law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequanca of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) signed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy Completed s certificate has b The 1 Tyes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician: funerel director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidence 6 Other (Specify) P 1 Yes 2 No 1 Papatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 27. Manner of Death 28b. Tima of After 5 Pending Investigation Injury 1 Natural deeth. 1 Yes 2 No 2 Accident efter deet Director: 6 Could not be datarmined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) à 4 Homicida 24 hours efter Funeral Dire 1 Certifying Physician: To tha bast of my knowladga, daath occurred at the time, date and place, and dua to tha cause(s) and mannar as stated.

2 Medical Examtner: On the basis of examination and/or investigation, in my opinion, daath occurred at the tima, data and placa, and due to the cause(s) and manner stated. 29a. Cartifiar Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signatura and title of certifiar 29c. License number Clandin Clarkon MI June 06 1999 96764

Baltmore, MD

AVE

State Registrar Claudia

31. Date filed (Month, Dey, Year) JUN 10

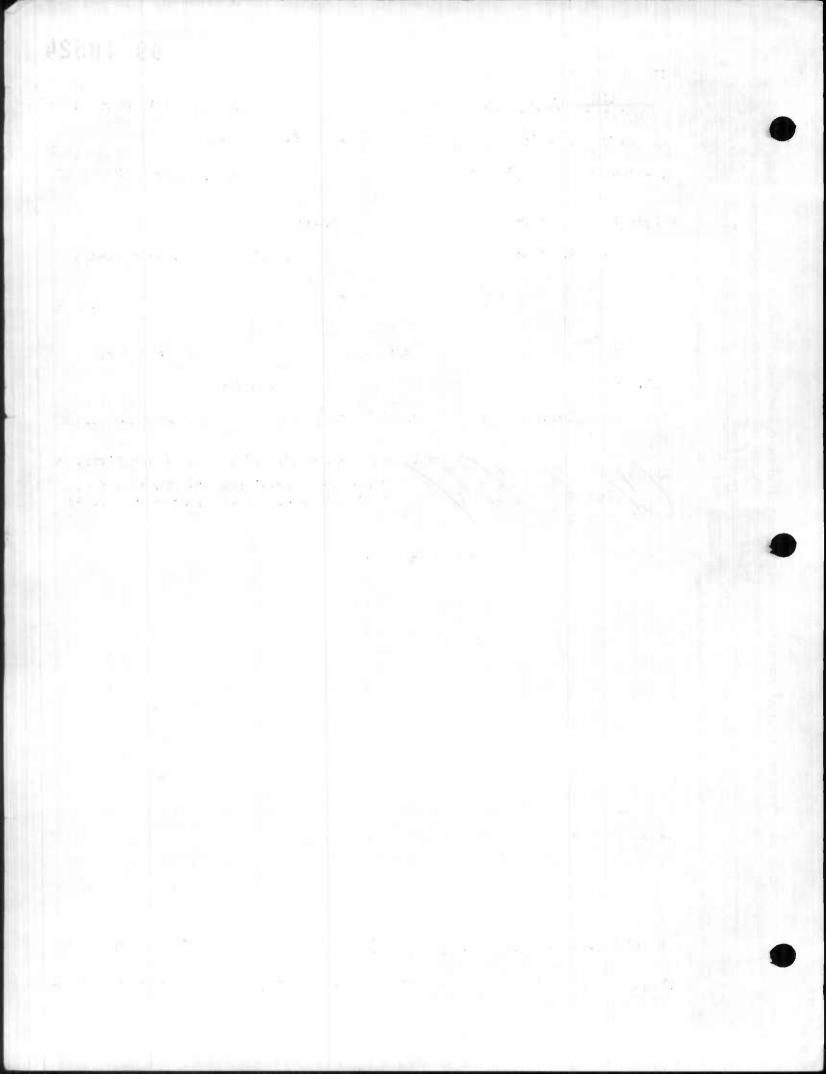
30. Name and addrass of person who completed causa of daath (Itam 23a) (Type, Print)

4940

32. Registrar's Signature

1 Eastern

Claiborn



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 8525 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Physician /Medical 4a Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death Examiner A#7 BUSON If Under 24 Hrs. d Birthplace (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 1 Year **Funeral** Months Deys Hours 10 M 20 F Director Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene.

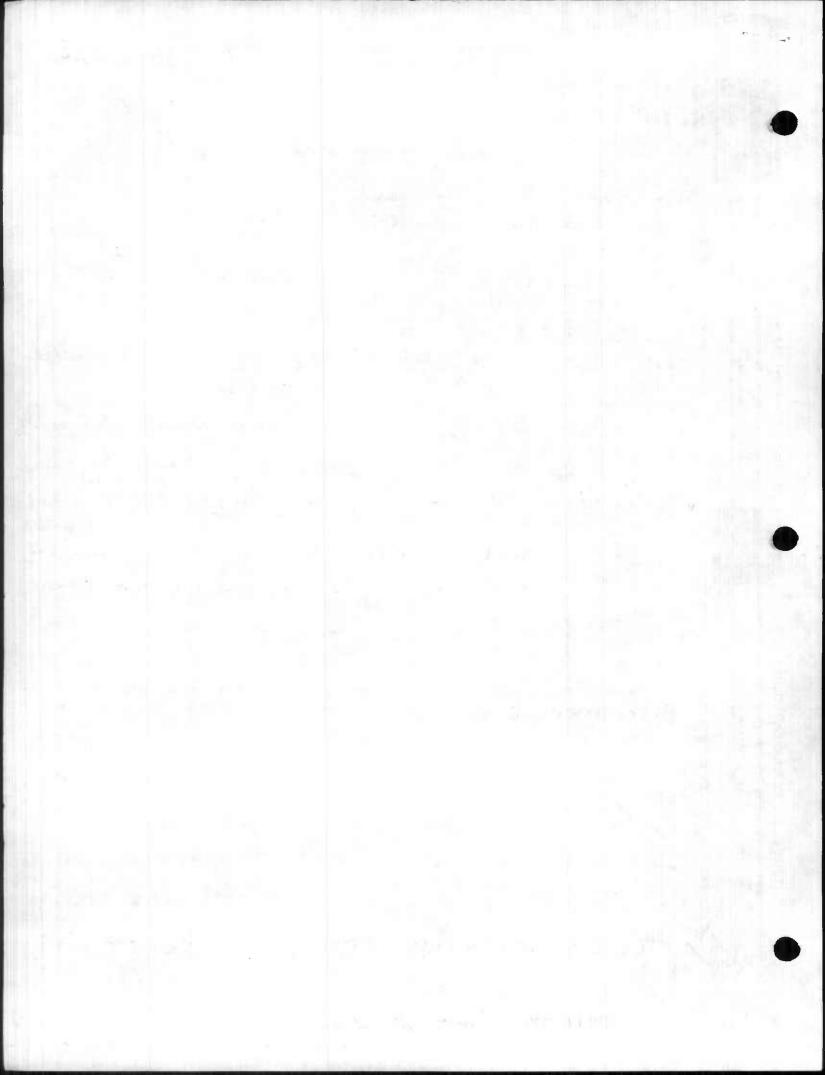
Int: If item 27 is marked other than "natural", or frame 23a or 28a-f show ury or other treumatic event, the Medical Essimmer in ust be notified at 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 2 Yas 2 □ No Funeral Director 10f. Zip Code 10g. Citizen of What Country? 10e Street and Number 21286 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11 Marifal Status 12. Was Decedent Ever in U,S. Armed Forcas? 1 Yes 2 No 1 Nevar Married 2 Married Specify: White Baltimore, Maryland 21215-0020 1□ Yes 2 No Specify: Completed by 3 Widowed 4 □ Divorced Yeer or Detes: 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Baltimor Elementery/Secondery (0-12) College (1-4or 5+) 17. Fathar's Neme (First, Middle, Last, 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 19b. Mailing Address (Street end Number or Rural Boute Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) altimore 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) Date 8 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Department of Important: If any injury or 22. Nama and Address of Fecility 21. Signature of Fupéral Service Licenses Vans 23a/Pen1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, buch as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. 21234 Approximata Interval Between Onset end Death Physician /Medical Immediata Cause (Final disaasa or condition resulting in deeth) Ventricular Fibrillation minutes Examiner Certification: To Be Completed by Physician/Medical Examiner Cardiovascular Disease Atherosclerotic Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Lest Due to (or as e consequence of): Box 68760. Due to (or as e consequence of): Pert II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributs to the cause of death? Division of Vital Records, P.O. 3 Probably 4 ☑ Unknown 1 Yes 2 No Alzheimers Disease 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wes en eutopsy performed? 22 No 1 Yes 2 NO 1 Yes 25. Wes cese referred to medicel examiner? 26. Place of Deeth (Check only one) 1 Yes 2 No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 200 27. Menner of Deeth 28b. Time of Injury Affect 28e. Date of Injury (Month, Dev Year) 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident within 24 hours after deat To the Funeral Director: 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide b Medical Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier (Check only one) 8 29d. Data signed (Month, Day, Year) 29b. Signeture end fitte of certifiar 29c. License number 0 30. Name end address of person who completed ceuse of deeth (Item 23a) (Type, Print) 31. Dafa filad (Month, Day, Year) 32. Registrar's Signature State Registrar

DHMH 16 Rev 6/95

JUN 1 0 1999

ORIGINAL



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 18526 Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Day Month Year 6:55 AM HELEN JUNE 1999 6 4a Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death 6. Sex WHITE MARSH BALTIMORE BANGERT If Under 1 Year 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 10 M 20 F Months Hours 69 Yrs. 196-22-5493 JAN. 20, 1930 Usual Residence of Decadent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No MARSH BALTIMORE WHITE 10c. Citizen of What Country? 10e Street and Number 10f. Zip Code U.S.A 21162 5316 BANGERT STREET Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forcas? 11. Marital Status 1 ☐ Yes 2 ☑ No If Yes, Giva Year or Dates: 1 Never Married 2 Married 1□ Yes 2□No Specity: 3 ☐ Widowed 4 ☐ Divorced WHITE 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) PEEPARATION SELF EMPLOYED 18. Mother's Name (First, Middle, Maidan Surname) 17. Fathar's Name (First, Middle, Last) Yuracavch 19natius Yuchuis Mary 19a, Informani's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BRAdy 20b. Place of Disposition (Nather of cametery, crematory or other place) EVENS FUNCTION CHAPER Marsh, 21162 White Juke 9 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) BELAIR - P.A. FOREST HILL, MD 22. Name and Addrass of Facility EVANS CHAPEL OF MEMORIES 21. Signatura of Funeral Sarvice Licansee 8800 HARFORD RD. PARKVILLE 21234 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death Immediate Cause (Final 3 years disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated evants resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes & No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy performed?

1□ Yes 2☑No

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29d. Data signed (Month, Day, Year)

26. Place of Death (Check only one)

BALTIMON

Other: 4☐ Nursing Home 5☐ Rasidence 6 ☐ Other (Specify)

1 Yes 2 No

Physician /Medical Examiner

Physician

/Medical

Examiner

10a State

MD

Director

Funeral

A

Completed

Be

Ca

Funeral

Director

r than "natural", or items 23a or 28a-f ahow the Madical Examinar must be notified at

permit. Pages 1 and 2 should be filled within 72 hours after c Department of Haalth end Mental Hygiene. Important: If item 27 is marked other than "natural; or item any injury or other traumatic avent, the Medical Examine

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Records,

Division of Vital

or Attending

the Maryland

Examiner Physician/Medicai à Completed 25. Was case referred to medical examiner? Be 27. Manney of Death

Certification: To Director: A

physician and s the bunal-transit usa

for usa as signed by the a

24 hours after death. To the Euneral Dice Hospital Medical

DHMH 16 Rev 6/95

à

State Registrar

FUFFUL 31. Date filed (Month, Day, Year) JUN 1 0 1999

5 Pending

6 Could not be determined

1 Yes 2 No

1 Natural

2 Accidant

3 ☐ Suicide

29a. Certifier

4 Homicida

(Check only one)

29b. Signature and title of cartifier

MULLER 30. Name and address of person who complated causa of death (Itam 23a) (Type, Print) J4BUMC 4940 32. Registrar's Signature

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of

28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify)

28a. Date of Injury (Month, Day Year)

EXITORY

28c. Injury at Work?

1 Certifying Physician: To the best of my knowledga, death occurred at the tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

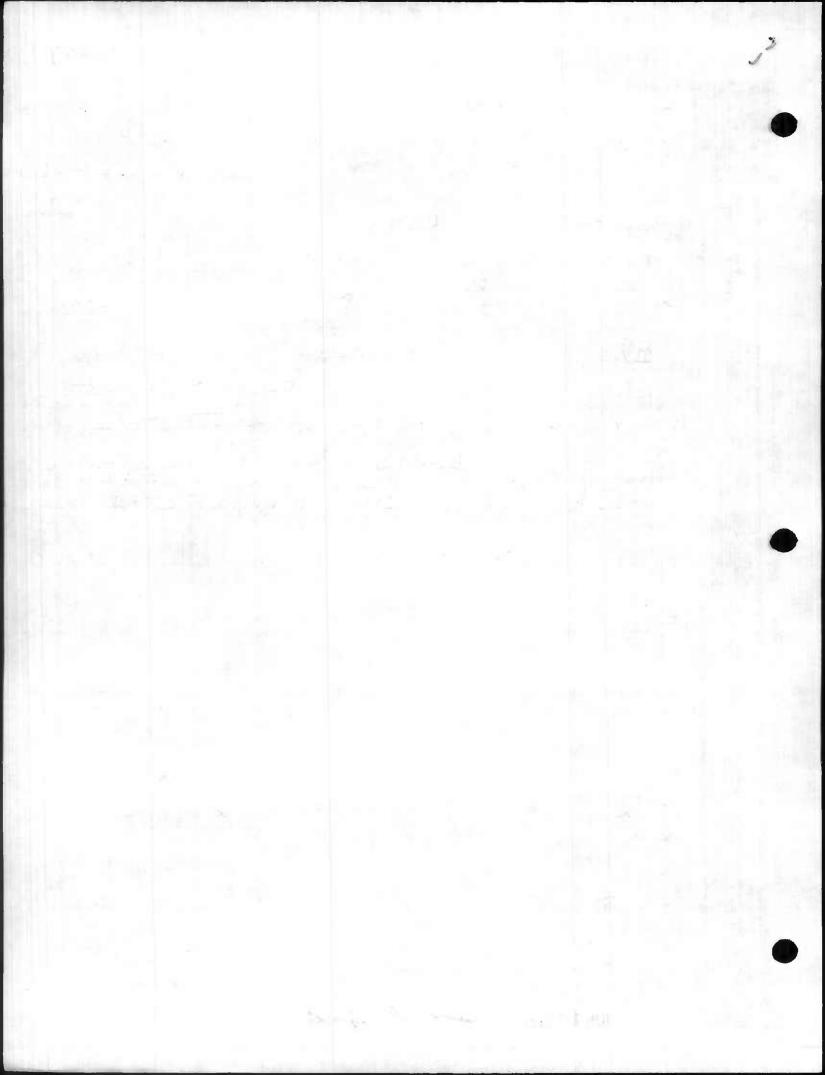
1 TYes 2 No



Piease Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygieneg 9 18527

, ,			Cen	tificate of	Death	Re	g. No.	1001
	1. Decedent's Neme (First, Middle, Las	it)				2. Date of Deat	h	3. Time of Deeth
Physician		IRY BILLER	MAN			JUNS L	L 1900	bico P.M.
/Medica	4a Frailite Name (Mant Institution air		SI (FII)		4b. City, Town, or		4c. County o	
Examine	0 000	DRIVE			B.10.B		MARI	FORD
	5. Social Security Number 6. S		. last birthday)	If Under 1 Year	mand, cl. a	8. Date of Birth		9. Birthplace (State or Foreign
Funeral Director		□M 28(F 8'4	Yrs.	Months Deys	Hours Min.	8. Date of Birth (Month, Day,		Country)
Director	Usuel Residence of Dacedent	07				MCV. a	1917	DASHINGTON U.L.
and *	10a. Steta 10b. County	10c. C	ity, Town or Loc	ation				10d. Inside City Limits
deny deny	MARKEN HARFOI	00	0.10	0				1 Yas 28 No
the 1	10e. Street and Number	20	DITIL	104 Zin Code		1 1	Og. Citizen of Wi	hat Country?
.0020 hours after death with the Meryland ural; or thems 23s or 28s-f show at Examiner ment be notified at	10e. Street and Number Soll LyPRSS 11. Maritel Status 1 Never Merried 2 Merried	0 05		Tot. Zip Gode			Ag. Citizen of ver	tat Country?
ath . 234	SOIL TALKTO	DRIVE		1 21	018		0.0	J. A.
Por de	11. Maritel Status	12. Wes Decedent Ever in U Armed Forces?	J,S. 13. W	es Decedent of Yes, specify Cut	Hispanic Origin? (S an, Mexican, Puerl	o Rican, etc.)		- American tndien, , White, etc.
0 at 50		1 ☐ Yes 2 ☑ No If Yes, Give	1	☐ Yes 21⊠ No	Specify:		Specify:	1 11 -
DOURS DOURS	328 Widowed 4 □ Divorced	Yaer or Detes:						WHITS
15-0020 72 hours after death with the Merylan "natural", or flows 23a or 28a-4 show dies Examinar must be notified at	15. Decedent's Ed (Specify only highest gra Elementery/Secondery (0-12)		(Give k	ind of work done	during most of wor	rking	16b. Kind of Bus	iness/Industry
within then.	Elementery/Secondery (0-12)	College (1-4or 5+)	11	_ \	^			11
d 2 filled w ther th	3 11785		Hor	JU AK	1		HT	TWOH
yland 212 ould be filed withi Mental Hygiene. Triked other than etic event, the III	17. Fether's Neme (First, Middle, Last)	7			18. Mother's Ner	me (First, Middle, M	faiden Sumeme)
should Ind Meni	SILAS W	· KEYS			FAC	115 W	. SHi	FFLIT
Maryland 21215-0020 2 should be filed within 72 hours aft the and Mental Hygiene. 7 is marked other than "natural", or mental ovent, to be direct from	19e. tnforment's Name/Reletionship (7	ype, Print)	19b. Mailing	Address (Stree	t end Number or Ru	ıral Route Number,	City or Town, S	Stete, Zip Code) 3/084
C 25 64 F	RITA V. SAX	20	4037	MADO	ONA KO	AO JAG	272513	Onalogal 324in
or other	20e. Method of Disposition		Place of Dispos	ition (Name of	ice) T	JUNE 2	20c. Location - C	City or Town) Steta
MO Page	1 Burial 2 □ Cramation 3 □ 4 □ Donetion 5 □ Other (Specify	Hemoval from Stata	(n a.m)	la Dame	1-000-1	1000	2000	Massan
Baltimore, semit. Pages 1 a Apatiment of Her mportant: If them my injury or othe MGB.	21. Signature of Funeral Service Licen	1	22.	Name end Addr	ess of Facility	11111	DE HILL	A O O
Ball permit Depart Import	1 2	1				HALT-	DETHU	R, P. F. 21050
	Thorn King	\$ A	3	Just 10	0120	51177 F	RISTY	Constant and a Standard of the
	shock, or heart feilure. List only	nications that caused the dee one cause on each line.	etn. Do not ente	r the mode of dy	ing, such es cardia	or respiretory erre	est,	Approximete Interval Between
Physician		0			*			Onset end Death
/Medical - Examiner	fmmediata Cause (Finel disease or condition	Thoracia	· Aor	tic A.	neurysm			5 years
	resulting in deeth)	Due to (or as a consequ	ence of):				
D = -		h						
acute tran	Sequentially list conditions,	Due to (or es e consequ	ence of):				1 / / / / / / / / / / / / / / / / / / /
Urian urian	Sequentielly list conditions, if any, leeding to immadiata cause. Enter Underlying Ceuse (Diseese or injury							
ds, P.O. Box 68760, ires that the death certificate be executed signed by the attending physician and diseases the burial-transit diseases the burial-transit diseases the purisities.	that initiated evants resulting in death) Last	Dua to (or as a consequ	ance of):				
ng pi								
BOX auth certi		d						
The law requires that the death ce sate has been signed by the attend page 2 should be detached for us.	Part II. Other significant conditions co	ontributing to death but not ra	sulting In the un	dartving cause o	iven in Pert I.	23b. Dfd to	bacco use cont	tribute to the cause of death?
P.O.						1 U Y	3 Probably 4 Unknown	
T thet								
law requires es been sign						24a. Wes a		24b. Were eutopsy findings
v require						perform	ned?	eveilable prior to completion of ceuse of death?
Hes hes								
Cetah						1 Ye	s 28No	1 ☐ Yes 2 ☐ No
Of Vital Re- Physician: The lav this certificate hes rel director, page 2	25. Wes case referred to medical exeminer?	Hospital:		0		eth (Check only on	θ)	
- 5 w 5	TEN ZESTNO	1 L Inpatient 2L	ER/Outpatient	3LI DOA	4 Li Nursing r	lome 5⊠ Reside		
In the runner unear unea	27. Menner of Deeth	28a. Date of tnjury (Month, Day Year)	28b. Time of Injury			28d. Describe ho	w injury occurre	.0
Attending or deeth. After by the fune	2 Accident Investigation			Months Deys Hours Min. Location 101. Zip Code 101. Zip Code 102. Si Wes Decedent of Hispanic Origin? (Si If Yes, specify Cuban, Mexican, Puerform of Yes, specify: 103. Wes Decedent of Hispanic Origin? (Si If Yes, specify: 104. Specify: 105. Specify: 106. Place of work done during most of work in original orig				
Division C bal or Attending P is after death. In Director: After the led in by the funere	3 Suicide 6 Could not be determined	28e. Plece of fnjury - At the building, etc. (Special Control of the Control of t	nome, ferm, stre	et, fectory, office		28f. Location (St. City or Town		or Rural Route Number,
D parage								
Division O' Hospital or Attending Ph 24 hours after deeth. Funeral Director: After thi stely filled in by the funeral	29a. Certifier Certifying Phy	valcian: To the best of my kn	owledge, deeth	occurred at the t	ime, date end place	, and due to the ca	use(s) end men	mer es stated.
2520 6		and manner steted.	SHOTI SHOVE INVE	sangenon, in my	opinon, death occi	med et me (mie, Ci	ara end piace, al	id due to the cedse(s)
OF ALL	29b. Signature and title of certifier	//						(Month, Dey, Year)
10	1 Con	- Cm		03	35012		Tun 8	1990
1118	30. Neme and address of person who o	completed cause of death (Ita	m 23a) (Type P	rint)			1 9100	7 / / /
a (Jillevin Lyn		2 No	The Au	e. Bei	Air. 1	nd. 2	1014
State	21 Date filed (Month Day Year)	32. Registrar's Sign	etura					
Registrar			a B	Ann	61			
	CONTO	777	-	1000				

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene	9	9		8	2	
	-	-	-	-	-	7

	ITEM#23a&23b PER PHYN		d / Department of Certificate o			2 3	18528				
	1. Decedent's Nama (First, Middle, L		Certificate 0	Dealli	Reg.	No.	3. Time of Death				
- ✓•Physicia					Month	Day Year					
/Medica	do Facility Name /// not institution of			4b. City, Town, or Lo	May 17	1999 4c. County of Dea	6:30 A.M.				
Examine	Anne Arundel	The state of the s		Annapol		Anne A	rundel				
Funeral Director	214-14-5891 Usual Rasidence of Decedent	1½M 2□F 85	Months Day	s Hours Min.	Month, Day, Ye		thplece (Steta or Foreign buntry) Maryland				
Mend Mend	10a. Stata 10b. County	10c. City	, Town or Location				10d. Inside City Limits				
Man	Md. Anne	Arundel An	napolis				1⊈2Xes 2□No				
th with the Mar 23a or 28a-f	10e. Street and Number		10f. Zip Code		10g.	ountry?					
		w Road	214	101		U.S					
02 urs "I'."	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Evar in U,s Armed Forces? XTYes 2 No If Yes, Give Year or Datas:	S. 13. Wes Decedent of If Yes, specify Co	(Hispanic Origin? (Speuban, Mexican, Puerto o Specify:	ecity Yes or No- Rican, atc.)	nican Indian, da, etc. nite					
5-0	15. Decedent's		16a. Decedent's Usual Occ	cupation na during most of worki		Kind of Businass	/Industry				
within one.	15. Decedent's (Specify only highest g	College (1-4or 5+)	lifa. DO NOT use rati	red)	''y						
A DOP		5+	Attorney			Legal					
Maryland d 2 should be file th and Mental Hy 7 is marked othe traumatic event	17. Father's Name (First, Middle, Las				(First, Middle, Maid	len Sumame)					
Nould by Mente or marked	Francis Cleme			Elizab		enna					
Mai 12 sh 12 sh 16 m	19a. Informant's Name/Ralationship	(Type, Print)	19b. Meiting Addrass (Stre	et and Number or Rurs	al Routa Number, Ci	y or Town, Stata,	Zip Coda)				
e, I and I a	Kathleen T. B.	Lair/Wife	1541 Ships	view Rd.	Annapol	is Md.	21401				
Pages Pages mt: If Ite	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3	DRomavel from State	ematary, crematory or other p								
T G E E	4 Donation 5 Other (Spec	77	Cathedral			ltimore					
Baltimore, N permit. Pages 1 and Department of Health Important: If the 27 eny injury or other to page.	21. Signature of Funeral Service Lio	Some	22. Nama and Add	drass of Facility Ge	orge J. Balto.	Gonce I	F.H. P.A.				
	23a. Part1. Enter the disease, or an shock, or heart failure. Liston	tions that caused the death	. 1				Approximata Intarval Between				
Physician	0	y Gria Cause Gri aaGri Mila.	1				Onset and Death				
/Medical	Immediata Causa (Final diseasa or condition	KA	n tanlort	PNEUMONIA			2 month				
Examiner	resulting in death)	Que to (of	aa mconsequence/of):				21101)				
D #		KA	on Farly V								
60, be executed lolan and burial-transi	Sequentially list conditiona, if any, leading to immediate ceuse. Enter Underwing	Due to (or	as a consequence of):								
ite be exe ysician a ne burlai-	Sequentially list conditions, Due to (or as a consequence of): if any, leading to immediate ceuss. Enter Underlying										
876 ate b thysic	Cause (Disease or injury that initiated events Dua to (or as a consequence of):										
requires that the death certificate be executed requires that the death certificate be executed seen signed by the attending physician and hould be detached for use as the burtal-transit	Part II. Other significant conditions										
BOX attending for use		u.									
o de the production of the pro	Part II. Other significant conditions	contributing to death but not rasu	given in Part I.	23b. Did tobac	to the cause of death?						
d by				1 Tyes	2 1 No 3 □ P	☐ Probably 4☐ Unknown					
0 2 52 3						0.45	Mine and a section of				
cord v require been si should					24a. Was an ai	?	Wara autopsy findings available prior to completion of causa				
2 2 3							of death?				
The page					1 🗆 Yas	2000	1 ☐ Yas 2 ☑ No				
of Vita Physician: this certific	25. Was case referred to medical axaminer?				(Check only ona)						
hysic his co			EPVOUIDatient 3L DOA		me 5 Residence		ecify)				
Ing P	27. Manner of Death 1 Netural 5 Pending	(Month, Day Year)	28b. Tima of linjury 28c. In		28d. Describe how it	njury occurred					
Attending or death. ector: After by the fune	2 Accident investigati 3 Suicide 6 Could not			☐ Yas 2 ☐ No							
Division of Vital Re tal or Attending Physician: The is a Birector: After this certificate ha eld in by the funeral director, page	4 Homicide detarmine	28e. Plece of Injury - At ho building, etc. (Specify	ma, farm, street, factory, offic)	xe ·	281. Location (Street City or Town, St		lural Houta Number,				
oltail of lined											
To the Hospital or / You the Function of completely filled in be completely fi	29a. Certifier 1 Certifying F (Check only one) 2 Medical Exp	thysician: To the best of my knownminer: On the basis of examinetiand manner stated.	viedge, deeth occurred et the ion and/or invastigation, in my	time, date and place, a y opinion, death occurr	and due to the cause ad at the time, date	e(s) and menner e and place, and du	a stated. e to the cause(s)				
Within To the company	29b. Signature and titla of cartifier		29c. Lice	ense number	29d.	Date signed (Mon	th, Day, Year)				
	1/201/1	unte mo	1)]	1446	/	1/1/1	1,1777				
3,3	30. Name and address of person who	Scompleted ceusa of death (Item	28a) (Type, Print)	7 17/2	1 An	Dural	m				
State		32. Registrar's Signat	lura	V	(/)	() in the self	(110)				
Registra	JUN 1 0 1999	Depure	D. Some	/							

JUNIO James & francis

altimore.

Box 68760,

Division of Vital Records.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** MELVIN BLUMBERG 2:25 PM JUNE 1999 /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Neme (If not institution, give street and number) Examiner BALTIMORE BALTIMORE If Under 24 Hrs. 8 Date SINAL HOSPITAL OF If Under 1 Year Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Sex 1 M 2 □ F **Funeral** Days Hours Min. 218-03-4582 Yrs. 78 JUNE 22,1920 **Director** Usual Residence of Decedent with the Marylend 10a. State 10b. County 10c. Cify, Town or Location 10d. fnside City Limits r 28a-f ahow 1 ☐ Yes 2 No MD BALTIMORE OWINGS MILLS Director 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code d other than "natural", or items 23a or event, the Medical Examiner must be U.S.A. 2316 MELINDA DRIVE 21117 Funeral 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces? 1 XYes 2 □ No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: WHITE p 3 Widowed 4 □ Divorcad Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) should be filed within and Mental Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) C.P.A. ACCOUNTING 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be is marked NATHAN BLUMBERG **ESTHER** SHOR 2 permit. Pages 1 and 2 sh Department of Health end Important: If Item 27 is m any Injury or other traum ans. pue 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6907 JONES VIEW DR. #3B - BALTIMORE, MD 21209 MAX BLUMBERG / SON 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) ARLINGTON CHIZUK AMUNO 6/7/99 BALTIMORE, MD 21. Signature of Funeral Service Licens 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 23a. Pert1. Enter the disease for complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical fmmediate Cause (Final disease or condition resulting in death) PULMONARY EMBOLUS DAYS Examiner Due to (or as e consequence of): Examiner DAYS ANOXIC ENCEPHALOPATY the death certificata be executed physician and s the burial-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequenca of): SEPSIS WEEKS Physician/Medical that initiated events resulting In deeth) Lest Due to (or es e consequence of): attanding pl for use as t signed by tha a 23b. Did tobacco use contribute to the cause of death? Part II. Other afgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 → Thknown that þ 24b. Were autopsy findings eveileble prior to completion of cause of deeth? bean si 24a. Wes an autopsy Completed page 2 1 Yes 2 THO 1 Yes 2 Ho certificate Physician: Be 25. Was case referred to medical exeminer? 26. Place of Death (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 2 1 Yes 2 No 1 Mnpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28d. Describe how injury occurred 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: or Attanding 1 Natural 5 Pending ector: A 1 ☐ Yes 2 ☐ No death. investigation 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 124 hours effer on Euneral Director 4 Homicide Hospital edicai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es steted. To the Hosp within 24 hor To the Fune completely fi 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated. (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certified 29c. License number

State

Registrar

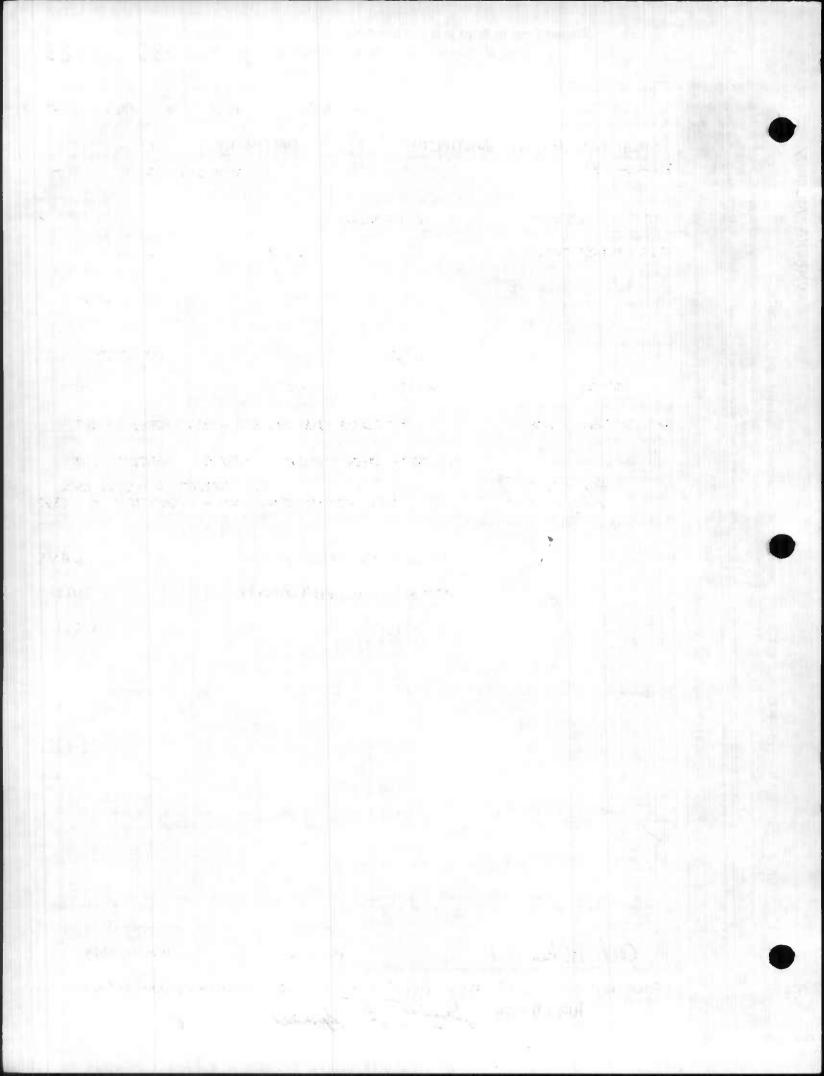
JUNE 4, 1999

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

arla 3 Vatson, M.C

2401 BELVEDERE BALTIMORE, MARYLAND 21215 WATSON WEST AVENUE 32. Registra 31. Date filed (Month, Day, Signature

P12344



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Data of Death 3. Tima of Death JUNE 7, 1999 Physician ELLEN F BLOOM 2:10 PM /Medical 4a Facility Nama (II not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner NORTH OAKS HEALTH CENTER BALTIMORE BALTIMORE 7. Age (In yrs. last birthday) | If Under 1 Year | Months | Days If Under 24 Hrs. Hours Min. 8. Dete of Birth Month, Day Year)
JULY 17,1908 5. Social Security Number Birthplaca (Stata or Foreign Country) **Funeral** 579-42-5239 1□ M 2♥ F 90 Director **Usual Residence of Decedent** the Meryland 10d. Inside City Limits 10a. State 10b. County 10c. City, Town or Location permit. Peges 1 and 2 should be filed within 72 hours after death with the Merylar Department of Heelth and Mentel Hyglens.
Important: If Nem 27 is marked other than "natural", or Nema 23s or 28s-f show any Injury or other traumatic avent, the Mexical Examiner must be nomined and once. 1 ☐ Yes 2 No Funeral Director MD BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 725 MT. WILSON LANE 21208 U.S.A. 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 12. Was Decedent Evar in U,S. Armed Forces? 14. Race - Amarican Indian, 11. Maritel Status Bleck, White, etc. 1 ☐ Yes 2 ☐ No If Yas, Giva A Year or Detes: 1 ☐ Never Merried 2 ☐ Married 21215-0020 1 Yes 2 No Specify: þ 3 X Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) OWNER NURSERY SCHOOL Baltimore, Maryland 18. Mother's Nama (First, Middle, Maiden Sumeme) 17. Father's Nema (First, Middle, Last) 8 SIMON FRANK ROSE ELLEN HECHT 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 19a. Informant's Neme/Reletionship (Type, Print)
JULIAN S. STEIN/ BROTHER 205 HOFF ROAD UNION BRIDGE, MD. 21791 20b. Place of Disposition (Name of cematery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 【Cremation 3 ☐ Removel from Stete HILLTOP SERVICE CORP. 6/8/99 5.☐ Other (Specify) TOWSON, MD 4 Donation 22. Name and Address of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 23a. Pert1. Enter the disease or compositions that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only consume ause on each lina. Approximata Intervel Between Onset and Daath **Physician** /Medical Immediete Causa (Final roke 6 weeks disease or condition resulting in death) Examiner Due to (or es e consequence of) Examiner rtension b Hospital or Attanding Physician: The lew requires that the death certificate be assocuted 24 hours after death.
Funeral Director: After this certificate has been signed by the attending physician and physician and the burlei-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or es a consequence of): Box 68760, Be Completed by Physician/Medical Dua to (or as a consequence of): for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? 1 Yas 2 No luneral director, 25. Wes casa referred to medical 26. Place of Death (Check only ona) axaminer? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 45 Nursing Home 5 Rasidence 6 Other (Specify) Certification: To 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Tima of 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No invastigation 2 Accident the 6 Could not be detarmined 3 Suicide Location (Street and Number or Rurel Routa Number, City or Town, Stata) 28e. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify) completely filled in by 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the tima, date end place, and dua to the cause(s) and mannar as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the tima, date and place, end due to the cause(s) and menner steted. Medical 29e. Cartifier within 2 re and title of certifie 29c. License number 29d. Data signed (Month, Day, Year) 29b. Sign MD 38675 30. Name and addre of person who completed cause of death (Item 23a) (Type, Print) JOE 5 ST BALTIMORE MESHUL 1147 HANOVER

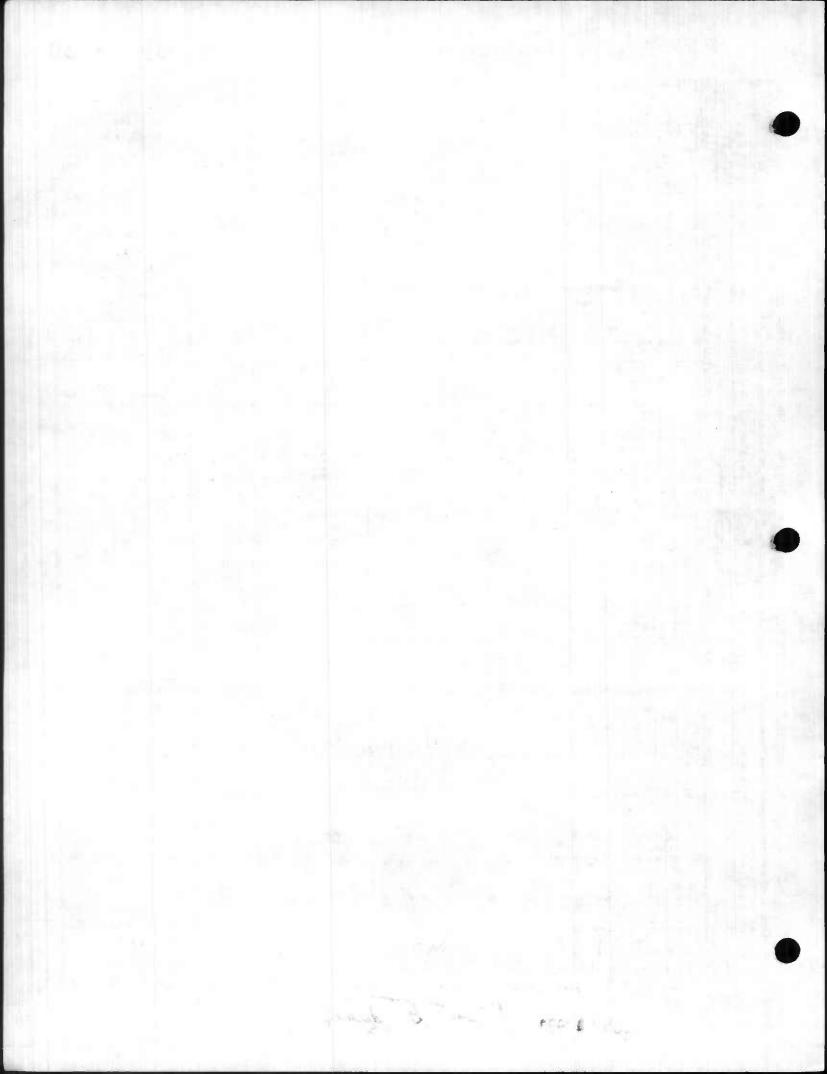
State Registrar 31. Data filed (Month, Day, Year) . .

7 _ 0000

DHMH 16 Rev 6/95

ORIGINAL

32 Registrer's Signeture



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 9 Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Deta of Deeth 3. Tima of Death Month Day DOLOFES 99 5:40 PM BURGER S. SHOCK 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street end number) 4c. County of Deeth UNIVERSITY OF MARYLAND HOSPITAL/TRAUMA Baltimore Baltimore 7. Aga (In yrs. lest birthdey) If Under 1 Year Months Days If Undar 24 Hrs. 5. Social Sacurity Number 8. Data of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) 6 Sax 1 M 2 F Days Hours 73 216-20-1160 Usuei Residence of Deceden 10a State 10c. City, Town or Location 10d Inside City Limits 10b County 1 Yas 2 No Baltimore Upperco 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code U.S.A. 15915 Trenton Rd. 21155 12. Wes Decedent Ever in U,S. Armed Forcas?
1 ☐ Yes 2 ☐ No If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, 11. Maritai Status Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: 3 Widowed 4 Divorced White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Manufacturing Secretary 18. Mother's Name (First, Middle, Maiden Sumeme) 17 Fether's Name (First Middle Last) Joseph Staub Verna Brennan 19e. informent's Name/Reietlonship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 15915 Trenton Rd., Upperco, MD 21155 George E. Burger Husband 20b. Plece of Disposition (Neme of cemetery, crematory or other pleca) 20a. Method of Disposition
1 ☑ Buriet 2 ☑ Cremetion 3 ☑ Removel from Stete Date 20c. Location - City or Town, Stete 4 ☐ Donetion 5 ☐ Othar (Specify) Garrison Forest Vet. Cem.6/11/99 Owings Mills, MD 21. Signature of Funeral Service Licensee 22. Nema and Addrass of Facility 11824 Reisterstown Rd. lan Eline Funeral Home Reisterstown, MD 21136 234. Earl. Enter the diseasa, or complications that causad the death. Do not enter tha mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Daeth Immediete Ceuse (Final INFARCTED BOWEL disease or condition resulting in death) Due to (or es e consequence of): Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or as a consequança of) Part It. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown RESPIRATORY FAILURE 24b. Were eutopsy findings eveileble prior to completion of ceusa of deeth? 24e. Wes en eutopsy RENAL FAILURE NELPOTIZING FASCITIS 1☐ Yes 2☐No 1 ☐ Yes 2 Z No 25. Was casa referred to medicel 26. Piace of Deeth (Check only one) Hospitel: 1 Impatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Menner of Death 28e. Dete of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? 1 Naturei 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide

Physician

/Medical

Examiner

Funeral

Director

r 28a-f show

r than "natural", or items 23s or the Medical Examiner must be a

Director

Funeral

þ

Completed

Be

the Maryland

with

death

filed within 72 hours after of Hyglena. Ther than "natural", or Net

.. Pages 1 and 2 should be filed w tment of Haalth and Mental Hygler tant: If item 27 is marked other th jury or other traumatic event, Ita

permit. Page Department of Important: If eny Injury or page.

Physician /Medical

Examiner

Examiner

Physician/Medical

by

Completed

Be

2

Certification:

edical

altimore, Maryland 21215-0020

physician and the burial-transit as usa signed by the a Records, certificate Division of Vital Hospital or Attending Physician: this funeral After 24 hours after death. To the Hospi within 24 hou To the Funer completely fil

> State Registrar

31. Dete filed (Month, Day, Year) JUN 1 0 1999

29b. Signature end title of certifier

4 Homicide

29a. Certifier (Check only one)

· Cynnia m Soriano no 30. Name end eddress of person who completed ceuse of deeth (Item 23a) (Type, Print) CYNTHA M. SORIANO, MD

29c. License number 00051347

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Data signed (Month, Dey, Year)

281. Location (Street end Number or Rurel Route Number, City or Town, Stete)

umms 22 S. Greene Street, Baltimore, MD21201

32. Registrer's Signeture D. Sparks

28e. Plece of Injury - At home, farm, streef, fectory, office building, etc. (Specify)

* CHANGE OF THE PROPERTY OF THE The second of the second second as the second

and I LAME

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth 1999 Jessica Maureen CHABOT 31, May 3:56 pm 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not Institution, give street end number) 4c. County of Deeth Frederick Memorial Hospital Frederick Frederick If Under 1 Year 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Day, Yeer) Birthplece (Stete or Foreign Country) Months 1 XM 2□ F Deys 026-62-3518 Feb. 8, 1977 North Carolina Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 XNo Virginia Fairfax Burke 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 22015 U.S.A. 10622 Alison Drive 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian. Bleck, White, etc. 1 Never Merried 2 Merried 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced Caucasian 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Substitute Teacher Fairfax County Schools 12 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Guy A. Chabot. Patricia M. Bergeron 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) Guy Chabot, father 10622 Alison Drive, Burke, VA 22015 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☐ Burial 2 Ø Cremetion 3 ☐ Removel from State 6/5/99 Fairfax Crematory Fairfax, VA 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Everly Funeral Home 23a/Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, ehock, or heart failure. List only one cause on each line. Approximete tntervel Between Onset end Deeth immediate Cause (Final disease or condition resulting in deeth) Multiple Traumatic Injuries Immediate Due to (or as a consequence of): Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or as e consequence of) 23b. Did tobecco use contribute to the cause of deeth? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveilable prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? 1 ☐ Yes 2X No 1 TYes 2 No 25. Was case referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 300 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Injury 1 Natural 5 Pending Passenger in Vehicle Collision May 31,1999 1 ☐ Yes 2X No 3:15pm^M investigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Royte Number City or Town, State) Rte 270 N/B 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 | Homicide @26 mile marker, Frederick, MD Interstate Highway

physician end the bunal-tran certificate be axed 98 USB signed by t Records, page 2 has certificate Division of Vital Physician: director this Aftar

Physician

/Medical

Examiner

Directo

Funeral

þ

Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at

al Hygiena.

1 and 2 should be fill Health end Mental H

permit. Pages 1 and 2: Department of Health er Important: If Itam 27 is any Injury or other trace

Physician /Medical

Examiner

Examiner

Physician/Medical

by

Completed

Be

Certification:

edical

29a. Certifier (Check only one)

the Maryland

death

Maryland 21215-0020

altimore,

efter death. ŏ Hospital of 24 hours e Funeral D To the I

> State Registrar

Alan H. Rohrer, M.D., 1080 West Patrick Street, Frederick, Maryland 21703 31. Dete filed (Month, Day, Year)

29b. Signature end title of certifier

32. Registrer's Signature

JUN 1 0 1999

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

1 Certifying Physicien: To the best of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) end menner es steted.

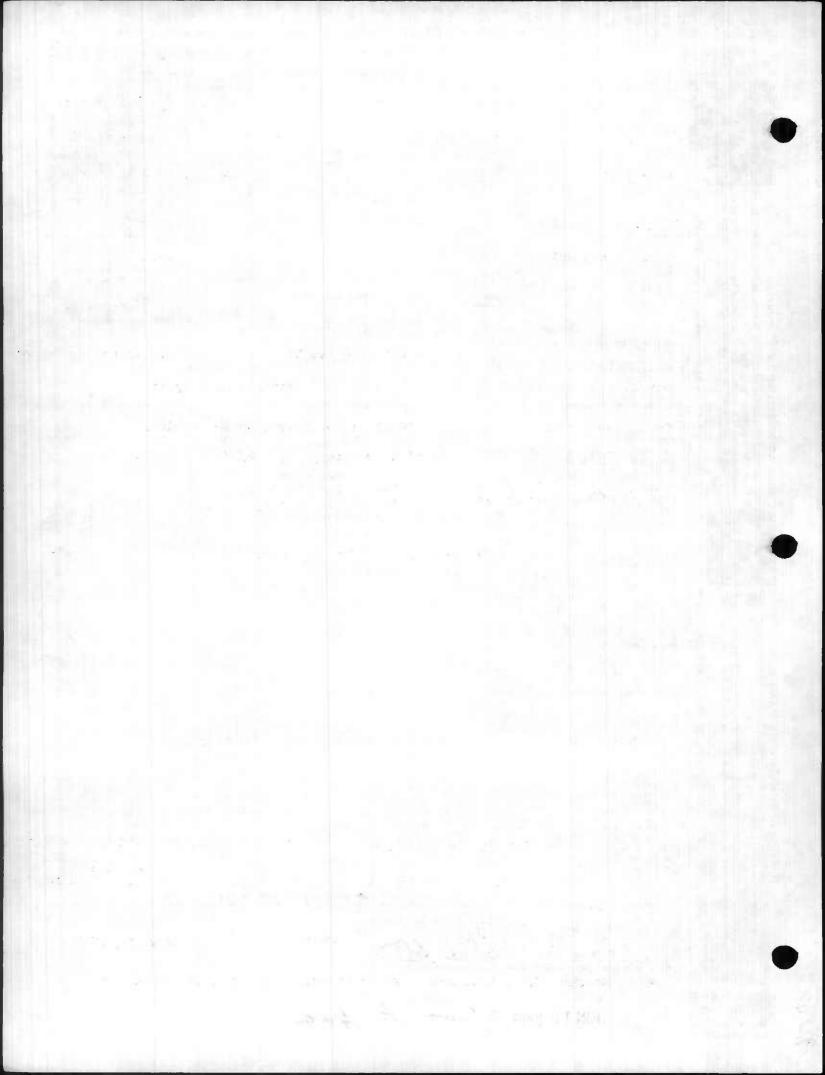
2 X Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end manner stated.

29c. License number

D37197

29d. Dete signed (Month, Dey, Year)

June 01, 1999



once.

F

notified ;

pe

must

examiner

COMPL

BE

2

(Check only one)

2 MEDICAL EXAMINER: On the beals of exa

MAY 0 3 1999

CAUSE OF DEATH (ITEM 37) (Type, Print)

32. REGISTRAR'S SIGNATURE

permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$4 hours after death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or filem 23 shows any injury, or other traumatic event, the medical exami-
--

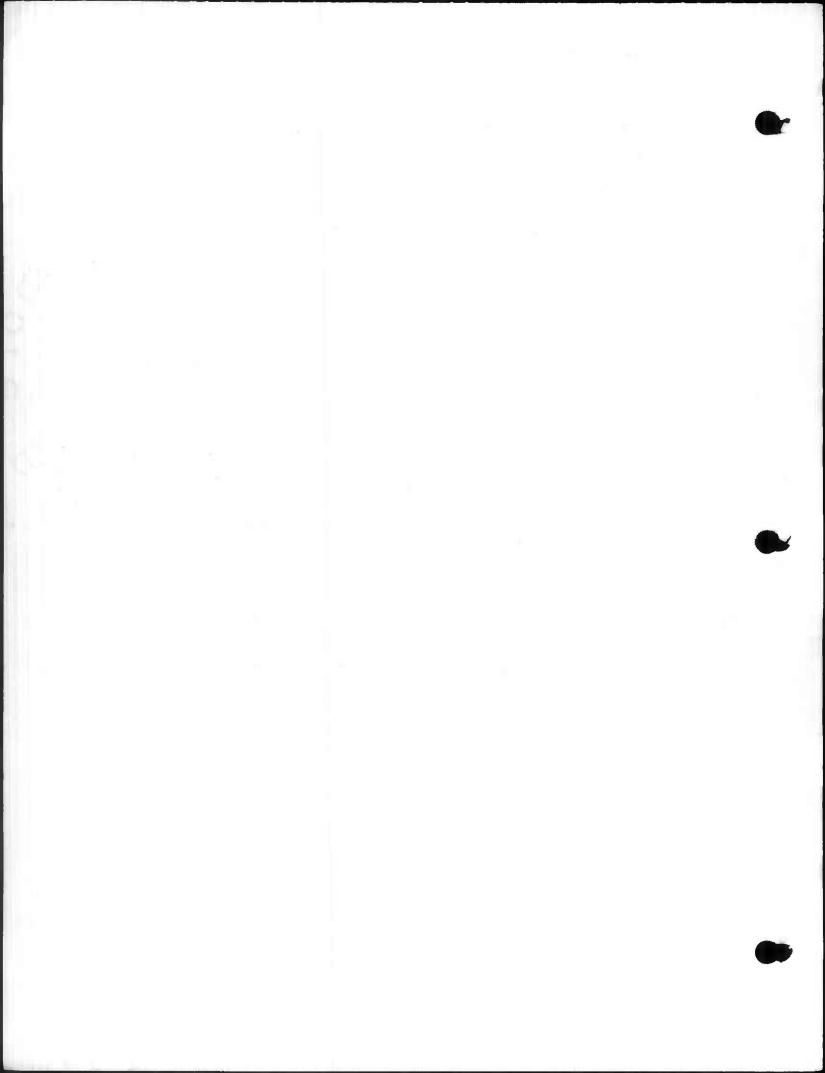
AMEND ITEM#23 PRT1 & Prt 2 PER PHYNS G772 6-10-99 J.A. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Robert Henry Coleman April 28 1999 8:30 A 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 71 YRS. 1 X M 2 - F 231-26-8319 Virginia Jan. 28, 1928 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Citizen's Nursing Home DIRECTOR Frederick Frederick RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Frederick Libertytown 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12102 Main St. U.S.A. 21762 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Married 2 Married Specify: White BY 3 Widowed 4 X Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a, OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementery/Secondary (0-12) College (1-4 or 5+) 12 home improvement carpenter 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Carter Coleman Helena BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dean Perkins 12102 Main St. Libertytown, MD 21762 20a. METHOO OF DISPOSITION
1 ₺ Burial 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State dery, crametory or other place. Chapeiry 4/30 nr. Libertytown, MD 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Hartzler Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Jarie 11802 Liberty Rd. Libertytown, MD 21762 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or haart fallure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final CONGESTIVE HEART FAILURE **Onaet and Death** disesse or condition C. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, lasding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. END STAGE RENAL FAILURE MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE PERFORMED? 1 TYES 2 THE OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only ope) HOSPITAL: OTHER 1 YES 2 70 1 Inpatient 2 ER/Outpatient 3 DOA Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1. Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) ETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and manner ee stated.

29d DATE S

nation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

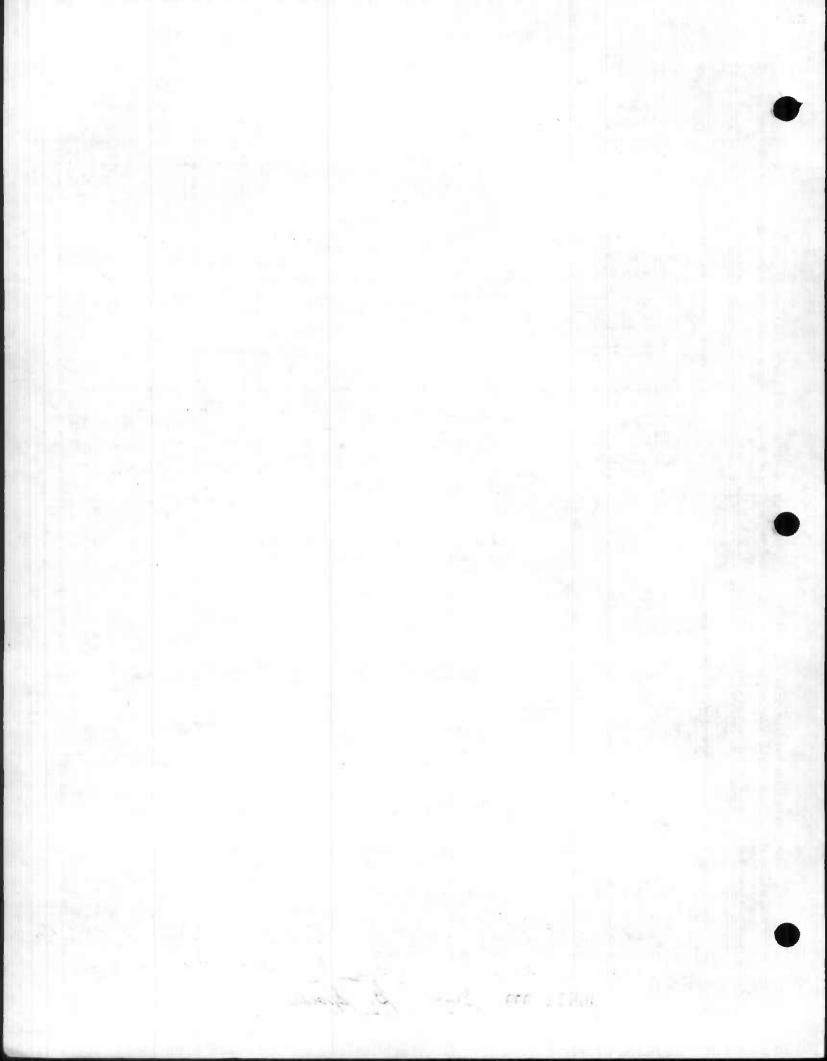
29c. LICENSE NUMBER



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 99 | 8534

					Ce	ertificate	e of	Death		Re	g. No.		0004	
	Physician /Madical	Decedent's Nama (First, MARJOR				CAS	SEL			JUNE 5,	1999	Year	3. Time of Death 3:15 PM	
	/Medical Examiner	4) Facility Name (Mant Institution with attendant over her)											RE	
	Funeral Director	5. Sociel Security Number 217–20–5031	6. Sex 1 ☐ M 2 ☒ F	7. Age (In yrs	. last birthday Yrs.) If Under Months		If Under Hours	24 Hrs. Min.	8. Dete of Birth (Month, Day,		9. Birthi	placa (Stete or Foreign ntry) MD	
	show ed at	Usual Rasidance of Deceden 10a. Stete 10b. Cou MD HOW	inty	10c. C	ity, Town or L								10d. Inside City Limits	
	uth with the Marylan 23a or 28a-f show unit be restited at ral Director												ntry?	
020 urs after death	urs after des	11. Maritel Status 1 Never Merried 2 I 3 Widowed 4 Divor	12. Wes Do Armed	12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give '' Yeer or Detes:			13. Was Decedent of Hispenic Origin? (Spe If Yes, specify Cuban, Mexican, Puerto I 1 ☐ Yas 2 ☒ No Specify:				14. Re	eck, Whita,		
21215-0020	led within 72 hours lyglene. nor then "natural", nt, the Medical En- th, the Medical En-	15. Dece (Specify only hill Elementery/Secondery (0-1	dent's Education ghast grada complata 2) College	d) 1 (1-4or 5+)		edent's Usue e kind of wor DO NOT us					16b. Kind of			
	Be vert	17. Fathar's Nema (First, Mid	dla, Last)			RTISIN	IG D	18. Mothe		B e (First, Middle, M		me)	MPHONY ORCH	
Maryland	should Men marke	JACOB 19e. Informent's Name/Relet	lenship (Time Print)		WOL		/Ctrool	IDA	or or Rus	al Route Number,	City or Tow	SHI		
	and 2 sight and 2 sight and 2 sight and 27 is r	The second second	MARC CASSEL / SON							GS MILLS			0 0000)	
Baltimore,	pages 1 ent of He nt: If item y or oth	20a. Method of Disposition 1 🔀 Burial 2 🗆 Cremeti 4 🗆 Donetion 5 🗀 Othe		m Siele	Place of Disp cemetery, cre EVRA Al	position (Nem	ne of ther ple	ce)		Date 2	20c. Location	C. Location - City or Town, Stete ANDALLSTOWN, MD		
Balti	permit. Pa Departmen Important: any Injury pace.	21. Signatura of Fuperal Seg	ice Licenses	ine		22. Neme en			SOL	LEVINSO				
	Physician /Medical Examiner	Immediate Ceuse (Final disasses or condition resulting in deeth)	e	Anci	LOA for as a conse	1,		ng, such es			est,		Approximata Intervel Between Onset and Death	
Box 68760,	eath certificate be executed attending physician and I for use as the burial-tranait clary/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest	d		or es a conse or as a conse									
P.0.	d by the etached	Part II. Other significant con-									tobacco use contribute to the cause of death Yes 22 No 8 Probably 4 Unknow			
Records,	The lew requires the sate has been signer, page 2 should be d									24a. Was a perform		a	Vere autopsy findings vailable prior to ompletion of cause ideath?	
	The lew ate has page 2									1 □ Ye	s 2 10 No	1	☐ Yes 2☐ No	
/ita	ysician: The secretificate director, pag	25. Wes case referred to me axaminer?					Lou		e of Deal	Check only on	θ)			
of	2 00	1 Yes 2 No		Inpatient 2	28b. Time)A		ursing Ho	ome 5 Reside	225		ify)	
Division of Vital	of Attending P effer death. I Director: After the d in by the funera	1 Natural 5 Pe 2 Accident inv	nding (M estigation	onth, Day Year)	Injury	M	8c. Inju Wo 1 [rk? Yes 2 🗆	No	200. Describe no	w injury occ	aneu		
Divi	tal or Attending P rs effer death. al Director: After ti led in by the funera Certification:		uld not be termined 28e. Ple bu	ce of Injury - At t Iding, etc. (Speci	nome, ferm, s ify)	treet, factory	, office			28f. Location (St City or Town	reet end Nur i, Stete)	n <i>ber or Rui</i>	al Route Number,	
	n 24 hound no 24 h	29e. Certifier 1 Certifier (Check only 2 Medione)	fying Physician: To t cal Examiner: On the and m	he best of my known basis of examinanter stated.	owledge, dee etion end/or i	th occurred anvestigation,	at the ti	me, date en opinion, des	nd place, eth occur	end due to the ca red et the time, da	use(s) end a ate end plece	menner as: 9, and due t	stated. to the cause(s)	
	within To the Common	29b. Signature and title of cer	o Solo	2		290	D/	se number	2	2	9d. Date sign	ned (Month)	Day, Year)	
	10		B B.L.	0	m 23a) (Type	Print)		17	21	136 G	2110	ter	1999 dom	
	State Registrar	31. Dete filed (Month, Dey, Yo	JN 1 0 1999	Registrer's Sign	eture	b .	Se	ach	1					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 8535

					Cert	ificate	e of I	Death			Reg. No.					
	1. Decedent's Neme (First, Mic					2. Date of De Month		Vaar	3. Time of Death							
hysician /Medical	NATHANIEL M						COHEN				, 1999	Year	5:40 PM			
xaminer	4a Facility Name (If not institu	ion, give street a	ind number)				1		wn, or Lo	cation of Death		nty of Death				
	2810 DAMASC	US COUR!	C #F					BAL	TIMO	RE	N/	A				
ineral	5. Sociel Security Number	6. Sex		e (In yrs. last bi	u.ouy/	If Under Months	1 Year Days	If Under:	24 Hrs. Min.	8. Date of Birt (Month, Da	h v. Year)	9. Birth	place (State or Foreig			
ector	219-20-8272	1 🖾 M 2	JF	70	Yrs.					oCT.26	,1928		MD			
	Usuel Residence of Decedent 10a, Stete 10b, Cour	the		10c. City, Tow	en or Loos	ation						T.	Od Inside City Limits			
N N																
be northed	MD	N/A		BAI	TIMC											
M 10	10e. Street and Number	ia com	1 473			10f. Zip	Code	2120	00	- 13			ntry?			
"natural", or Itama 23a or 28a-f show indical Examinar must be notified at leted by Funeral Director	2810 DAMASC				1.5.141								an Indian			
	11. Marital Status	Am	s Decedent in ped Forces?		13. Wa	as Deced Yes, spec	ent of H	ispanic Origin, Mexican	, Puerto	ecify Yes or No Rican, etc.)						
	1 Never Married 2 M 3 Widowed 4 Divorce	. If Y	Yes 2 ☐ N es, Give er or Detes:	NO	10	☐Yes 2	No XX	Specify:			Spec	city: TATE	ישידי			
			or Detes:	160	Decede	ate Heug	I Occup	ation			16h Kind of		* * * * * * * * * * * * * * * * * * * *			
Completed	(Specify only high	1	ade completed) (G			ind of wor	k done i	during most	of work	ing	TOO. KING OF	Dusinessini	dustry			
E	Elementery/Secondery (0-12) Col	lege (1-4or 5		ALES			,			HOME	10d. Inside City Limits 12 Yes 2 No 1. Citizen of What Country? U.S.A. 14. Race - American Indian, Black, White, etc. Specify: WHITE b. Kind of Business/Industry IOME IMPROVEMENT iden Sumame) BALSER City or Town, State, Zip Code) IORE, MD 21209 c. Location - City or Town, State DWINGS MILLS, MD I. & BROS., INC. ESVILLE, MD 21208 I. Approximate Interval Between Onsat and Death U-Paus I. Paus II. Paus II. Paus II. Paus III. Pau				
Ü	17. Father's Neme (First, Middle, Last)							18. Mothe	r's Neme	e (First, Middle,						
) Be	IRVIN	COF	HEN			IDA			BALSER City or Town, Stete, Zip Code) MORE, MD 21209 20c. Location - City or Town, Stete OWINGS MILLS, MD							
To									r or Run	al Routa Numb	ber, City or Town, State, Zip Code)					
	PAULINE COHEN		,	1 1 2 2 2												
Important: If flem 27 is many injury or other traum	20a. Method of Disposition			20b. Plece o					1	Date	20c. Locatio	n - City or To	own, Stete			
	1 N Buriel 2 □ Cremetio		I from State	MD VE	ry, creme				1	6/8/99	ONTNO	C MTII	C MD			
	4 Donetion 5 Other			LID ARI						0/0/33	CNITING) LITEL	10 / LID			
	21. Signature of Funeral Service Licensee 22. Name end Address of Facility SOL LEVINSON & BROS., INC.											INC.				
sician edical	Heath	111.6	ME	6								LLE, N				
	23a. Pert1. Enter the diseese, shock, or heart feilure. L	or complications st only one ceus	that caused se on each lir	I the deeth. Do ne.	not enter	the mode	of dyin	g, such es	cardiac	or respiratory e	rest,	i	Intervel Between			
			0 1			0	-					*				
r	Immediate Ceuse (Final disease or condition resulting in deeth) a. End Stage renul deslare Due to for as e consequence of): Dubiefes Wellutus										1	years				
	, southly in doorly		* .	Due to for as e	conseque	ence of):						1	1100.46			
- Plu		b	Deal	refes	(me	eun	12					i	year)			
Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying															
le H	cause. Disease or injury C. Due to (or as a consequence of):															
edical	that initieted events resulting in death) Last Due to (or es a consequence of):															
2	4															
San												1				
Physician/	Pert II, Other significant cond									Did tobacco use contribute to the cause of dec						
	Hypertensing Heart Disland								Yes 2 Dyble	: 2 No 3 Probably 4 Unkno						
Completed by		1074								24a Wee	en autopsy	24b. W	ere eutopsy findings			
ete						14					med?	a\ cc	vailable prior to empletion of cause			
E D													death?			
ပိ				0.000	40		1			10	res 2 No	1	☐ Yes 2☐ No			
Be	25. Wes case referred to medi exeminer?	Hospital	•				Oth		of Deet	h (Check only o	ne)					
- To	1 Yes 2 V6		1 Inpatie			3 DO						fy)				
O	1 Naturel 5 Pen		(Month, De)	y Year)	Time of Injury		Bc. Injur Wor									
Certification:	E COMOUNT	2 Accident investigation M 1 Yes 2 No								not Leastine (Change and Mr.	mhas as Bus	of Boots Alice has			
F	4 ☐ Homicide dete	mined 289.	building, etc	ury - At home, fe c. <i>(Specify)</i>	erm, stree	et, tactory	, office			City or To		mber or Hur	al Route Number,			
									- }							
edical	(Check only 2 Medic	ring Physician: al Examiner: On	the basis of	examinetion er	e, deeth d nd/or inve	occurred e estigation,	in my o	ne, date an pinion, dee	d place, th occur	and due to the red et the time,	cause(s) end date end plec	menner es : e, end due l	stated. to the cause(s)			
Med	one)		d menner ste	eted.		2000	Linna				20d Data sia	and (Manth	Ony York			
-	29b. Signeture and title of certi	1				200	CI 1	e number			29d. Date sig	7 /	10 01			
	Jt. (Usme	unan	m)	3 1		19	011	0 /			June	111	17/			
/	30. Neme end address of person		d cause of de	eeth (Item 23a)	(Type, Pr	rint)	7	*				0 -	17			
	Holland Fr	redman.	MO.	23	Lross	road	2 4	TIVE	6	my 1	www. M	1) 41	()			
State	31. Date filed (Month, Bay, Yea	7 0 4000	32. Regista	ars Signeture	4		8	3,					I I find			
3 - Aug	11111	1 10 7(3(30)	7/	Lake	41		1100	KAL								

in the first terms of the first

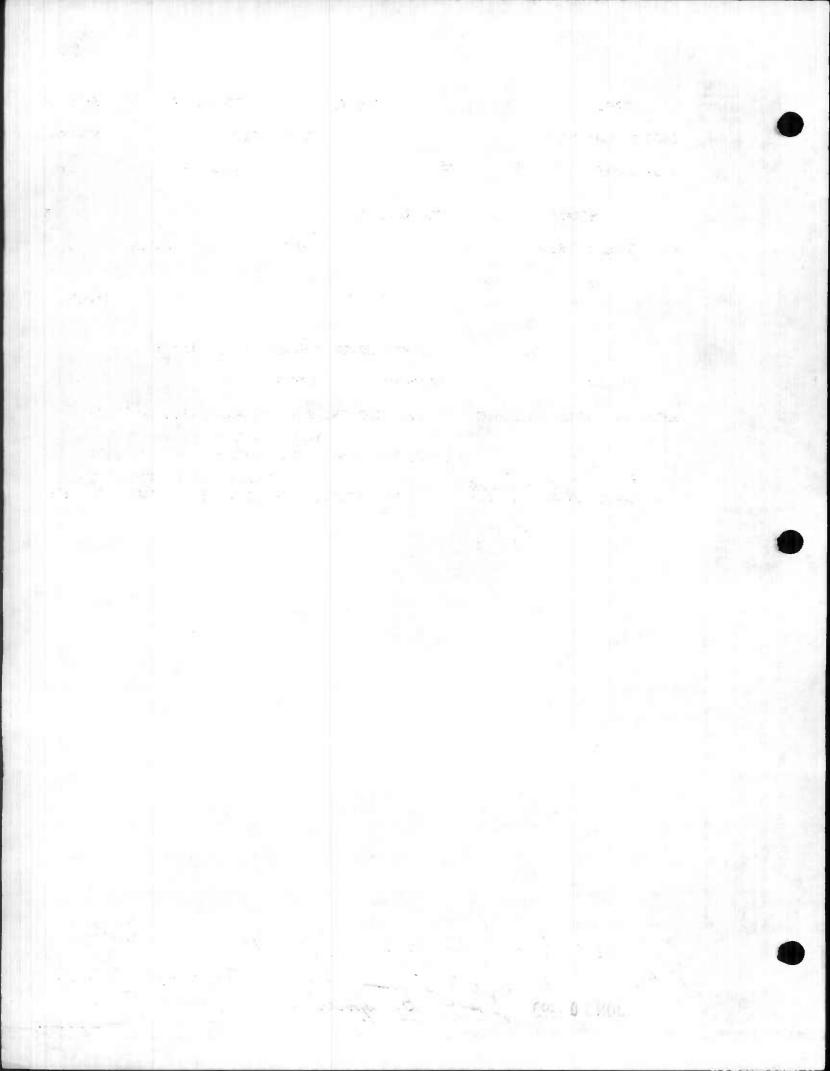
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Dacadant's Nema (First, Middla, Last) 2. Data of Daath 3 Time of Death **Physician** JUNE 4, 1999 COUNTS 6:15 AM CLARICE RENEE /Medical 4e. Facility Nama (If not institution, give streat and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOWARD CLARKSVILLE 6402 GUILFORD ROAD if Undar 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. last birthday) If Undar 1 Year 8. Data of Birth (Month, Day, Yaar) Birthplace (State or Foraign Country) **Funeral** Deys 1 ☐ M 2 💢 F 75 Months Hours 215-24-3330 Director DEC.8,1923 MD Usual Rasidance of Dacedant the Maryland 10a. Stata 10b. County 10c. City. Town or Location r than "natural", or items 23a or 28a-f ahow The McGrail Examinar must be notified at 10d. Insida City Limits Director MD HOWARD CLARKSVILLE 1 ☐ Yes 2 No 10a Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21029 U.S.A. 6402 GUILFORD ROAD Funeral death 12. Wes Decedant Evar In U,S. Armad Forces? 1 ☐ Yas 26 No If Yas, Giva Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. Black, Whita, atc. filed within 72 hours after 1 ☐ Nevar Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ 3 Widowed 4 Divorced WHITE Yaar or Datas: Pe 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Dacadant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Complet el Hygiene. Elementery/Sacondary (0-12) College (1-4or 5+) SPEECH LANGUAGE PATHOLOGIST HEALTH permit. Pages 1 and 2 should be file Department of Health and Mentel Hy Important: If flem 27 is marked other any Injury or other traumatic event. 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be LEVIN ROSIE NATHAN **GLICKMAN** 2 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code 6402 GUILFORD ROAD - CLARKSVILLE, MD 21029 19a. Informant's Name/Raletionship (Type, Print) ALFRED B. COUNTS / HUSBAND 20b. Placa of Disposition (Nama of cematery, crematory or other place AHAVAS SHAROM 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 □ Cramation 3 □ Ramoval from State 6/6/99 ROSEDALE, MD AGUDAS ACHIM ANSHE SFARD 4 Donation 5 ☐ Othar (Specify) 22. Nama end Addrass of Facility SOL LEVINSON & BROS., INC. 21. Signature of Funeral Service Lice 21208 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 23a. Part1. Enter the disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on eech line. Approximate Intarval Batwaan Onset end Death Physician /Medical Immadiata Causa (Final diseasa or condition resulting in daath) Examiner Examiner certificate be executed -transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseese or injury that Initieted avants resulting in daath) Last and Due to (or as a consequance of) nding physician ause as the buriel Box 68760. Physician/Medical Dua to (or as a consaguance of) atten jo P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the causa of death? the signed by the 3 Probably 4 ☐ Unknown 1 ☐ Yee Records. by cate has been sig , page 2 should b 24b. Were autopsy findings eveilable prior to Be Completed 24a. Was an autopsy complation of ceuse of death? 1 Yas certificate 1 ☐ Yas 2 ☐ No of Vital Hospital or Attending Physician: director, 25. Was cesa refarred to medical examinar? 26. Pleca of Daath (Check only ona) 1 Yas 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa P To the Hospital or Attending Physi-within 24 hours after death.

To the Funeral Director: After this of completely filled in by the funeral dir 5 Rasidence 6 □Othar (Specify) his 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? Division 1 Natural 5 Panding invastigation 1 Yes 2 No 2 Accidant 6 Could not be determined 3 ☐ Suicida 28a. Place of tnjury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 4 Homicide 10 Certifying Physicien: To the best of my knowledge, death occurred et the tima, data and place, and due to the ceusa(s) and manner as stated.
20 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the tima, date and piece, and due to the causa(s) and manner stated. Cal (Check only one) 29b. Signature and title of certifier 29c Licensa number 29d. Date signed Morgh, Day Year, and address of person who completed car ath (Itam 23e) (Type, Print)

State Registrar

31. Data filed (Month.



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** JUNE CHECKANOW ART 4:46 AM /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner of Balbimore City 5. Social Security Number Battimore Baltmore Hours Min. 8. Dete of Birth (Month, Dey, Year) JULY 19,1964 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys 1**X**M 2□ F Months 34 Yrs. 217-66-8585 NY. Director Usual Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. tnside City Limits r 28a-f show 1 X Yes 2 No MD N/A BALTIMORE Director 2 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code must be n 3110 BONNIE ROAD 21209 U.S.A. Berns 23s Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Marital Status s filed within 72 hours after do 1 Hyglene. other than "natural", or flem Bleck, White, etc. 1 Never Married 2 Married timore, Maryland 21215-0020 1 Yes 2 No Specify: WHITE Specify: à 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) TEACHER EDUCATION 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) . Pages 1 and 2 should be fill thrent of Health and Mental H tant: If Item 27 is marked offi Be CHECKANOW JOYCE YEHUDAH HAWTOF 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) JOYCE HAWTOF / MOTHER 4508 15TH AVE. - BROOKLYN, NY 11219 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 6/4/99 TZEMECH ZEDEK CEMETERY BALTIMORE, MD 5 Other (Specify) 22. Name end Address of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 2120B that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximete Intervel Between Onset end Death **Physician** Immediate Cause (Finet disease or condition resulting in death) /Medical Examiner Due to (or es e consequence of): Physician/Medical Examiner physician end the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or es a consequence of): that initieted events resulting in death) Last Due to (or es e consequence of): 88 Part tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23h. Dtd tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were autopsy findings eveilable prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed page 2 s 1 Yes 20 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medicat examiner? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1€ Inpatient 2 ER/Outpatient 3 DOA After this 27. Manner of Death 28c. tnjury at Work? 28d. Describe how injury occurred or Attending 5 Pending investigation 1-SNeturel death. 1 Yes 2 No 2 ☐ Accident Director: I 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 ☐ Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 | Homicide hours after To the Hospital or within 24 hours att To the Funeral Di complately filled in Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner es stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and menner stated. edical 29b. Signeture and title of certifier

DHMH 16 Rev 6/95

68760

Box

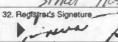
P.O.

Division of Vital

State Registrar

Yichael

31. Dete filed (Month, Day, Year)



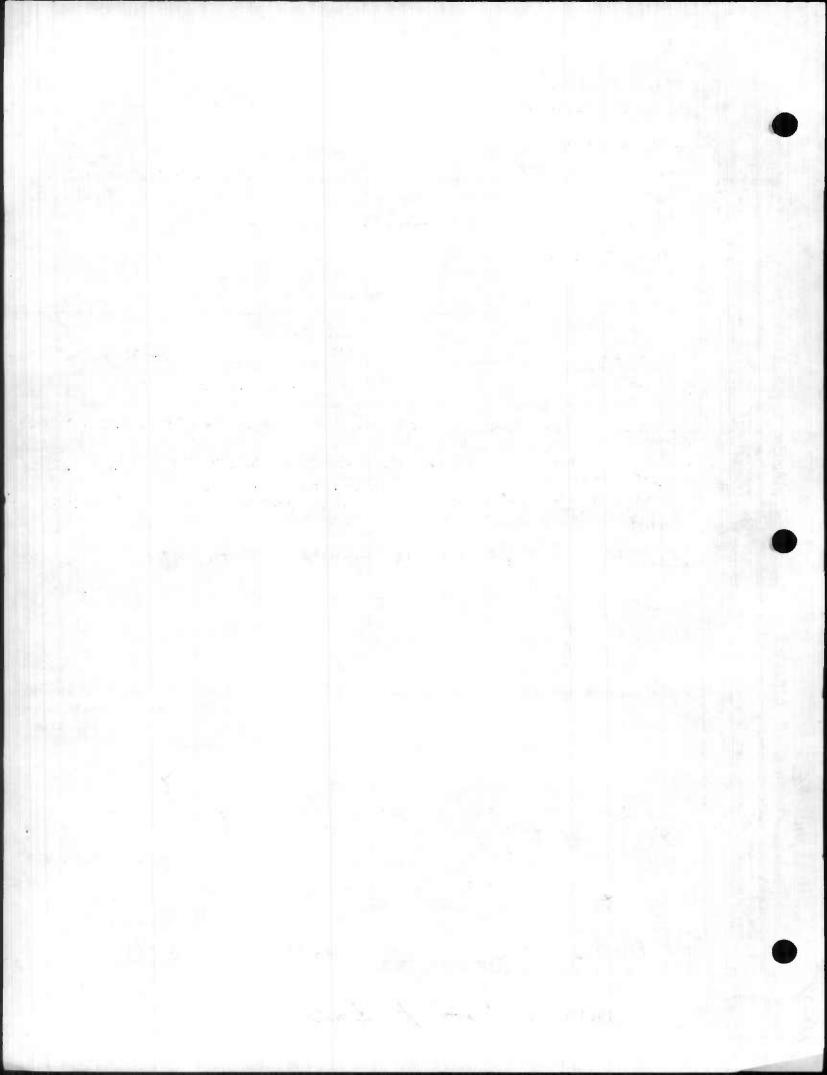
pleted cause of death (Item 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q

18538 Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Dey Month Year Physician MARJORIEMAE LOUISE CARSON JUNE 1999 7:45 P.M. /Medical 4s Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 2669 ST. BENEDICT STREET BALTIMORE N/A If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1 M 2 KF Director 215-30-2586 APRIL 6,1935 FREDERICK, MD 64 Usual Residence of Decedent the Maryland 10a. State 10c. City, Town or Location show 10b. County 10d. Inside City Limits mast be notified at X□ Yes 2□ No Director MARYLAND N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2669 ST. BENEDICT STREET 21223 U.S.A. death Funeral Neme 2 12. Waa Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ XNo If Yes, Give Yeer or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Pages 1 and 2 should be filled within 72 hours after d neat of Health and Mentel Hygienn. mit; if flem 27 is marked other than "natural", or flem ury or other traumate avant, the Mentel Error ha Bleck, White, etc. 1 ☐ Never Merried 2 X Merried 21215-0020 1 ☐ Yes X☐ No Specify: Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) CLEANING COMPANY 4th GRADE CLEANING Baitimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be HOWARD VIRTS DOROTHY JACKSON 19a. Informent's Name/Reletionship (Type, Print) 19b. Maiting Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) of Health a if Item 27 t or other tr 2669 ST. BENEDICT STREET-BALTIMORE, MARYLAND 21223 GINGER A. CLARK (DAUGHTER) 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from Stele Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) CEDAR HILL CEMETERY 6/7/99 BALTIMORE, MARYLAND 21. Signeture of Funeral Service License 22. Name and Address of Fecility HUBBARD FUNERAL HOME, INC. Manula 10mgs 4107 WILKENS AVENUE-BALTIMORE, MARYLAND 21229 Pert1. Enter the disease, or complications thel caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Finel PANEREATIC CANCER - METASTATIC disease or condition resulting in death) Examiner Examiner physician and the burlai-transit Attanding Physician: The law requires that the death certificate be asscuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or es e consequence of) Box 68760 Physician/Medical Due to (or es a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? o 1 Yes 2 No 3 Probably 4 Unknown 0 signed t Division of Vital Records. þ 24b. Were eutopsy findings eveilable prior to completion of cause of death? 24a. Was en eutopsy performed? Completed page 2 certificate has 1 Yes 1 ☐ Yes 2 ☐ No director, Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yea 20 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this 28b. Time of 28d. Describe how injury occurred 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 1 Netural 5 Pending deeth. 1 Yes 2 No 2 Accident investigation NIA after deeth Director: 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suícide 6 ☐ Could not be 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 2 4 Homicide filled in 6 Hospital 24 hours 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner steted. edical 29e. Certifier To the Hosp within 24 hou To the Fune completely fi (Check only 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) leur 30. Name and address of person who completed entire of death (Item 23a) (Type, Print) 2447 WEST FREDERICK ROAD - BALTIMORE, MARYLAND 21223 DR. ALISTAIR ESEGE 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State JUN 1 0 1999 Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 | 8539

Certificate of Death

	Certificate of Death	Reg. No.	
Dhominin	1. Decedent's Nema (First, Middle, Last)	2. Dete of Death Month Dey Year	3. Tima of Deeth
Physiciar Medica/		June 9 1999	6:55am
Examine	4b City Town of I	ocation of Death 4c. County of Deat	h
97	Franklin Square Hospital Center Kuse	dale Batt	imore
Funeral	5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Months Devs Hours Min.	8. Dete of Birth (Month, Day, Year) 9. Birt	hplace (Stete or Foreign puntry)
Director	515-18-6210 12 12 12 12 12 12 12 12 12 12 12 12 12	JUNE 15 1926 K	ansas
Du &	Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location		10d. inside City Limits
aho a			1 ☐ Yes 2 No
the N	10e, Street and Number 10f. Zip Code	10g. Citizen of What Co	
A PO	10. Street and Number	// / /	outing r
death with the Men/and ms 23a or 28a-f show ground be notified at	11. Marital Status 12. Was Decedent Evar in U.S. 13. Was Decedent of Hispenic Origin? (Sp	pecify Yas or No- 14. Race - Ame	rican Indian
after death with the Me or items 23s or 28s-fa	11. Marital Status 12. Was Decedent Evar in U.S. Armed Forces? 1 □ Nevar Married 1 □ Nevar Married 1 □ Vas 2 ② No		
rs af	If Yes, Give 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced Year or Dates:	Specify: (hite
		16b. Kind of Business/	Industry
	(Specify only highest grade completed) (Give kind of work done during most of work life. DO NOT use retired) Elamantary/Secondary (0-12) College (1-4or 5+)	ing FedoDAD	GOVERNMENT
filed within Hygiene. ther than	Elamantary/Secondary (0-12) College (1-4or 5+) CONTRACT SOLCIA	NI PROCEEDE	Cottagaa
To the file		e (First, Middle, Maiden Surname)	10
should be filed with and Mentel Hygiene marked other than americal avant, the standard should be	Roy Nutter Kath	elle Welse	oll.
Maryiano A 1A d 2 should be filed within th and Mentel Hygiene. 7 is marked other than traumatic avant, the M	19a Informent's Neme/Reletionship (Type Print) 19b. Mailing Address (Street and Number or Rut	ral Route Number, City or Town, State, 2	Zip Code)
C, N 1 end 2 Health mm 27 i	Calmen A. We Marino 2808 Jomat Ave.	Baltemore, Mo	2/234
es 1 end of Health I liam 27 r other ti	20a. Method of Disposition 20b. Plece of Disposition (Name of cemalary, cremetory or other placa)	Dete 2 20c. Location - City or	Town, State
	4 Donetion 5 Other (Specify) Maldis of Faith Comp.	1999 Rasodalo	Mapyland
pemit. Peg Department Important: I any injury o	21. Signature of Funeral Service Licensee 22. Name and Addrass of Fecility	ans Funeral Chape	el
0 88558	Soigh (1/1/18) 88M Ha aland Od	Baldeman NO	21234
٠	23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac	or respiratory arrest,	Approximete Intervel Between
Physician	shock, or heart failure. List only one cause on each line.		Onset and Death
/Medical	Immediate Cause (Final disasse or condition resulting in death) a. Metastatic Luna Can	CPI	6 months
Examiner	Due to (or es e consequence of):		0110.11.5
exacuted in and ial-trensit			
ifficete be executed g physician and as the burial-trensit	Sequentially list conditions, Due to (or es e consequence of):		
clan clan			
ohysi the t	that initieted events Due to (or as a consequence of):		
deeth certificate be executed at the certificate be executed at the certification and dor use as the burial-tree.	d		
o the office of the o			
requires that the deeth of been signed by the attenshould be deteched for un	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.	23b. Did tobacco use contribute	The state of the s
detection of the control of the cont	Harrial Fibrillation Stroke,	1 ☐ Yes 2 ₹ No 3 ☐ P	robably 4 🗆 Unknown
The faw requires that the law requires that the page 2 should be deteched		24a. Was an autopsy 24b.	Were eutopsy findings
The law require rate has been si page 2 should I	Hypertension	performed?	available prior to completion of cause
			of death?
icate			1 🗆 Yes 2 🗆 No
VICI IN	Hospital	th (Check only ona)	- 4 5
rates P	192 inpatient 2DEN/Outpatient 3D DOA	oma 5 Rasidence 6 Other (Spe 28d. Describe how injury occurred	ocity)
Seath. Seath. tor: After the fune	27. Menner of Deeth 28a. Dete of Injury 28b. Time of 1 Neturel 5 Pending (Month, Day Year) 2 Accident investigation 28a. Dete of Injury 28b. Time of 1 Neturel 5 Pending 4 Nonth, Day Year) 1 Yes 2 No		
Attan rdea octor	3 Suicide 6 Could not be datarmined 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify)	28f. Location (Street and Number or R	ural Routa Number,
be or Attending P as after death. In Director: After to the in by the funers	4 ☐ Homicide building, afc. (Specify)	City or Town, Stata)	
aplta hours neral		and dua fo the cause(s) and menner a	s stated.
To the Hospital or Attanding Physician: The law within 24 hours after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	(Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occur and menner steted.	red et the time, data and place, and due	e to the cause(s)
di oli di di		29d. Date signed (Mont	th, Day, Year)
VI	fedro & Amador us RD 18647	8 Tune 9	1999
MIN	30. Name and address disperson who completed cause of deeth (Item 23a) (Type, Print)	134110	
01	D. Pedro Amador 9000 Franklin Square Drive 1	3a Himore MD	71237
State	31. Deta filed (Month, Dey, Year) 32. Registrer's Signeture		

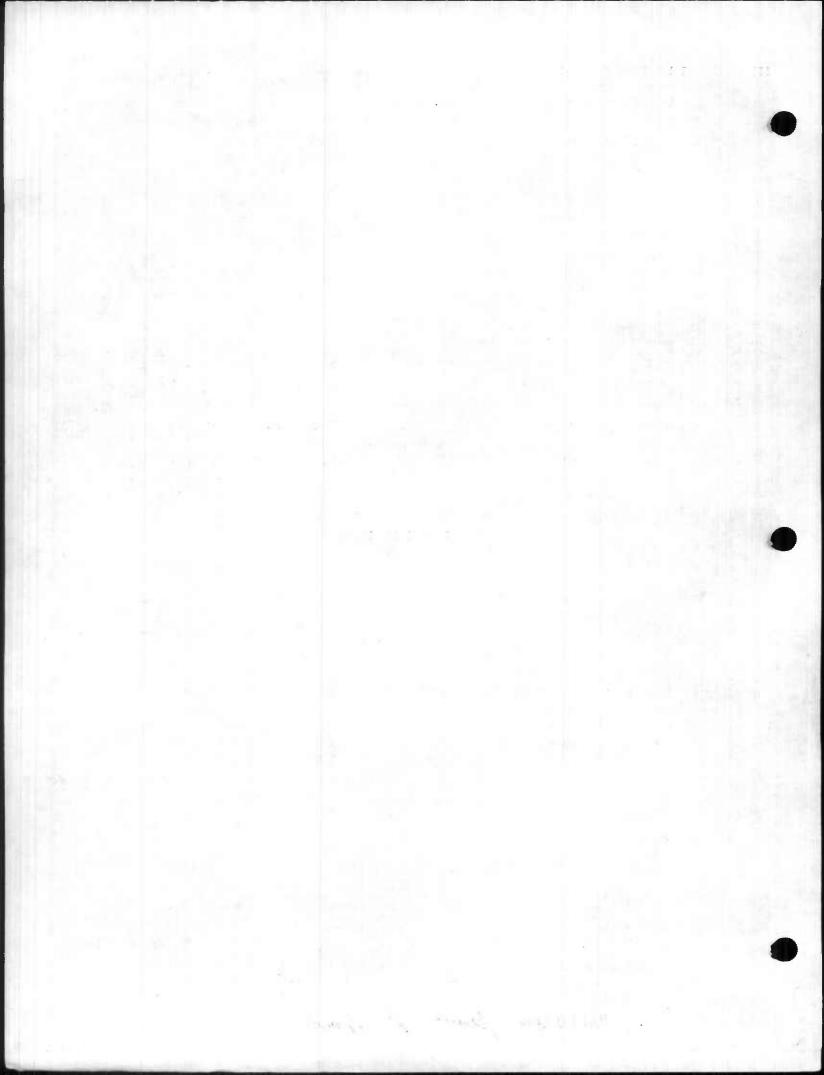
DHMH 16 Rev 6/95

Registrar

Lardons of Faith Como. 1999 Rosedelo, Maryluna Evans Fundal Chapel

Lille 8800 Harbord Pd. Baltmor, No 21234

	1. Decedent's Nem	6772 6-10 e (First, Middle, L	0-99 WR.		nd / Depa <i>Cer</i>	tificat	e of	Death			Reg. No.		3. Tima of D	Death
al	WAYNE DEWITT 4a Facility Nama (If not institution, give street end number) 4b. City, Town, or						Month JUNE	Day 4,	1999	04:50				
er			INS HOSPI					BALTII		CITY	4c. Count	y of Deeth		
	5. Sociel Security N 145-62-	lumber 6.			. last birthdey) . Yrs.	If Under Months		If Under Hours		8. Date of Bir (Month, De 08-19		9. Birthp Cour NJ		Foreign
	Usual Residence of			140.0	. =				1	00-13	7-07			
ò	10a. Stete MD	10b. County Balti	nore		ity, Town or Loc en Bur							1	0d. Inside City 1 ☐ Yes	11.
rect	10e. Street and Nur			01	CII DUL		Code				10g. Citizen of	What Cour		A
	10e. Streef and Number 10f. Zip Code 21061								USA		,			
	11. Marital Status	ied 2□ Married	12. Was Deced	eas? PolyNo			dent of H cify Cuba			cify Yes or No Rican, atc.)	- 14. Re-	ce - Americ ck, White,	etc.	
-	15. Decedent's Education (Specify only highest greda completed) Elementery/Secondery (0-12) 12th Grade NA				16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Laborer					09	16b. Kind of Businass/Industry Severn— Chimney Contruction Co.			
Purches Wile in the function and standard by the attendand physician and standard physician	17. Fether's Neme	(First, Middle, Las									Meidan Sumar	ne)		
	Homer 19e. Informent's No		Denson		1			Bet			eWitt			
	Betty 20e. Method of Disp 1 X Buriel 2	DeWi	□Removel from S	tete	215 Plece of Dispos cemetery, crem	East sition (Nen netory or o	Te of other plea	ont (e)	Stre	Dete Tr	er, City or Town enton, 20c. Location g Town	N.J.	0861 own, State	1
	21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility B						Ва	Baltimore, Maryland 2120 H 1101 E. North Avenue						
	23a. Part1. Enter the shock, or head the shock, or head the shock	Finet			AGE LIVER		ASE	g, such es	cardiac or	respiretory a	rrest,		Approximate Intervel Betwoonset end Do	een eath
BOICE	Sequentiatly list confirmed and list cause. Enter Unde Cause (Disease or that initiated events resulting in death) I		b.	l col	or es a consequ or as a consequ or as a consequ	abv	se						10 ye.	ars
Sicia	Part It. Other signif	icant conditions	contributing to dea	th but not res	sulting in the un	derlying a	ause giv	en in Pert I		23b. Dld	tobacco use co	entribute to	the cause of	death?
										10	Yes 2 KNo	3 Prof	bebly 4 U	Inknown
paleidu			<u> </u>						4	24a. Was perio	an eutopsy rmed?	av	ere eutopsy fin eilable prior fo mptetion of ca death?	
										10	Yes 2 No	10	Yes 2X	No
3	25. Was casa referrexaminer? 1 ☐ Yes 2 🗷		Hospitel:	patient 2	IEDIO -		Oth	or.		(Check only o		/0		
	27. Menner of Deeth 1 Meturel 2 Accident	n 5 ☐ Pending Investigeti	28a. Dete of (Month)		28b. Time of Injury		8c. Injun	40 140	2		dence 6 GOtI		y)	
	3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	Zoe. Piece o	f Injury - At h j, etc. <i>(Speci</i>	ome, farm, stre	et, fectory	r, office		2	81. Location (: City or Tox	Street end Num vn, Stete)	ber or Rure	I Route Numb	er,
	29a. Certifier (Check only one)	1 Certifying P 2 Medical Exa	hysician: To the b miner: On the bas and menne	is of examine	wiedge, deeth tion end/or invi	occurred estigation,	et the tin , in my o	ne, date en pinion, deal	d plece, e th occurre	nd due to the d et the time,	ceuse(s) end m date end plece,	enner as si end due to	tated. the ceuse(s)	
2	29b. Signeture and		har	PHYSIC	IAN	290		e number	000		JUNE			
-														



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Year **Physician** Orante D'Amico 1999 June 06 12:00 Noon /Medical 4e Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** Church Hospital Baltimore n/a ff Under 1 Year | If Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) Days Months Hours 1⊠M 2□ F Vre 214-44-5162 86 1-09-1913 Italy Usual Rasidance of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits n/a MD Baltimore 1 Yes 2 No Director 10e Street and Number 10f Zin Code 10g. Citizen of What Country? 3709 Claremont Street 21224 Italy Funeral Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 11 Marital Status 12. Was Decedent Evar in U.S. Armed Forcas? 14. Race - Amarican Indian, Bleck. Whita, etc. 1 ☐ Nevar Merried 2 ☑ Married 1 Yas 2 No
If Yes, Give
Yeer or Detes: Specify: White 1 ☐ Yas 2 ☑ No Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) R. Canton Railroad Trackman 5th 17. Father's Name (First, Middle, Last) 18. Mothar's Nema (First, Middle, Maiden Sumeme) Be Rocco D'Amico Maria Barile 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 3709 Claremont St., Baltimore, Maryland 21224 Perla D'Amico 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Dete 20c. Location - City or Town, State 1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 6/10/99 Baltimore, Maryland Oaklawn Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Joseph N. Zannino Jr. Funeral Hm stand are 263 S. Conkling St., Baltimore, Maryland 21224 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, of heart failure. List only one cause on each line. Approximete Intarval Between Onsat and Death GRAM POSITIVE Immediete Cause (Final disaasa or condition rasulting in death) BILATERAL Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Cause (Disease or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of) FRACTURE Priority by Bridge Trail week Physician/Medical Due to (or es e consequance of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in the 3b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No 25. Was case rafarred to medical Be 26. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No Inpatient 2 ER/Outpatient 3 DOA Certification: To 28a. Data of Injury (Month, Day Year) MA 23 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Describe bow injury occurred TEMPTING PM CO 5 Panding Invastigation 1 □Natural 1 Yas 2 Accidant 3 ☐ Suicide TO REACH FOR WAIKER 6 Could not be determined 281. Location (Street and Number or Rural Routa Number, City or Toyn, Stata) 3707 CLARE MON 28a. Placa of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicida AT HOME

Box 68760 Records, of Vital Mospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifice Division

Funeral

Director

259-7

ò

21215-0020

altimore, Maryland

Pages 1 and 2 should be fill ment of Health and Mental H ant: If them 27 is marked off jury or other traumatic even

Physician

/Medical

Examiner

certificate

director,

funeral

Medical completely

Registrar DHMH 16 Rev 6/95

within 2 To the

State

29a. Cartifiar

(Check only one)

BARBERA MD \$2. Registrar's Signature

30. Name and addrass of person who complated cause of deeth (Itam 23a) (Type, Print)

3700 CLAREMONG SV.

Certifying Physician: To tha best of my knowledge, daeth occurred at tha tima, date and plece, end due to the cause(s) end menner es stated.

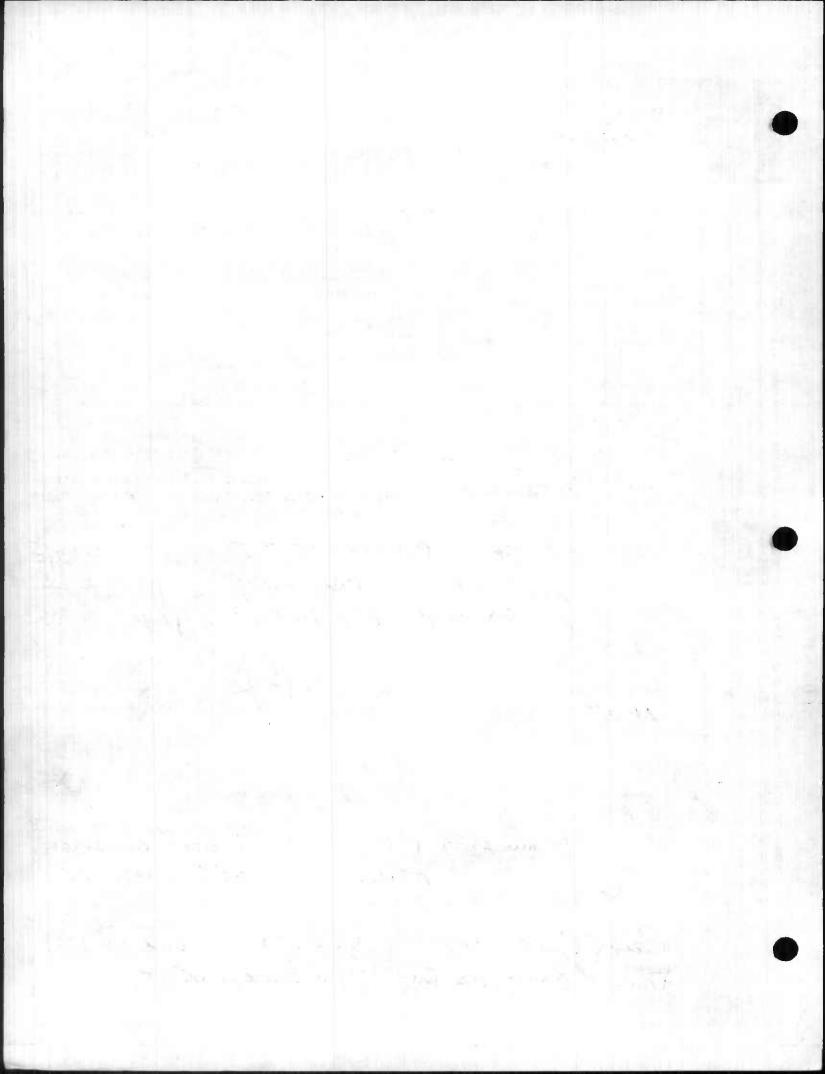
2 Medical Examiner: On tha basis of axamination and/or investigation, in my opinion, daath occurred at the tima, date and place, and dua to tha cause(s) and mennar stated.

29c. Licanse number

3770B

29d. Data signed (Month, Dey, Year)

June 08 1999



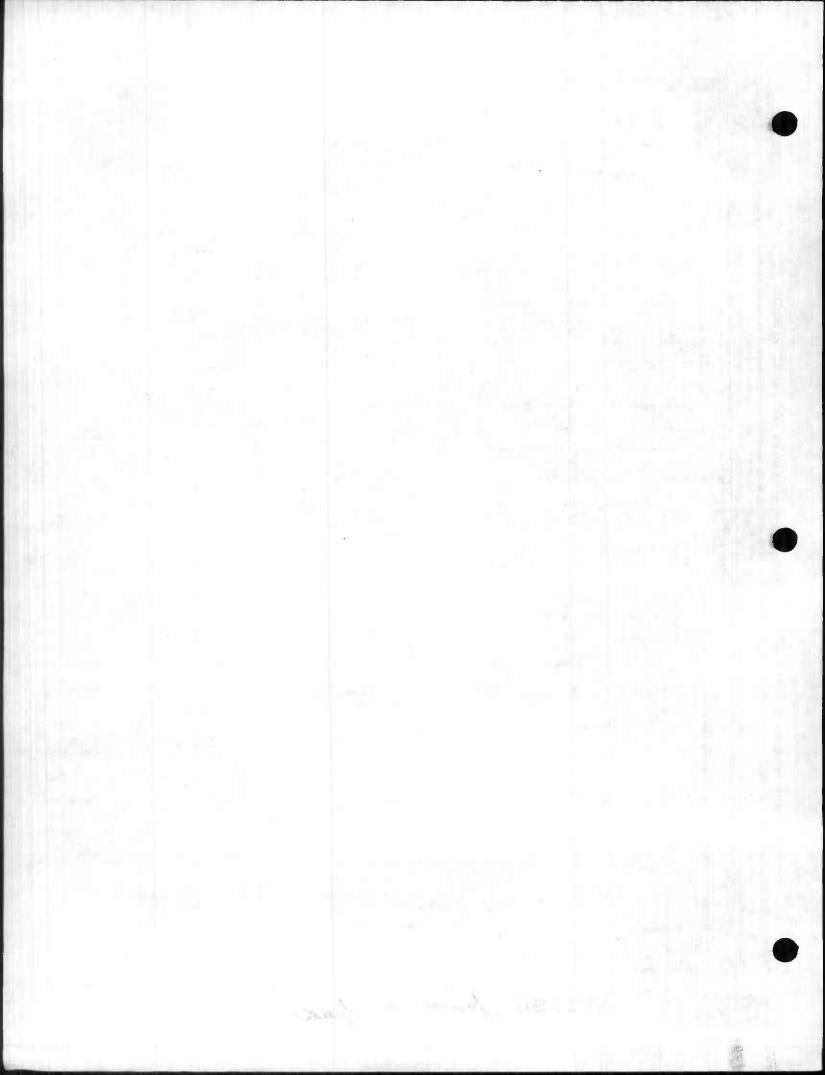
Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q 1851.2

	Decedent's Nema (First, Middla, Las.	1	Ce	rtificate of	Death						
Physician	Martha Madelyn					Month	Day	Yaer			
/Medical	4a Facility Nama (If not institution, giva	Disney street and number)			4b, City, Town, or L				8:05 PM		
Examiner	Hamilton - Genes		nton								
ineral	5. Social Security Number 6. Se	x 7. Age (In vr	s. last birthday	If Under 1 Year	If Under 24 Hrs.	9 Date of Birth	1		lace (State or Foreign		
	205-12-9638	□M 21X F 90	Yrs.	Months Days	Hours Min.	July 29	1908	Penn	sylvania		
28a-f show ctffed at actor	10a. State 10b. County	10c. 0	City, Town or L	ocation				10			
ctol	Maryland N/A		Bal	timore					1. Yes 2 No		
Oire	10a. Street and Number			10f. Zip Code			10g. Citizen of V	Vhet Coun	try?		
rai	3019 Chesterfield										
To Be Completed by	11. Marital Status 1 □ Never Merried 2 □ Married 3 ☒ Widowed 4 □ Divorced	1 ☐ Yas 2 💢 No If Yes, Give		pecify Yas or No- Pican, etc.)		k, White,	etc.				
	200 200 200 200 200 200 200 200 200 200	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	16a. Dece	dent's Usual Occup	pation		16b. Kind of Bu			_	
Important: If item 27 is marked other than instituted or the attention physician and in process should be detector, page 2 should be detector, page 2 should be detector or the as the burial-transit and in process. To Be Completed by Physician/Medical Examiner	(Specify only highest grad Elementery/Secondary (0-12)	during most of world)	king								
E O	8th Grade	College (1-401 34)		Machini	st	June 9, 1999 8:05 PM or Location of Death imone N/A fs. B. Date of Birth imone R. Queen, Day, Year) July 29, 1908 9. Birthplace (State or Foreign Country) July 29, 1908 9. Birthplace (State or Foreign Country) July 29, 1908 9. Birthplace (State or Foreign Country) July 29, 1908 9. Birthplace (State or Foreign Country) July 29, 1908 9. Birthplace (State or Foreign Country) July 29, 1908 9. Birthplace (State or Foreign Country) July 29, 1908 9. Birthplace (State or Foreign Country) July 29, 1908 9. Birthplace (State or Foreign Country) July 29. No. 14. Race - American Indian, Black, White, etc. Specify: White Jack White, etc. Specify: White July 19, 1908 9. Black, White, etc. Specify: White White July 19, 1908 9. Black, White, etc. Specify: White July 19, 1908 9. Black, White, etc. Specify: White July 19, 1908 9. Black, White, etc. Specify: White July 19, 1908 9. Black, White, etc. Specify: White July 19, 1908 9. Black, White, etc. Specify: White July 19, 1908 9. Black, White, etc. Specify: White July 19, 1908 9. Black, White, etc. Specify: White July 19, 1908 9. Black, White, etc. Specify: Whi					
	17. Fathar's Name (First, Middle, Last)				18. Mother's Nem	e (First, Middle,	Maiden Surnem	10)			
0	Frank Gricoski				Mary	Unknow	wn				
important: International state of the attending physician and in properties that the state of the attending physician and in properties that it is a p	19a. Informant's Name/Relationship (T										
	Cecelia A. Wallaci		301	9 Chester	field Ave						
M	20a. Method of Disposition 1 ☐ Burial 2 🛱 Cremetion 3 ☐ I	Removal from State	cemetery, cre	metory or other pla							
	4 Donation 5 Other (Specify)						Baltimo	re, N	laryland		
	21. Signature of Funeral Service Licens			0							
	23a. Part1. Enter the disease, or comp	ications that caused the de	c or respiratory arrast, Approximata								
	Onset and Death Onset and Death										
r	disease or condition resulting in deeth)							10	X V V (WINI)		
je l		54010	(01 03 0 00130	querios ory.				1			
ami	Sequentially list conditions,	Due to	(or as a conse	quence of):							
	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury							1			
dica	thet initiated events resulting in death) Last	Due to	(or es e conse	quence of):						-	
		4						1			
in in								1			
ysic	Part II. Other significant conditions co	23b. Did tobacco use contributa to the cause of death?				ı					
			1 Yes 2 No 3 Probably 4			bably 4 Unknown					
								24b. We	ere autopsy findings ailable prior to	1	
pie								COL	mpletion of causa		
E						1 D Y	es 20 No	10	Yes 2□ No		
	25. Was case referred to medical				26. Place of Dee	th (Check only o	ne)				
	examiner? 1 Yes 2 No	1 L Inpatient 2	☐ ER/Outpatie	nt 3 DOA Ot	hor:			er (Specif)	1)	1	
	27. Menner of Deeth 1. Natural 2. Accident 5. Pending investigation	28a. Dete of Injury (Month, Day Year)	28b. Time of 28c. Injury at 28d. Describe how injury occurred								
ertific	3 Suicide 4 Homicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)										
	29a. Certifier (Check only 2 Medical Example)	sicien: To the best of my kr her? On the basis of examinand manour stated.	nowledge, deel netion and/or in	h occurred at the til	me, date and place, opinion, deeth occur	and due to the ored at the time, or	cause(s) and ma dete and place,	anner as st and due to	ated. the cause(s)	s o	
al Director: After this certificate has been signed by the led in by the funeral director, page 2 should be detached in by the funeral director. Certification: To Be Completed by Physical Certification:	29b. Signature and title of certifier	1 1/		29c. Licens	se number	-	29d. Date signer	d (Month,	Day, Year)	-	
	1/11. 7/	Securior 100									
	30. Name and address of person who or	Machinist Mach									
					105. Balt	imoro	Marulani	d 212	37	1	
State	31. Date filed (Month, Day Khar)	100 32. Register's Sig	nature.	1. 1		,	200			1	

Registrar DHMH 16 Rev 6/95

Division of Vital Records, P.O. Box 68760



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Yeer **Physician** Month Mary M. Dailey 05 1999 June 11:50 P.M. /Medical 4e Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** St. Agnes Nursing Center Ellicott City Howard Birthplace (State or Foreign Country) If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 93 Yrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number **Funeral** Hours Days 1 M 2 A F Months Director 213-24-5466 23. West Virginia 1905 Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f ahow the Medical Examiner must be notified at 1 ☐ Yes 2X No Director Md. Howard Ellicott City 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3000 N. Ridge Rd. 21043 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. hours after 1 Never Merried 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: specify: White þ 3 ₩ Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filed with Department of Heelth end Mental Hygient Important: if flem 27 is marked other that any injury or other traumatic event, that one. Seamstress Dept. Stores 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Alphonse Christ Johanne Goheen 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21228 707 Maiden Choice Lane Apt.8T04 Catonsville, Md. 19a. Informant's Name/Relationship (Type, Print) Mary Regina Yeager 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete Dete 20a. Method of Disposition 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State Baltomore National Cem. June8,1999 4 ☐ Donetion 5 ☐ Other (Specify) Balto. Md. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Stallings Funeral Home P.A. 3111 Mountain Rd. Pasadena, Md. 21122 23a. Pent1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediete Cause (Final EXPTIC CARDIOVASCULAR disease or condition resulting in death) Examiner Due to (or as a consequence of): SEASE physician and s the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detact 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings eveilable prior to completion of cause of death? page 2 should Completed 24e. Was en autopsy 1 Yes 2 No 2 TYNO 1 Yes cartificate Division of Vital To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this cartifici completaly filled in by the funeral director; Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 70 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manger of Deeth 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred Medical Certification: 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyelclen: To the best of my knowledge, death occurred et the time, dete end plece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end plece, end due to the cause(s) end manner stated. 29a. Certifier

State

Registrar **DHMH 16 Rev 6/95**

29b. Signature and title of certifier

Dr. Deporah

31. Dete filed (Month, Day, Year)

NUL

10

ORIGINAL

29d. Date signed (Month, Day, Year)

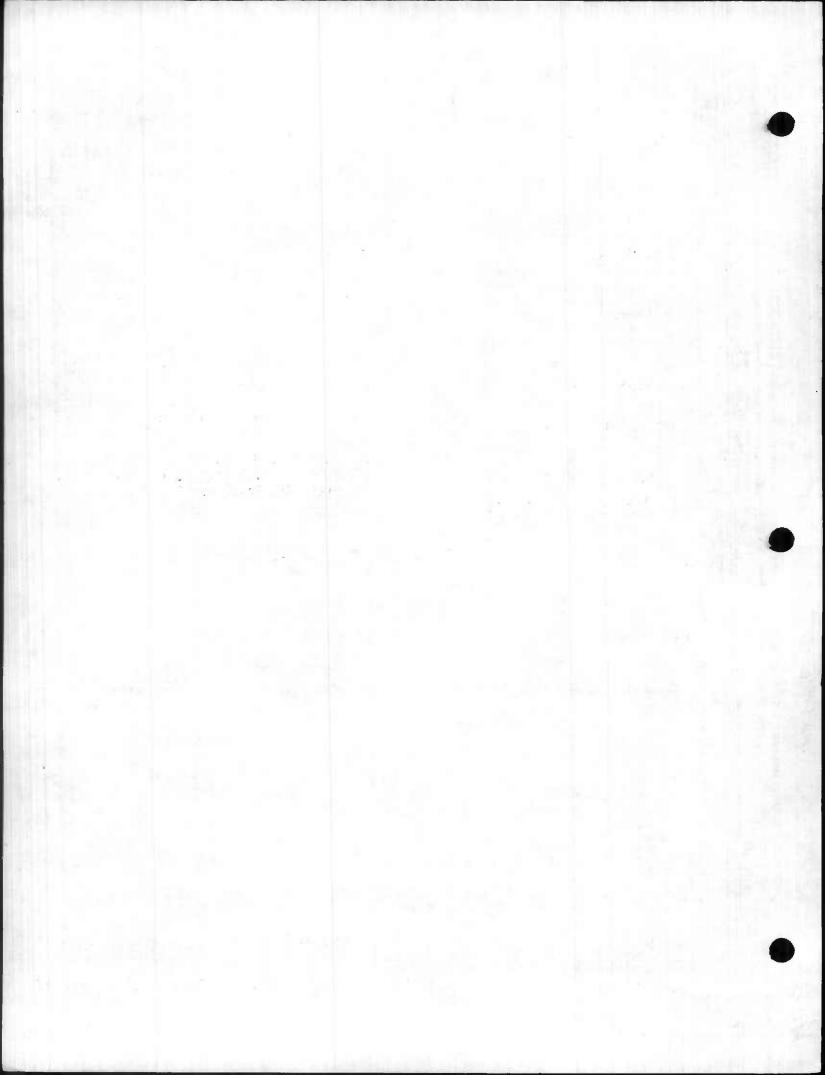
29c. License number

Heights Avenue

who completed cause of death (Item 23e) (Type, Print)

32. Registraria dignature

erce



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien ITEM: #19A PER F.H. G776 6-10-99 WR. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** 3,00Pm 00 4a Facility Name (If not institution, give street and number) /Medical 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SECOURS HOSPITAL BON BALTIMORRE If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) If Under 1 Yaar 5. Social Security Number 6. Sex Birthplece (State or Foreign Country) **Funeral** 19M 20F Months Deys Yrs. 78 248-32-3417 Usual Residence of Decedent 23, 1920 5. CAROLINA Director OFC with the Marylend 10d. Inside City Limits 10a. State 10b. County 10c. City, Town or Location Peges 1 and 2 should be filed within 72 hours efter death with the Marylen ment of Haaith end Mental Hygiena.
ant: If item 27 is marked other then "natural", or items 23a or 28a-f show ury or other traumatic event, the Mourse Examinar must be not set. 1 Yes 2 No Directo BAHIMORE MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 21753 USA SARATUGA 5-+ 977 Funerai 14. Race - American Indian, Black, White, etc. 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 NTNo 1 Yas 2 No Specify: ٥ Black 3 Widowed 4 Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12)
3 Condary College (1-4or 5+) Plumbing Supplies SABORER GRAdE 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) BEN DINKINS EllERbEY SALLIR 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. informent's Name/Relationship (Type, Print) Rembert, 5C 29128

20c. Location City or Town, State SISTER Red 5307 Julia D. honey MC DAVIES 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) Date permit. Peges
Depertment of
Important: If it
any injury or o 1 Burial 2 Cremation 3 Removal from State RAFTING CREEK BAPTCH. CEM KEM beet, S. Carolina 4 ☐ Donation 5 ☐ Other (Specify) 6/12/99 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Chatman - HARRIS FUNGAN HOME REISTERSTOWN Rd. BAHO.Md. DIZIST 5240 -44 23a Party Enter the disease, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or hear railure. List only one cause on each line. Approximete Interval Between Onsel and Death **Physician** Immediata Cause (Final disaese or condition resulting in death) /Medical **Examiner** nsequence of): Physician/Medical Examiner ettending physician end I for use as the burial-transit The law requires that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or as e consequence of) Division of Vital Records, P.O. Box 68760, that initiated events rasulting in death) Last Due to (or es e consaquence signed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other algorificant conditions contributing to death but not resulting In the underlying cause given in Pert I. 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown g been sig 24a. Was en autopsy performed? 24b. Were eutopsy findings available prior to Completed complation of ceuse of deeth? nis certificate has but director, page 2 st 1 ☐ Yes 2 ☐ No Physician: 25. Was case referred to medical examiner? Be 26. Piece of Deeth (Check only one) 1 Yes 2 No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this : After this 28e. Date of Injury (Month, Day Year) 27. Menne of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: 1-Natural or Attanding 5 Pending investigation 1 Yes 2 No efter death. I Director: A 2 Accident 6 Could not ba 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28a. Place of Injury - At homa, farm, straat, fectory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours aff To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) and menner as stated.

Medical Examiner: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and mannar stated. edical (Check only 29b. Signature and title of certifie 29c. License numbe 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 1'an breine morce 31. Date filed (Month, Day, Year) 32. Registrar's Signature State JUN 1 0 1999 Registrar

FERRE DE THINKE DE LAND HERENDE THEE And the state of the same of the same of

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Q Certificate of Death 2. Deta of Death 3. Tima of Death 1. Decedent's Name (First, Middle, Last) JUNE 2.50AM 4a Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death enter 8. Data of Birth Month, Day, If Undar 1 Yaar Birthplace (State or Foreign Country) Mary and 5. Social Sacurity Number 7. Age (In yrs. last birthday) Days Hours Min 15€M 2□ F 86 10b. County 10c. City, Town or Location 10d. Inside City Limits Mo 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4423 21206 Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 No If Yes, Give Yaar or Datas: 1 Never Marriad 2 Married 1□ Yes 200No Specify: White Specify: 3 Widowed 4 Divorced 16b. Kind of Business Industry CONCROLL FINISHOR 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Contractor (0 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Known 19a Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20b. Placa of Disposition (Name cemetery, crematory or other Jule 20a. Method of Disposition 20c. Location - City or Town, State

22. Name and Address of Facility

The

Valls

Department of Health a Important: If Item 27 is any injury or other tra **Physician** /Medical **Examiner**

Pages 1 end 2 should be 1 nent of Health and Mantel I

DONALD EYLER

Immediate Causa (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last tha death cartificate be exec

Physician

/Medical

Examiner

10a State

Funeral Director

by

Completed

Be

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be nothed at

physician end the burial-transit USB as t signed by the a certificate hes been si irector, paga 2 should

Division of Vital Records, P.O. Box 68760,

Hospital or Attending Physician:

Director: Af

24 hours

\$ To the

Be funaral

Examiner Completed

Physician/Medical þ

> 25. Was case referred to medical examiner? 2 1 Yes 2 No Certification:

Medical

27. Manner of Death 2 ☐ Accident 3 ☐ Suicide 4 Homicide

(Check only one)

29a. Certifier

6 ☐ Could not be

1 Burial 2 ☐ Cremation 3 ☐ Removal from State

4 □ Donation 5 □ Other (Specify) 21. Signature of Ediferal Servica Licent

> 28a. Date of Injury (Month, Day Year) 5 Pending investigation 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Part II. Other algnificant conditions contributing to death but not resulting in the underlying causa givan in Part I.

28b. Time of

Part1. Enter the disease, or complications that causad tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each line.

Due to (or as a consequenca of):

Due to (or as a consequence of)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hogyece 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

26. Place of Death (Check only one)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

15 Yes 2□ No

24e. Was an autopsy performed?

1 ☐ Yes

28d. Describe how Injury occurred

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and piece, end due to the ceuse(s) and mannar stated. 29c. Licensa number 29d. Date signed (Month, Day, Year) 29b. Signature and title of cartifier

🗺 Certifying Phyaician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) A Rolly GB me

Charles St. Bolts, MI 20205

23b. Did tobacco use contributs to the cause of death?

3 Probably 4 Unknown

24b. Were autopsy findings available prior to

completion of cause of death?

1 ☐ Yas 2 ☐ No

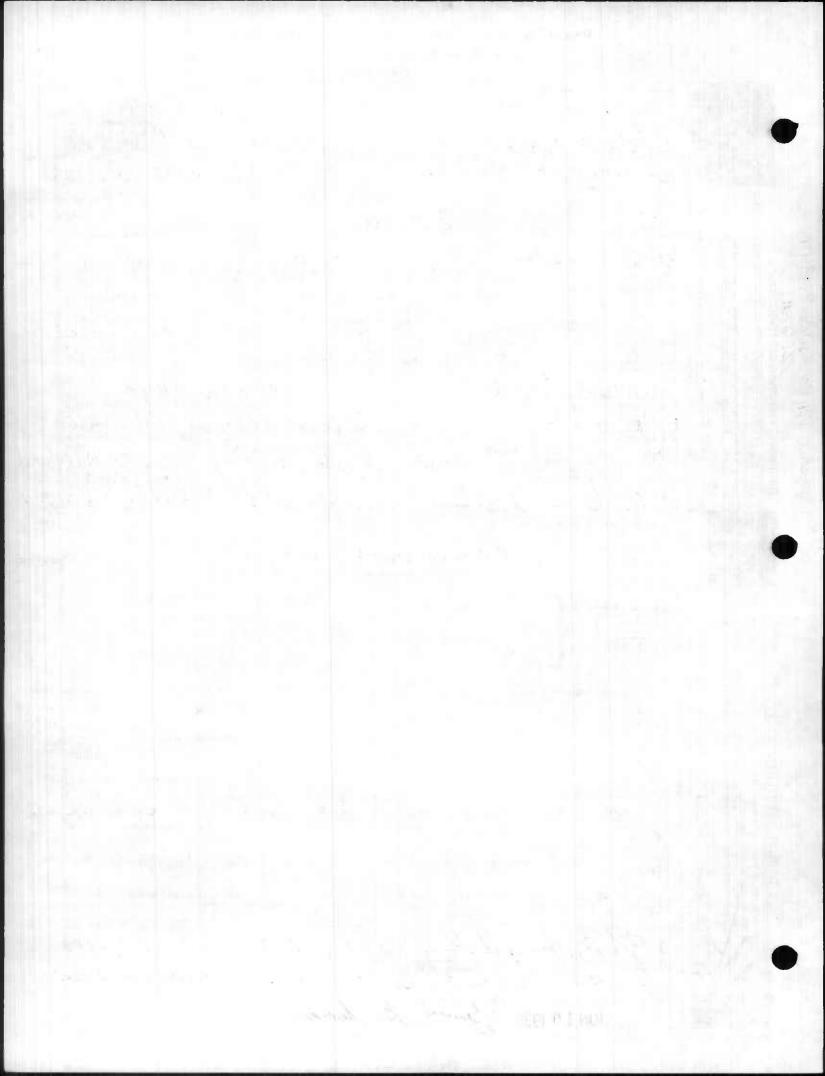
Approximate Interval Between Onset and Death

31. Date filed (Month, Day, Year) State

32. Registrar's Signatura JUN 1 0 1999

DHMH 16 Rev 6/95

Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Day Month Year **Physician** 5:10 AM NORMAN FRANKLIN DRESSLER une 1999 /Medical 4b. City, Town, or Location of Death 4e Facility Neme (If not institution, giva street and number) 4c. County of Death Examiner ST. AGNES HEALTHCARE BALTIMORE N/A If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Stata or Foreign **Funeral** Days Months Hours 1♥M 2□F Director DEC 21,1922 PENNSYLVANIA 166-16-7651 Usuel Residance of Decedant 10a Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yas 2 No Directo 28a-f MARYLAND BALTIMORE ARBUTUS 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? ò Berns 23a 1200 JUNE ROAD 21227 U.S.A. Funeral 12. Wes Decedant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11 Marital Status Black, Whita, atc. 1 ☑ Yas 2 □ No 1-6-1940 1□ Yas 2 ☑ No Specify: Yaar or Detas: 10-2-1945 1 Nevar Merried 2 Married 21215-0020 'natural', or Specify: å 3 ☐ Widowed 4 ☐ Divorced WHITE 0-2-1945 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) Cotlega (1-4or 5+) PIPE FITTER LEVER BROS. 8TH GRADE altimore, Maryland 18. Mothar's Nama (First, Middla, Maiden Sumama) 17. Father's Nama (First, Middle, Last) and 2 should be to waith and Mental H Be FELIX DRESSLER HELEN E. SMITH 19a. Informant's Neme/Ratationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) nt of Health a if them 27 is or other tra MICKEY A. DRESSLER (SON) 238 WALGROVE ROAD - REISTERSTOWN, MARYLAND 21136 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 N Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) MEADOWRIDGE MEMORIAL PARK 6/7/99 ELKRIDGE, MARYLAND 22. Nama and Address of Facility
HUBBARD FUNERAL HOME, INC. 21. Signature of Funaral Service Licental Mannon 4107 WILKENS AVENUE-BALTIMORE, MARYLAND 21229 disease, or complications that caused tha daath. Do not entar tha mode of dying, such as cardiac or raspiratory arrast, failura. List only ona ceusa on each lina. Approximata Intervat Between Onset and Death **Physician** Metastatic Renal cell conce R /Medical Immediate Ceuse (Final 2 weeks diseesa or condition resulting in death) Examiner Dua to (or as a consequence of): Examiner Sequentially list conditions, if eny, laading to Immadiete cause. Enter Underlying Cause (Disaase or injury that initiated events rasulting in daath) Last Dua to (or es e consequence of): 68760 edical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings evaltable prior to Completed 24a. Was an autopsy performed? complation of cause of death? 1 Yes 2 No 1 ☐ Yas 2 No certificate Vital 25. Was casa referred to medical axaminar? 26. Place of Death (Check only ona) Be Hospital: 1 Inpatient 2 EP/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Certification: To To this 27. Manner of Deeth 28d. Dascribe how injury occurred 28b. Tima of Injury 28c. tnjury at Work? 28a. Data of Injury (Month, Day Year) 5 Pending Division 1 Natural 1 ☐ Yes 2 ☐ No death. investigation 2 Accident i or Attendanted after deat 6 Could not be datarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Placa of Injury - At home, farm, street, fectory, office building, atc. (Specify) in 24 hou.
The Funeral Dis.
The filled in br 4 Homicide To Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier To the Fune completely f (Check only one) Within 2 To the 29b. Signatura and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) Marla Se 46704 une 5,1999 Import 30. Nama and addrass of person who completed cause of death (Item 23a) (Type, Print) ACMES HOSPIINL BLT KAN KON DE ST MUTOMBO 32. Registrar's Signatura 31. Deta filed (Month, Dey, Year) State Registrar

27553B

RANKLIN

NORMA

DHMH 16 Rev 6/95

ORIGINAL

Please Type or Print in Black Indelibie ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 99 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year **Physician** 6139 PM 1999 MARLE LOUISE FLAHERTY June /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Fecility Name (If not institution, give street and number) Examiner Rose BAI FRANKLIN SQUARE
5. Social Security Number 6. Sex ulen If Under 1 Year Hospila Ale LIMORE If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1 M 2 F Months Days ILEPIZ JUNE Director 185 - 14 - 6335 Usual Residence of Decedent PA death with the Meryland 10c. City, Town or Location 10d. inside City Limits or 28a-f show 10a. State 10b. County 1 Yes 2 No Directo ND PARKVILLE BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? "natural", or items 23s or odical Examiner must be: U. S. A.

14. Rece - American Indian, 21234 ROBERN Funeral 2835 AVE 12. Was Decedent Ever in U.S. Armed Forces?

1 Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: þ 3 Widowed 4 □ Divorced WHITE Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 7 is marked other than "nature traumatic event, the Medical 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) HOMEMAKER AT HOME 17 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) 12 should be fi h end Mental H Be DOMENICK MALA GESE MAGDALENA ARCIDIACAND 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Pages 1 and 2 ment of Health BALTIMO CE, MO. 21234
Date 20c. Location - City or Town, State 20b. Plece of Disposition (Name of cemetery, cremetory or other place) MICHAEL FLAHERTY 20a. Method of Disposition JUNE 8 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State = 0 4 ☐ Donation 5 ☐ Other (Specify) 1999 PARKVILLE MO. PARKWOOD COMETERY 21. Signature of Fuperal Service Licensee 22. Name end Address of Facility EVANS CHAPEL OF CHIMES Part Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

M. 21334

Approximate Approximate Procedure Between Onset end Death **Physician** /Medical Immediate Cause (Final Myocardi InfARCTION disease or condition resulting in deeth) Examiner CARDIOVASCULAR DISEASE Examiner ARTERIOSCIEROTIC Due to (or as e consequence of) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by It d be detach 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? certificate has t linector, page 2 s 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical Be 26. Piece of Death (Check only one) examiner? Hospital: 1 | Inpatient Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 20 ER/Outpatient 3 DOA 128 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred Natural 5 Pending 1 ☐ Yes 2 ☐ No 2 ☐ Accident Investigation 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) or A after Direc 4 Homicide 7 Funeral Tertifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, end due to the cause(s) end manner es steted.

* Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) end menner steted. 29a. Certifier Medical (Check only one) within 2 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifier mp D 26/16

State Registrar

DHMH 16 Rev 6/95

DR. LAURIC 31. Dete filed (Month, Day, Year)

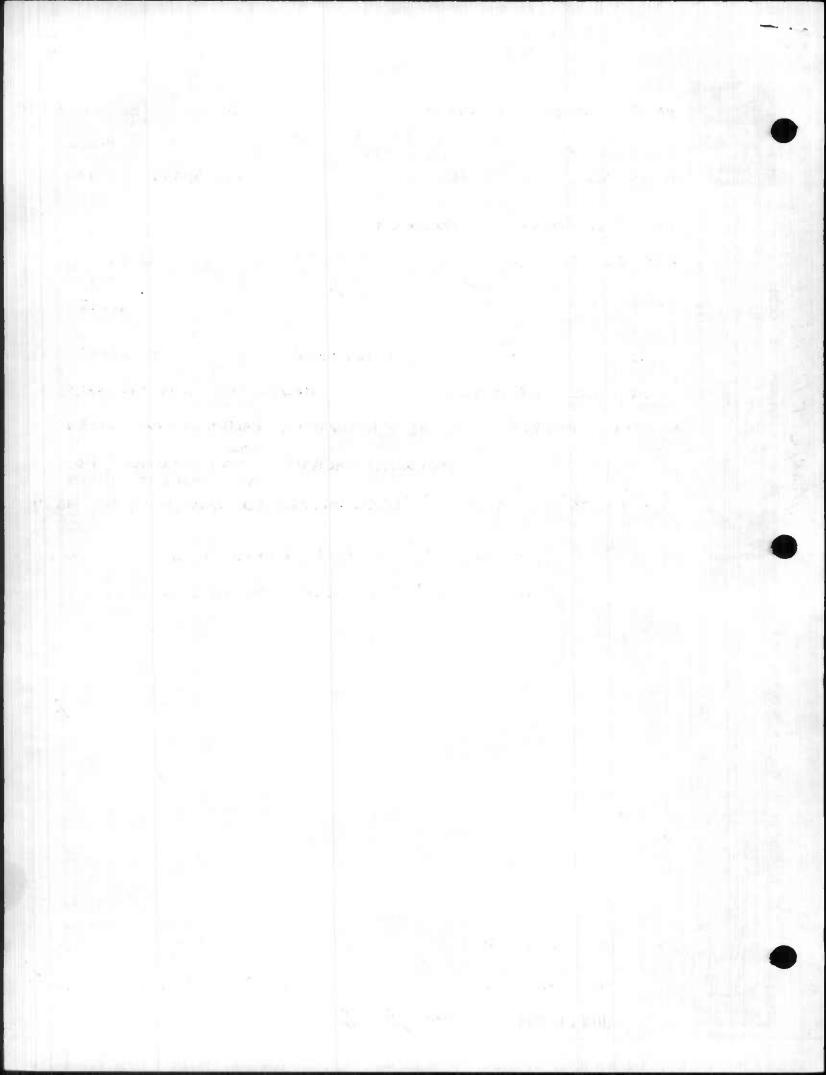
JUN 1 0 1999

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

HARRIS

32. Registrer's Signature

9000 FRANKlin Square DR. BAITIMORE, MARYLAND



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death FLETCHER Physician ANGELINA 1501 Hrs JUNE /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 12 ANDALLSTOWN NORTH WEST HOSPITAL BALTINORE If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 7. Age (In yrs. last birthday) **Funeral** 10 M 20 F 214-12-9468 Usual Residence of Deceden Months Director 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Baltimore Director 10g. Citizen of What Country? ò United State permit. Pages 1 end 2 should be filed within 72 hours after death a Department of Health and Mental Hyglans. Important: If Item 27 is marked other than "naturel", or Itema 23s and Injury or other traumatic event, the Medical Examinar must bodgs. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U.S. Armed Forces?

1 Yes 2 Who
If Yes, Give
Year or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify þ 3 AWidowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working

| Ife. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) 18. Mother's Neme (First, Middle, Maiden Sumarpe, 17. Father's Name (First, Middle, Last) Corropoli rcole VIra 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State Zip Code) 2803 Ar ene Circle balt more mb 21 /daughter 2803 20b. Place of Disposition (Name of cometery, crematory or other to the complete of the complet 20a. Method of Disposition

1 Burial 2 Cremation 3 Removel from Stete 4 □ Donation 5 □ Other (Specify) Fineral Home of 21. Signature of Funeral Service Licens mbrose 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest,

Approximate

Approximate Approximete Interval Between Onset and Deeth Physician ACUTE MYOCARDIAL INFARCTION /Medical Immediate Cause (Final disease or condition resulting in death) 1 DAY Examiner Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of): Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? AILURE 1 Yes 2 No 3 Probably 4 JInknown ENAL Division of Vital Records, 24b. Were autopsy findings available prior to completion of cause of deeth? Certification: To Be Completed 24a. Wes an autopsy performed? 1 Yes 2 No 1 Yes 20 No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 700 Hospital: 1 Conpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 27. Manner of Death 28c. Injury et Work? 28d. Describe how injury occurred 1 Natural 5 Pending investigation To the Hospital or Attending within 24 hours after death.
To the Funerel Director: Afte completely filled in by the fun 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 3 ☐ Suicide Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Descritifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certified

DHMH 16 Rev 6/95

State Registrar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

173733

SALTO. MO 21133

JUNE 8, 1999

and a worse, the con-Marking ways and the second state of th and the second of the second

Please Type or Print in Black indelible Ink. Assure Ali Copies Are Legible.

CTARLETTE	FREDERICI

7			T I, 27 PER MEO G772	State of Marylan	nd / Departm Certific			Mental Hy	giene 9 9	18	549	
Î	Physiciar /Medica	1	Starlett D	"Frederick				2. Dete of De Month JUNE	Day 2, 1999	Yaar	. Time of Death 0416 AM	
	Examine	<u> </u>	FRANKLIN SQUARE	HOSPITAL	tona to trade at a sale. Hill I like	nder 1 Yaar	4b. City, Town, or ESSEX If Undar 24 Hrs		BALT	IMORE		
	Funeral Director	à	Social Security Number 6. S 20 - (02 - 3(0)2) 1 July 1 Ju	ex 7. Age (In yrs.	Yrs. Mon		Hours Min.		9 1952	9. Birthplace Country)	State or Foreign	
	Maryland		0a. Stata 10b. County Md Balti	MORE Pa	y, Town or Location						Insida City Limits	
	23a or 28		0e. Street and Number 3227 Pu444	Hill Ave.	101	Zip Code	034		10g. Citizen of V	Whet Country?		
020	or ster	2	1. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yas 2 De No If Yes, Giva Year or Datas:		ecedent of H specify Cuba as 2 No	lispanic Origin? (S an, Mexican, Puer Specify:	specify Yas or No to Rican, atc.)	Specify	e - American I ok, Whita, atc.	ndien,	
2121 od within grene. or then	c -	Deseiduo	15, Decedent's Ed (Specify only highest gra Elementary/Secondery (0-12)		16a. Decedent's (Give kind of lifa. DO NO	Usual Occup f work dona OT use ratired	during most of wo	rking on tee	16b. Kind of Be Bell.	Alla	ntie	
		0	7. Father's Nama (First, Middla, Last) 19a. Informant's Name (Ratetionship (1	VON NORDEC	L 19h Mailing Ado	Irass (Street	18. Mothar's Nati LO and Number or Ri	eia 1	RMSH	2019	de)	
-	of Health ard 2 is of Health ard I have 27 is or other trau		Oa. Mathod of Disposition	lerick 206. F	3227 Place of Disposition pematary, cremetory	Putty (Nome of	Hillty	e. Bal	4MORD 20c. Location	Md.	21234	
Baltim	permit. Pa Departmen Important: any injury pncs.	2	4 Donation 5 Other (Specify 21. Signature of Funeral Service Licen) MC	DROUND Name	LIMOGI a and Addra	al falk ss of Facility &	1999 Vans C	rapel c	ILE, M	alyland mokius	
	Physician /Medical		23a. Part1. Enter the disease, or comp shock, or heart failura. List only			moda of dyir	ng, such as cardia	c or respiratory a	irrest,	Inte	proximata erval Between aset and Death	
	Examiner	r.	diseasa or condition asulting in death)	a. ACUTE ASTH	or as a consequence	of):				1 1 1		
oʻ	an and urial-transit	E Addition	Sequentially list conditions, any, leading to immediate ause. Enter Underlying	b. Due to (c	or as a consequence	of):						
9	certificate by nding physic use as the br	D	Cause (Diseese or Injury hat initiated events asulting in death) Last	Dua to (o	r es a consequance	of):						
O. W	the death y the atte	y big	eart It. Other eignificant conditions or	se contributing to death but not resulting in the underlying cause given in Part I.					23b. Did tobacco use contribute to the cause of death			
	n signed to ald be detailed by Did	7						24a. Was	an eutopsy	24b. Were	eutopsy findings	
To the Hospital Or Vital Records, P.O. Box 68760, To the Hospital or Altanding Physician: The law requires that the death certificate be executed within 24 hours after death, with the Maryland of T. B. Department of Health and Mental Hygiens.	The law recata has bee page 2 sho							V	ormed? Yas 2□No			
	certific irector.	2	5. Was case referred to medical examinar? TXXYas 2 No	Hospitat:	5512	Ott-	or .	ath (Check only				
slon of	ath. After this he funeral d		7. Mannar of Death 1 ☑ Netural 5 ☐ Pending 2 ☐ Accident invastigation	28a. Data of Injury (Month, Day Year)	PR/Outpatient 3E 28b. Tima of Injury	28c. Injur Wor	4 LI Nursing f		idence 6 □Oth how injury occur			
DIVIS	ours after de urs after de real Directe illed in by ti	To the Funeral Director. After this certificate has been signed by the attending physician and any injury or other traumatic event, the funeral director, page 2 should be detached for use as the burlat-transit any injury or other traumatic event, the funeral director page 2 should be detached for use as the burlat-transit any injury or other traumatic event, the funeral director page 2 should be detached for use as the burlat-transit any injury or other traumatic event, the funeral director page 2 should be detached for use as the burlat-transit any injury or other traumatic event, the funeral director page 2 should be detached for use as the burlat-transit any injury or other traumatic event, the funeral director page 2 should be detached for use as the burlat-transit and injury or other traumatic event, the funeral director any injury or other traumatic event, the funeral director and injury or other traumatic event, the funeral director and injury or other traumatic event, the funeral director and injury or other traumatic event, the funeral director and injury or other traumatic event, the funeral director and injury or other traumatic event, the funeral director and injury or other traumatic event, the funeral director and injury or other traumatic event, the funeral director and injury or other traumatic event, the funeral director and injury or other traumatic event, the funeral director and injury or other traumatic event, the funeral director and injury or other traumatic event and injury or other traumatic	3 Suicide 6 Could not be detarmined	ctory, office	office 28f. Location (Street and Number or Rural Route Number, City or Town, State)							
DIVISION Of VITAI R or Attending Physicien: The after death. Director: After this certificate h in by the funeral director, page	n 24 ho ne Fune pletely f	2		raician: To the best of my kno iner: On the basis of examina and mannar stated.								
	Total Marie		9b. Signature and title of certifier	Uti.		29c. Licens	e number		29d. Data signe JUNE	d (Month, Day 3, 199	, Year) 9	
	No		O. Name end addrass of person who of THEUN ONE MILE	ling	111 Penn	Street	, Baltin	ore, Ma	ryland 2	21201		
	State Registrar		1. Data filed (Month, Day, Year)	32. Registrar's Signa	ature 4	lac	11					

rings not suff.

Box 68760, Division of Vital Records, or Attending Physician: To the Hospital or Attendir within 24 hours efter deeth. To the Funeral Director: Al

Director

7 is marked other than "natural", or items 23s or 28s-f show frauments event, the Modical Examiner must be notified at

2 should be filed within 72 and Mental Hygiene.

permit. Pages 1 end 2 e Department of Heelth en Important: If item 27 le r

any injury or

Physician

/Medical Examiner

ettending physician end for use es the buriel-transit

signed by

funeral director,

this

Ctor Fronk

Registrar

DHMH 16 Rev 6/95

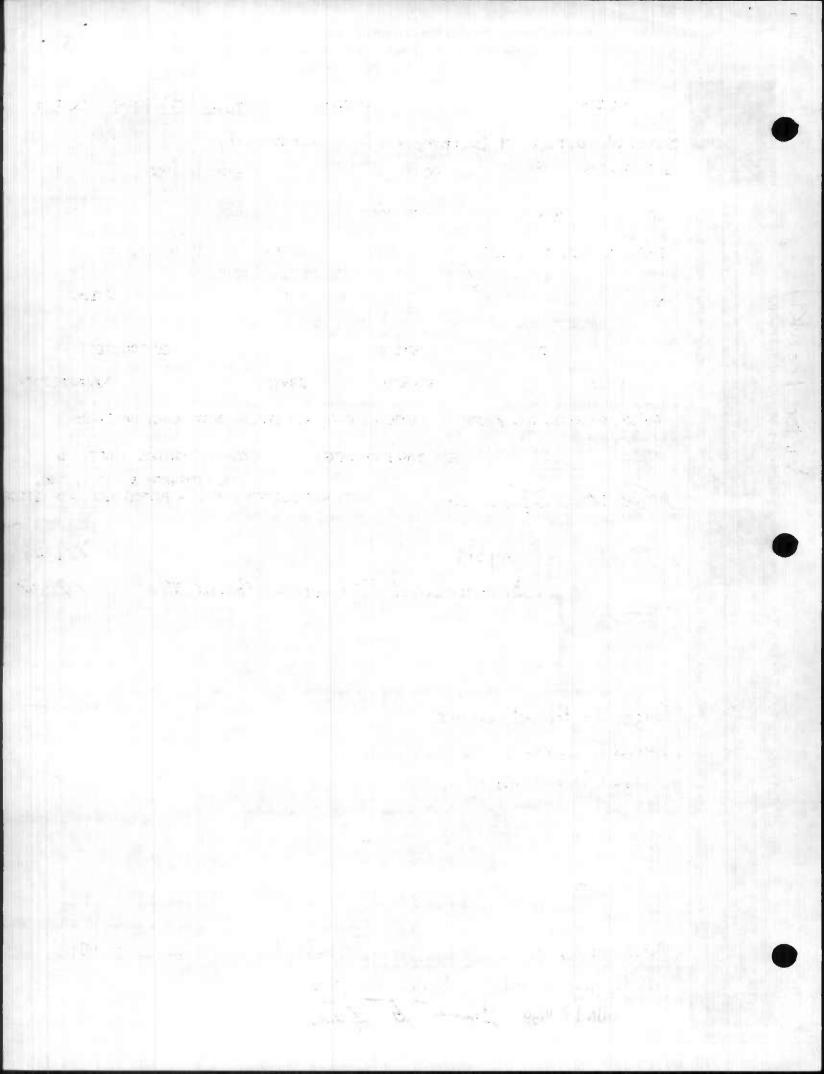
31. Date filed (Month, Day, Year) JUN 10

Donaseva

Trasle

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

32. Régistrar's Signeture



Physician /Medical Examiner **Funeral** Director or 28a-f show Director Funeral hours after altimore, Maryland 21215-0020 þ

r than "natural", or liama 23a Completed filled within permit. Pages 1 and 2 should be fill Department of Health and Mental Hy Important: If flem 27 is merised oth any Injury or other traumatic event dice. Be

Physician /Medical Examiner

Examiner attending physicien and for use as the burial-transit Physician/Medicai signed by the a by Completed certificate hes b lirector, page 2 s Be P this Certification:

P.O. Records. Division of Vital Ne Hospital or Attending Pin 24 hours after deeth.

Funeral Director: After the pletely filled in by the funera Medical To the Hosp within 24 hos To the Fune completely fi

Month Day Yaar Denhart Felder Christopher 5 1999 June 4a Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Baltimore Stella Maris Towson Towson If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 02 04 If Under 1 Yeer 9. Birthplace (State or Foreign Country)
M • D • 5. Social Security Number 7. Age (In yrs. last birthday) Days 1X M 2□ F Yrs. 37 62 214-74-4389 Usuel Residence of Decedent 10a Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits Baltimore MD NA 10e. Street end Number 10f. Zio Code 10g. Citizen of Whet Country? U.S.A. 6617 Marott Drive 21207 Wes Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 X Nevar Married 2 ☐ Married 1 ☐ Yes 2 X No If Yes, Give 1 ☐ Yes 2 ☐ No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 10th grade na Meat Cutter Farm Fresh 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Thomas Felder Charlotte Thomas 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Charlotte Felder-Mother 2621 Quantico Ave, Baltimore Md 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 【Cremation 3 ☐ Removel from State Metro Crematory Inc 6/8/99 Baltimore, Md 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22, Nama end Address of Fecility March F/H West March F/H West 4300 Wabash Ave, Baltim 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 4300 Wabash Ave, Baltimore Md Immediate Cause (Final disease or condition resulting in deeth) mmune deficiency syndrome Due to (or es a consequence of) Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of): Dua to (or es a consequence of): Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24b. Were eutopsy findings available prior to 24a. Wes en eutopsy performed? completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case raferred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Dother (Specify) HUSDIC 1 Yes 2 No 27. Menner of Deeth 28b. Time of Injury 28d. Describe how injury occurred 28a. Dete of Injury (Month, Dev Year) 28c. fnjury et Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, dete end place, end due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year)

MD

143725

3. Time of Death

2:50A.M

XXYes 2 No

21215 Approximete Interval Between Onset end Death

30. Nama and address of person who completed causa of death (Item 23a) (Type, Print)

Entern St. Suit 308 MAHMOUD TARIQ 821 31. Dete filed (Month, Day, Year)

State Registrar

32. Registrar's Signatura

DOD BENDE

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygien 9 Certificate of Death 3. Tima of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death **Physician** ONEAL M. FOWLER UNE 1503 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Balhmore HOSPITAL SINHI If Under 1 Yaar If Under 24 Hrs. Birthplaca (Stata or Foraign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Days 12 M 2 ☐ F Yrs. Director 246-42-6419 65 JAN 3, 1934 COLUMBUS CO., NC Usual Residence of Decedent the Maryland 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No nottile Directo MARYLAND BALTIMORE BALTIMORE 10f. Zip Code 10g. Citizen of What Country? 10e, Street end Number 72 hours eftar death with "naturel", or items 23s or adical Examples must be 21227 U.S.A. 1604 CLARIDGE AVENUE Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Giva Year or Dates: 14. Race - Amarican Indian. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) Black, White, etc. 1 Never Married 20 Married WHITE 1 ☐ Yes 2 ☒ No Specify: þ 3 Widowed 4 Divorced the Medical Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highast grada completed) MAKERS Elementery/Secondery (0-12) College (1-4or 5+) Hygiene. CARPENTER & CABINET BUSINESS AGENT 9TH GRADE 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be should be VERNIE MERCER DOCTOR FOWLER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Haalth 1604 CLARIDGE AVENUE-BALTIMORE, MARYLAND GERALDINE M. FOWLER (WIFE) 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition Pages 1 important: if it any injury or o Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) Department LOUDON PARK CEMETERY 6/9/99 21. Signature of Funeral Servica Licenses 22. Neme end Address of Facility HUBBARD FUNERAL HOME, INC. 23a Part! Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, incorpor heart failure. List only one cause on each line. 4107 WILKENS AVENUE-BALTIMORE, MARYLAND 21229 Approximate Interval Between Onsat and Daath **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) ADULT RESPIRATORY DISTRESS SYNDROME 4 days Examiner Examiner DEPENDENT RADIATION PNEUMONITIS physician end the buriel-transit that the death certificate be axecuted Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury ADENOCARCINOMA Physician/Medicai that initiated events resulting in death) Last attanding pt for usa es t PLEURAL Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably Unknown MALIGNANT PERICARDITIS, DIABETES Records, à 24b. Were autopsy findings avallabla prior to PERICARDIAL STRIPPING, SERSIS, CAD, 24a. Was an eutopsy Completed completion of causa of death? i certificate has l AROXISMAL AFIB, CHF 1 Yas 2 No Division of Vital 25. Was casa referred to medical examiner? Be 26. Place of Death (Check only one) 1 ☐ Yes 28 No Hospital: Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: Natural 2 Accident Attending 5 Pending investigation 1 Yas 2 No deeth. or Attendi efter deeth Director: A 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) in 24 hour. The Funeral Direction of the filled in by 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) end menner es steled. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, end due to the cause(s) and menner stated. 29a. Certifier edicai To the Hosp within 24 ho To the Fune complately fi (Check only one) 29b. Signature and title of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ANGELA PITAL OF RALTIMORE 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

Registrar

JUN 1 0 1999

6.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Yaar **Physician** CATHERINE FISCHER 11:00 AM JUNE 1999 7 /Medical 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner GOOD SAMARITAN BALTIMORE HOSPITAL BALTIMORG If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Days 1□M 2☑F 91 Director 212-05-1033 3/1/1908 Maryland Usual Residence of Decedant with the Meryland 10b. County 10a State 10c. City, Town or Location 10d Inside City Limits ahow r than "naturel", or flems 23s or 28s-f show the Medical Examiner must be notified at MD N/A Baltimore DOWas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5810 Plumer Avenue 21206 U.S.A. Funeral death permit. Peges 1 and 2 should be filed within 72 hours after deal Department of Health and Mental Hygiene. Important: if Nem 27 ie marked other than "naturel". or Mental en y injury or other traumatic excessions. 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - Amarican Indian, 11 Marital Status Black, White, atc. 1 Yes 2 No If Yes, Giva Yaar or Datas: 1 Nevar Married 2 Married 1 Yas 2 No Specify: Specify: White 2 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) C&P Telephone Manager 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surnama) Be Thomas Smith Catherine Gordan 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Carol Wilson/Grand Daughter 4510 Powell Avenue Baltimore, Maryland 21206 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Removal from Stata Woodlawn Cemetery 6/11/99 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Facility John C. Miller Inc. service Licensee 6415 Belair Road Baltimore, Maryland 21206 caused tha death. Do not enter the moda of dying, such es cardiac or respiratory arrest, in cause and line. Approximata Intarval Batween Onset and Death **Physician** /Medical Immediata Cause (Finat . MASSIVE UPPER GASTROINTESTINAL RLEEDING disaesa or condition resulting in death) Examiner Due to (or es a consequence of): Examiner 4 mon 12 GASTRIC LYMPHOMA physician and the burial-transit certificate be executed Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of) Box 68760. Physician/Medical Due to (or as a consequence of) SE 980 Por Part II. Other algnificant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. the deteched signed by to 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown by 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed peeu hes 1 ☐ Yas 2 🖾 No 1 ☐ Yes 2 ☐ No certificate Division of Vital Attending Physician: funeral director, Be 25. Was casa referred to medical 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No P 1€ Inpatient 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Describe how injury occurred Certification: 28b. Tima of 28c. Injury at Work? After 5 Pending invastigation 1 SNatural or Attending after death. Director: Aft 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify) filled in by 4 ☐ Homicida Hospital of 24 hours a Funeral D 29a. Certifier 1/2 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner es stated. Medical 2 Medical Examiner: On the besis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. (Check only one) To the I 29b. Signatura and titla of certifier 29c. License number 29d. Data signed (Month, Day, Year) M.D. Dam P 11902 JUNE 7, 1999 30. Nema and address of person who completed causa of death (Item 23a) (Type, Print) GOOD SAMARITAN HOSPITAL
NOUHAD DAMAT

Registrar

31. Data filed (Month, Day, Year)

NOUHAD

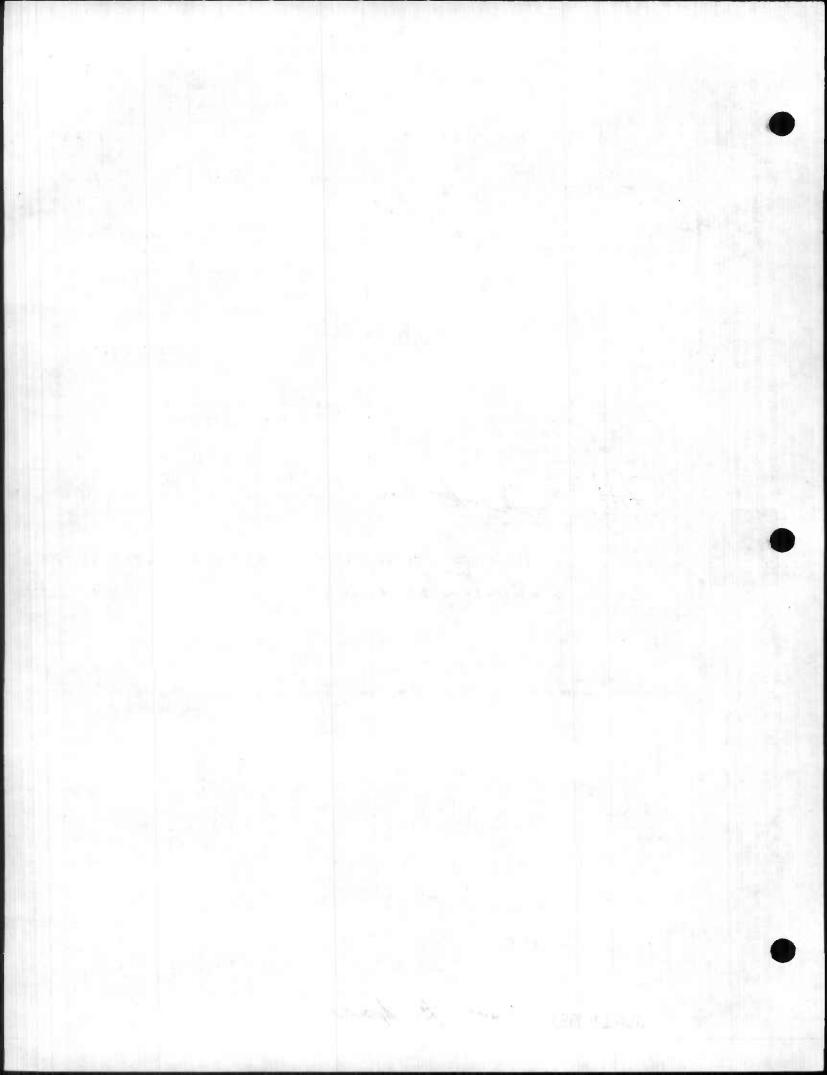
JUN 1 0 1999

DAMAJ

32. Registrar's Signature

BALTIMORE MD

EN BLVD 21239

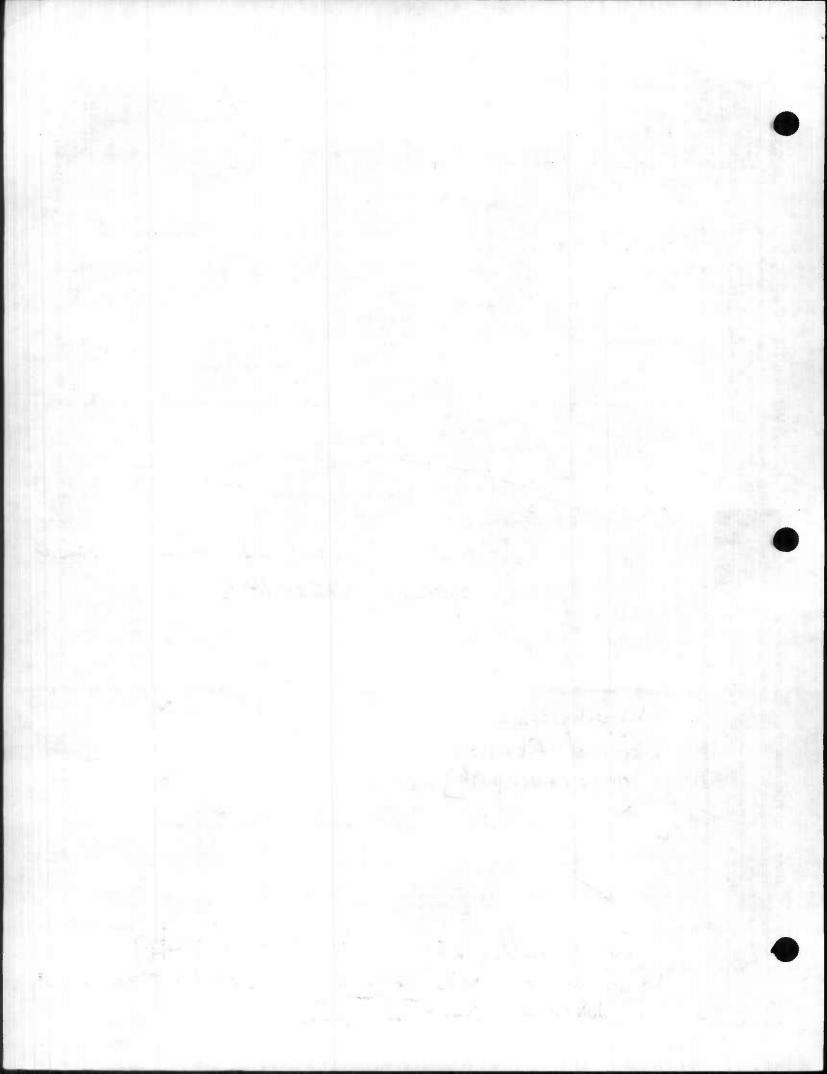


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible

State of Maryland / Department of Health and Mental Hygiene 9

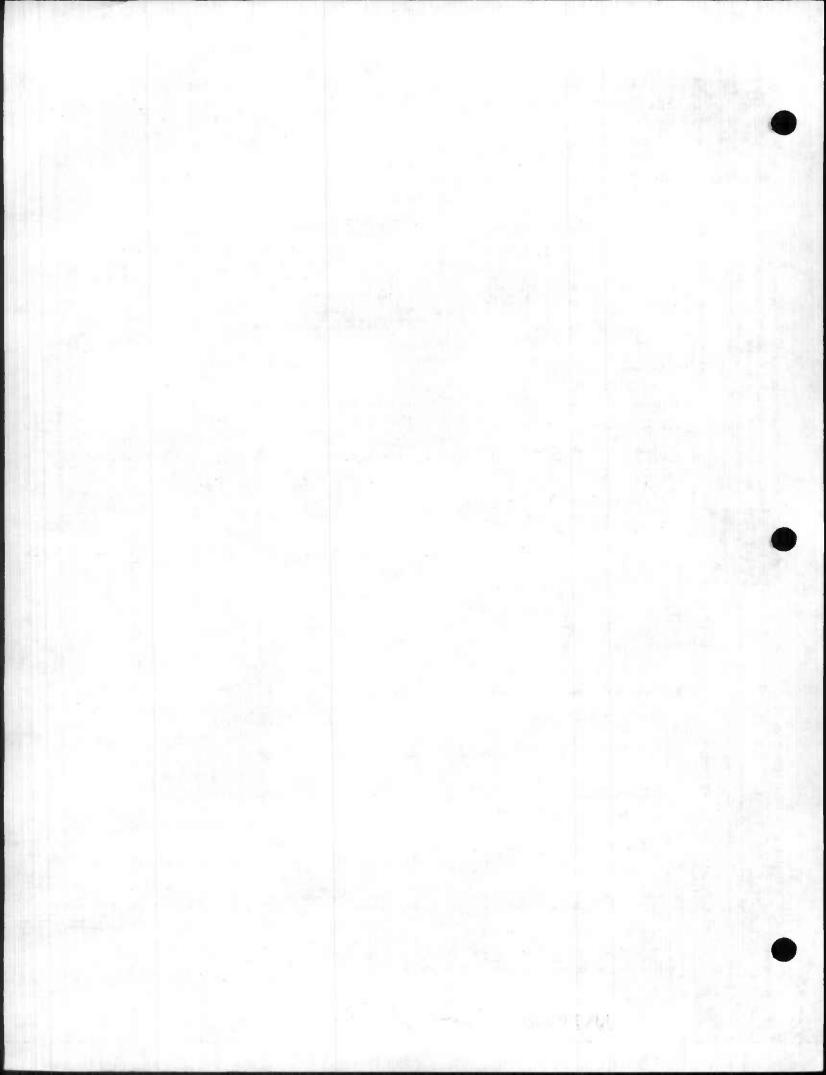
ole,	^	gross	poss	1	
ole.	8	5	5	L	
	0	0	-		

	Certificate of Death Reg. No.								
	1. Decedent's Nama (First, Middle, La	st)				2. Data of De	ath	V	3. Time of Death
Physician /Medical	IRVING	BERNARD		GLASSN	ER	JUNE 3	, 1999	Yaar	5:40 PM
Examiner	4a Facility Nama (If not institution, giv 11 POMONA SOUTH				4b. City, Town, or L BALTIMO		h 4c. County		TIMORE
Funeral Director	110 05 1505	Sex 7. Age (In yr.	s. last birthday) 81 Yrs.	Months Days		8. Data of Bir (Month, Da NOV • 9	1917	9. Birthple Countr	ece (Stete or Foreign ry) NJ
with the Maryland a or 28a-f show Lbe notified at Director	Usual Rasidence of Decedent 10a, Stata 10b, County		City, Town or Loc					10	d. Inside City Limits
vin the Ma t or 28s-f s be notified	MD BALTIMO	KE	BALTIMO	_					1 □ Yas 2 ☑ No
23a or 3 ust be n		#2		10f. Zip Code	21208		10g. Citizan of V		y7
hours after death v brail, or hams 23 al Examiner ment of by Funeral	3 X Widowed 4 □ Divorced	1 Never Married 2 Married Armed Forces? 1 ☑ Yas 2 □ No			Hispanic Origin? (Span, Mexican, Puart Specify:	pecify Yas or No o Rican, atc.)		e - Amarica k, Whita, at	
L X L X 13-UUXU ed within 72 hours al yglene, ser than "netural", or k, the Medical Exam Completed by 1	15. Decedent's E (Specify only highest gra Elementery/Secondary (0-12)	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) 5+ College (1-4or 5+)			16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) EXECUTIVE				ustry JRING
	17. Father's Nama (First, Middle, Last,		LALCOI	. 1 4 15	18. Mothar's Nen	ne (First Middle			DITING
Viano Wental H Wental H Mental H To Be			GLASSN	ER	LTLLIAN			TREME	BOLTN
Maryland 42 should be flie h and Mental Hy 7 le marked oth traumatic event	19a. Informant's Name/Ralationship (Type, Print)	19b. Mailin	g Address (Street	t and Number or Ru	ral Route Numb	er, City or Town,		
Manual Samuel Sa	BENJAMIN GLASSN	IER / SON	8 RO	BIN DRIV	E - HOCKE	ESSIN, D	E 19707		
altimore mit. Pages 1 is partment of He portant: it hen r Injury or othe	20a. Method of Disposition 1 Burial 2 Cremation 3 8 4 Donation 5 Other (Specific	Removal from State		etory or other pla	AL PARK	Data 5/6/99	20c. Location - KENILW		
Balti permit. Departm Imports any inju	21. Signature of Funeral Service Vices		22.	Nama and Addre		SOL LE	VINSON &	BROS	., INC.
Certificate be executed vining physician and use as the burial-transit	Immediata Causa (Final diseasa or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in death) Last	Due to	(or as a consequence of the cons	vence of):	scul	45	ron		runites
death ce attendil od for use	Date H. Oak and a Maria A. and Maria					L ans 211			
ed by the detached	Part II. Other significant conditions of	62m a	esuiting in the un	denying cause gr	ven in Part I.		Yes 2 No		the cause of death ably 4 - Unknow
aw requires to been a 2 should pleted	atrial	Ebrillost.	n	May.			an autopsy omed?	com	re autopsy findings ilable prior to apletion of cause eath?
= F # 8 0	my o co	ndio patho	\			10	Yas 2	10	Yas 200
yelclen: The secreticate director, pag	25. Wes case referred to medical axaminer?	11	7		26. Place of Dea	ith (Check only	one)		
- K 50 5	1 Yes 2 No	Hospitat: 1 Inpatient 2		3LI DOA	her: 4 Nursing H		danca 6 □Oth)
C & 5 6 6	27. Manner of Death 1 Natural 5 Pending	28a. Date of Injury (Month, Dey Year)	28b. Tima of Injury	M 1		28d. Dascribe	how injury occurr	ed	
or Atten after deat Director: In by the	2 Accident investigation 3 Suicide 6 Could not be determined	9 One Olean of Injury At	homa, farm, stre	M 1 ☐ Yes 2 ☐ No a, farm, street, factory, office 28f. Location (Street end Number of City or Town, State)			er or Rural	Route Number,	
To the Hospital Within 24 hours To the Funeral completaly filled	29a. Certifier (Check only one) 15 Certifying Ph	ysician: To the best of my kr niner: On the basis of axamir and manner stated.	nowledge, death nation and/or inv	occurred at the ti astigation, in my	ime, date end place opinion, death occu	, end due to the rred at the tima,	cause(s) end ma date and placa,	nnar es ste and dua to t	Hed. tha cause(s)
To the To the comp	29b. Signature and titla of certifier Pau W	milles A	0	29c. Licens	se number	2 (294 Date signed	1 (Month, D	ay, Year)
10	30. Name and addrass of person who	completed cause of death (to	em 23a) (Type, F	38 Gr	een T	Tree	Rd #	302	2/208
State	31. Date filed (Month, Day Year)	32. Registrat's Sign	natura	4 1	-				



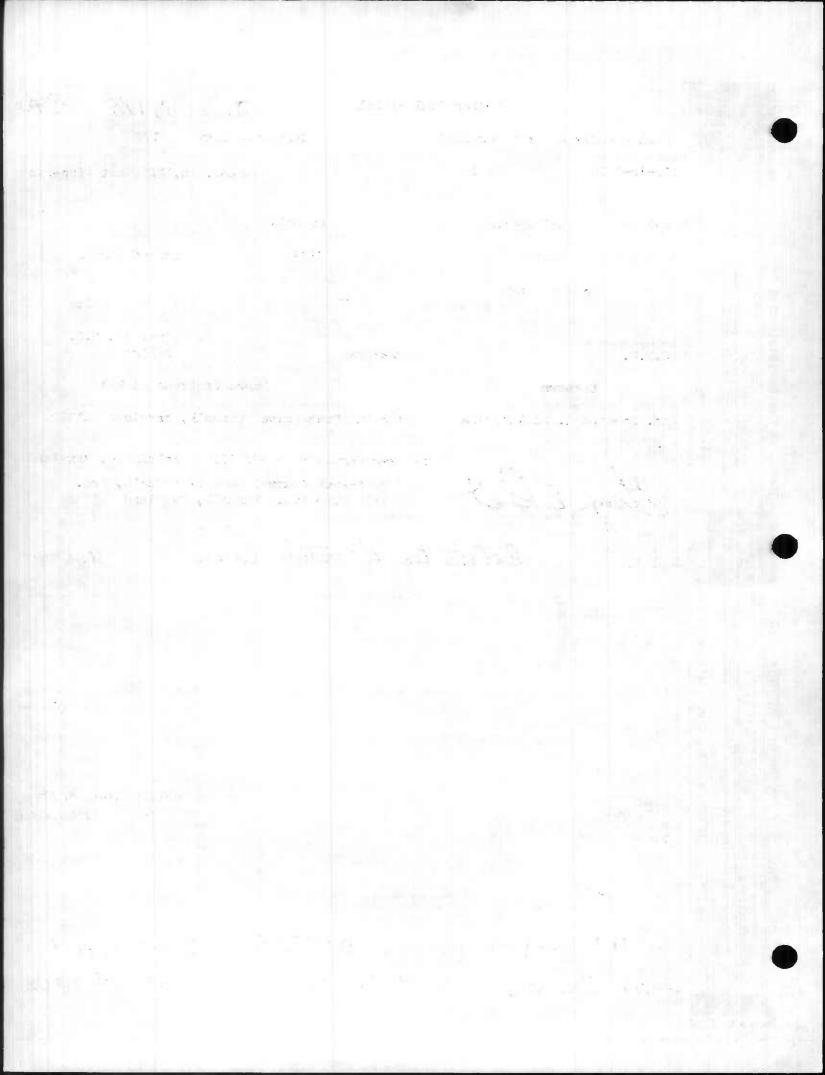
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	1 December 1 Name (First Alidain Los	State of Marylar		tificate of		1	Reg. No.	18	3555		
Physician	Decedent's Name (First, Middle, Last VERA RUSHWORTH GA					2. Date of Dea Month	Dey	Year	3. Time of Death		
/Medical	de Frankis Name (Mars in shake)				4b. City, Town, or Lo	MAY cation of Death	29, 19		9:00PM		
Examiner	ARUNDEL MEDICAL C				ANNAPOLI			E ARUN	DEL		
Funeral Director	5. Social Security Number 6. Se		last birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birt (Month, Day AUG 24	h /, Year)		ace (State or Foreign		
0	Usual Residence of Decedent 10a. State 10b. County	10c Ci	ty, Town or Loc	ation				to	d. Inside City Limits		
daryte f sho				POLIS				100	t ☐ Yes 2 No		
ter death with the Manyland frems 23s or 28s-f show (sec.mall.be.notfiled.st			ANNA	10f. Zip Code	21401	t 0g. Citizen of Whet Country? U.S.A.			у?		
hours after death vines, or items 23 al Examiner ment	3 ☐Widowed 4 ☐ Divorced	12. Was Decedent Ever in U Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:		/as Decedent of H Yes, specify Cuba	lispanic Origin? (Span, Mexican, Puerto	ecify Yes or No- Rican, etc.)	t 4. Rac Bled	e - America ck, White, el	tc.		
To an years of the second of t	t5. Decedent's Ed (Specify only highest grad Elementary/Secondary (0-12)		(Give k	ent's Usuel Occup ind of work done O NOT use retired	during most of works	ing	16b. Kind of Business/Industry NEWS POST PAPER				
THE THE CO			1 00	POLINISI	18. Mother's Neme	(First, Middle,			ZII LIK		
Mental H Mental H Med off file even		I					ZABETH S		;		
2 should be made in the same of the same o	19a, Informant's Name/Relationship (7	ype, Print)			end Number or Run						
	NANCY HAZARD GARI		1		ONTEBELLO	DRIVE .	- BALTI	MORE,	MD 21218		
omnit. Pages 1 ar Department of Hea Important: If Item inly injury or other Itigs.	20a. Method of Disposition 1. Burial 2 Cremetion 3 4 Donation 5 Other (Specify	Removel from State		ition (Neme of etory or other plea RK CEMET)		Dete /4/99	BALTIMO		m, Stete MARYLAND		
Depart Depart Import any in	2t. Signature of Funeral Service Licens	Chamas-			ss of Facility NERAL HOM: NS AVENUE		ORE, MA	RYLANI	21229		
Physician /Medical Examiner	23a. Pert t	INTRAL		AL BO		or respiretory ar	1651,		Approximete Intervet Between Onset end Death		
the death certificate be executed by the attending physician and sched for use as the burial-transit	Cause (Disease or injury that initiated events resulting in death) Last	С.	or es a consequ or as e consequ								
at the death certification of the strending etached for use et	Part II. Other significant conditions co	ntributing to death but not res	sulting in the un	derlying cause giv	ren in Pert I.	23b. Dld t	obacco use co	ntribute to	the cause of death?		
ires that the de signed by the de be deteched do by Physical	1146051 50316					10	res 2100	3 Probe	ably 4 Unknown		
s been 2 should		ncuz.		4.0			en eutopsy rmed?	evei	re eutopsy findings ilable prior to apletion of cause eath?		
The is						to	es 2000 io	10	Yes 2□ No		
certificate irector, pe	25. Was case referred to medical examiner?				26. Place of Deet	(Check only o	ne)				
A SE	1 ☐ Yes 2 No		ER/Outpatient		4 LI Nursing Ho						
After fune	27. Manner of Death 1 Alatural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	28a. Date of Injury (Month, Day Year)	28b. Time of Injury		Yes 2□No		low injury occur		Control Manager		
To the Hospital or Attend within 24 hours after deal To the Funeral Director: completely filled in by the Medical Certificat	4 Homicide determined	building, etc. (Specify)									
he Hospit in 24 hours he Funer pietely fills	29a. Certifier 1/2 Certifying Phy (Check only 2 Medical Exam	reician: To the best of my kno iner: On the basis of examina and manner steted.	wiedge, death	estigation, in my o	pinion, deeth occurr	ed at the time,	dete end plece,	and due to t	the cause(s)		
within To the	29b. Signature and title of cardifier			29c. Licens	e number		29d. Date signe		ey, Year)		
	10	PITTSICIAN	2	WD	D3903	ナ	5-31	-29			
	30. Name and address of person who c	ompleted cause of death (Item	11	2AM(naro	is M	02	0214		
State Registrar	31. Date filed (Month, Day, Year) JUN 1 0 1	32. Registrar's Signa	ature 4	Some	1/1						



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death Reg. No.

hysician	1. Decedent's Name (First, Middle,	, Last)		Certificate of		2. Date of Dea Month	th Day Y	3. Time of Death	
/Medical		Chest	er Paul	Hickel		JUNE	8,19	99 55 AM	
xaminer	4a Facility Name (If not institution, Stella Maris				b. City, Town, or Lo Baltimor		4c. County of N/A	Death	
neral ector	5. Social Security Number 728-10-5576	. 657 57	ge (In yrs. lest birth	hday) If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day Sept. 1	(Year) 9 5,1929 W	Birthplece (Stete or Foreign Country) Lest Virginia	
	Usuel Residence of Decedent 10a. State 10b. County	•	10c. City, Town	or Location				10d. Inside City Limits	
rai Director	Maryland E	Baltimore		Т	oundalk			1 ☐ Yes 2 ☒ No	
Director	10e. Street end Number)altimole		10f. Zip Code	MINGAIN	1	10g. Citizen of What Country?		
	8193 Gum Tree I	rive			21222		United	States	
by Funeral	11. Marital Stetus 1 Never Married 2 Nerrie 3 Widowed 4 Divorced	12. Was Decedent Armed Forces' ed total total terms of the terms of th	No No	tt Yes, specify Cuban, Mexicen, Puerto Rican, etc.)				Americen Indian, White, etc. White	
Completed	15. Decedent' (Specify only highest Elementery/Secondery (0-12) G . E . D .	's Educetion	16e. I	Decedent's Usual Occup (Give kind of work done life. DO NOT use retired Brakeman	durina most of workii	ng	Pataps Railro	co B.R.	
BeC	17. Father's Name (First, Middle, L	ast)			18. Mother's Name				
To	Unkno						rude Hic		
	19a. Intorment's Name/Reletionsh Mrs. Lawanda C.		a <i>nd Number or Rur</i> a ee Drive		r, City or Town, Ste , Maryla				
	20e. Method of Disposition 浴路urial 2 □ Cremation	3 □Removal from State	cemetery	Disposition (Name of , crematory or other place		Date	20c. Location - Cit		
	4 Donation 5 Other (Sp	-	Oak	Lawn Cemete				ore, Maryland	
once.	1 Seeds	EKES	_	22. Name end Addre Duda-Ruci 7922 Wise	Funeral Ave. Du				
Examiner	disease or condition resulting in death)	a	Due to (or as a co	onsequence ot):	date C	arvo		ancimum.	
	if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c	Due to (or as e cr						
edicai	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	d	Due to (or as e co	onsequence of):					
hysician/Medical	if any, leading to immediate ceuse. Enter Underlying Cause, Disease or Injury that initiated events resulting in death) Last Pert II. Other significant condition			onsequence of):	ren in Pert I.		obecco use contri res 2□ No 3	ibute to the ceuse of deeth?	
be deteched for use as the bur by Physician/Medical	resulting in death) Last			onsequence of):	ren in Pert I.		res 2□No 3		
Completed by Physician/Medical	resulting in death) Last			onsequence of):	ren in Pert I.	1 🗆 Y	res 2□No 3 an autopsy med?	24b. Were eutopsy tindings aveilable prior to compelition of cause	
ector, page z snould be detected for use as the bur Be Completed by Physician/Medical	Pert II. Other significant condition 25. Was cese reterred to medical examiner?	ns contributing to death t	out not resulting in	onsequence of): the underlying cause give	26. Plece of Death	24a. Was a perfor	an autopsy med?	24b. Were eutopsy tindings aveilable prior to completion of cause of death? 1 Yes 2 No	
To Be Completed by Physician/Medical	Pert II. Other significant condition 25. Was cese reterred to medical examiner? 1 Yes 2 No 27. Manner of Death Manuar 5 Pending investig	Hospital: 1 Inpati	out not resulting in	patient 3 DOA Officians of User Liquing	26. Plece of Death ner: 4 □ Nursing Hor	24a. Was a performance of Check only on the Check only on	an autopsy med?	24b. Were eutopsy tindings aveilable prior to completion of cause of death? 1 Yes 2 No MARIS AT MERCY (Specify) HOSP (CE	
ation: To Be Completed by Physician/Medical	Pert II. Other significant condition 25. Was cese reterred to medical examiner? 1 Yes 2 No 27. Manner ot Death	Hospital: 1 Inpati 28e. Dete of Input (Month, Digitation and 28e. Place of Inbuilding, e	put not resulting in ent 2□ ER/Out ury ay Year) 28b. Ti lin jury - At home, far tc. (Specify)	patient 3 DOA Office DOA To the underlying cause gives the underlying the underlying cause gives the underlying the unde	26. Plece of Death her: 4 □ Nursing Hor y et k? Yes 2 □ No	24a. Was a perior 1 Yen (Check only or me 5 Resid 28d. Describe h	an autopsy med? Ses 2 No ne) S	Probably 4 Unknown 24b. Were eutopsy tindings aveilable prior to completion of cause of death? 1 Yes 2 No MARIS AT MERCY (Specify) HOSPICE	
in fine the Completed by Physician Principle of the but the funeral director, page 2 should be deteched for use as the but afficient To Be Completed by Physician/Medical	Pert II. Other significant condition 25. Was cese reterred to medical examiner? 1	Hospital: 1 Inpati 28e. Dete of Injation of be 28e. Place of In	out not resulting in ent 2□ ER/Out ury ay Year) 28b. Ti jury - At home, far tc. (Specify) of my knowledge, of examination and	patient 3 DOA of time of jury M 1 m, street, tactory, office	26. Plece of Death her: 4 □ Nursing Hor yet k? Yes 2 □ No	24a. Was a performance of the pe	an autopsy med? Ses 2 No ne) Stellar occurred ow Injury occurred of Mother now Injury occurred on Street and Number no. State)	Probably 4 Unknown 24b. Were eutopsy tindings aveilable prior to completion of cause of death? 1 Yes 2 No MARIS AT MERCY (Specify) HOSPICE	
In Director: After this centilicate nes been signed by the ettending physicial and in by the funeral director, page 2 should be deteched for use as the but Certification: To Be Completed by Physician/Medical	Pert II. Other significant condition 25. Was cese reterred to medical examiner? 1 Yes 2 No 27. Manner of Death	Hospital: 1 Inpati 28e. Dete of Injudiding, e 28e. Place of Inbuilding, e 28e. Place of Insulation on be 28e. Place of Insulation of be 28e. Place of Insulation of be 3 Physician: To the best examiner: On the basis of	out not resulting in ent 2□ ER/Out ury ay Year) 28b. Ti jury - At home, far tc. (Specify) of my knowledge, of examination and	patient 3 DOA of time of jury M 1 m, street, tactory, office	26. Plece of Death her: 4 \(\text{Nursing Hot} \) yet k? Yes 2 \(\text{No} \) he, date and place, upinion, death occurred to the control of	24a. Was a performance of the pe	an autopsy med? Tes 2 No ne) Stellar lence 6 Mother now Injury occurred street and Number m, State) Tesuse(s) and mann date and place, end	Probably 4 Unknown 24b. Were eutopsy tindings aveilable prior to completion of cause of death? 1 Yes 2 No MARIS AT MERCY (Specify) HOSP (CE	



Division of Vital Records, P.O. Box 68760,

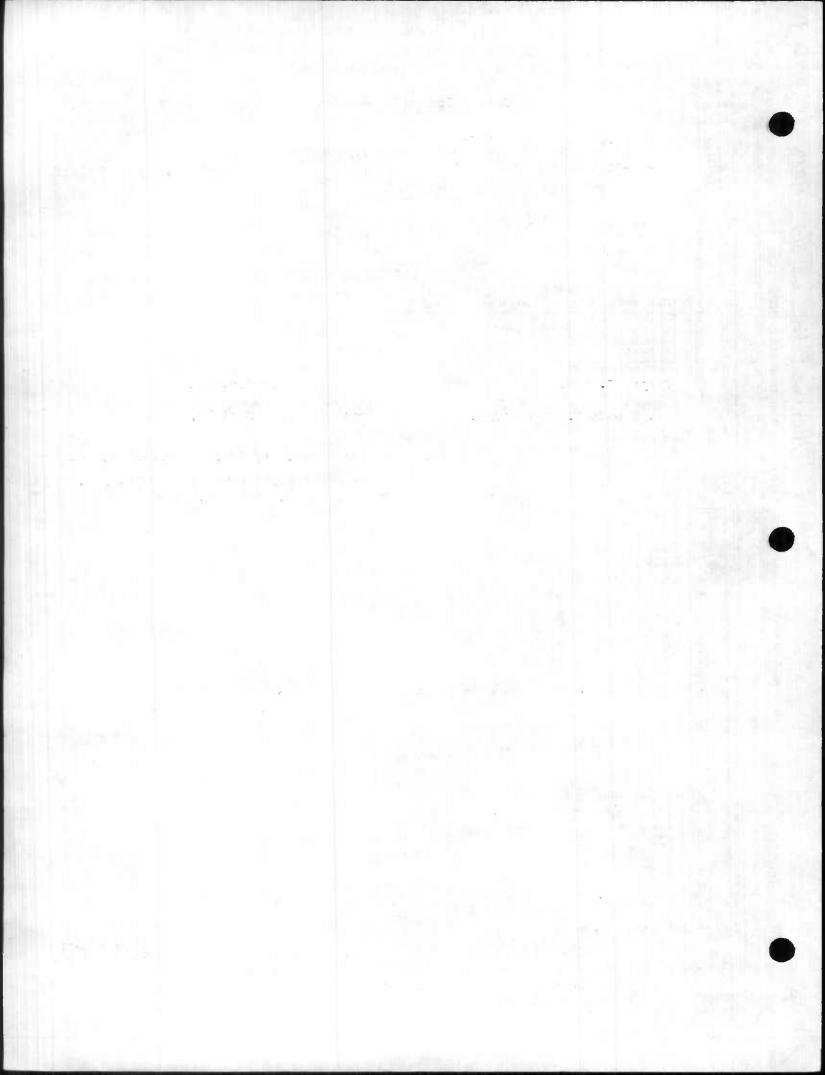
Please Type or Print in Black Indelibie ink. Assure All Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene 9

18557

	. Decedent's Neme (First, Midd	le, Last)									2. Dete of D			3. Time of Dea	
n al					Elizab	eth	Hed				June 6		Year	1630	
:1	e Fecility Neme (If not institution Sinai Hospital								Balt:		ocation of Dea	ith 4c. Coul	nty of Dee	ith	
5.	Social Security Number 212-26-7717	6. Sex	M 2₩ F		(In yrs. last bi	rthday) Yrs.	If Under Months	Year Deys	If Under Hours	24 Hrs. Min.		irth Dey, Year)	9. Bir Co	thplece (State or Fo ountry) larvland	
	Jsuel Residence of Decedent Oa. Stete 10b. County	,			IOc. City, Tow	vn or Loc	cation							10d. Inside City Li	
			imore		ou. Ony, To	VIII OI LO	oution		Dui	ndal	ς			1 ☐ Yes 2	
	0e. Street and Number	-176	192 P		-15 39		10f. Zip	Code			10g. Citizen of			Whet Country?	
	1812 Marshall						21222					United States			
1	1. Meritel Stetus 1 □ Never Married 2 □ Mar 3 □ Widowed 4 □ Divorced	ried	Armed For 1 Yes If Yes, Gi	Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2℃ No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispanic Origin? (Spe If Yes, specify Cuben, Mexican, Puerto 1 ☐ Yes 2℃ No Specify:			ecity Yes or N Rican, etc.)	Spec	lack, Whi	erican Indian, te, etc. White					
-	15. Deceder (Specify only highe	cation		168	. Deced	lent's Usue	Occup	ation	et of work	ina	16b. Kind of				
-	Elementery/Secondary (0-12)	isi grade	College (kind of wor OO NOT us		d)	I OF WORK	w rg				
1	8 Years 7. Father's Neme (First, Middle,	Last)				HOI	nemake	ST.	18. Moth	er's Name	e (First, Middl	e, Maiden Sum	Home		
	Casper Genco		2								restudi		-/		
1	19e. Informent's Neme/Reletions Mr. Edward S.			/Son								ber, City or Tox		Zip Code) 21222	
20	0e. Method of Disposition 1⊠ Buriel 2 ☐ Cremetion	3 □R	emovel from	Stete		ry, crem	netory or of	her plec			Dete			Town, Stete	
L	4 Donetion 5 Other (5	Specify)			Garde					1	11/99			, Marylar	
2	21. Signature of Funeral Service	Licanse	0	>								of Dunda			
2	23a. Pert1. Enter the diseese, or shock, or heert feilure. List	compli	cations that	raused th	ne death Do	1						Mary1a	and	21222 Approximete	
in	mmediate Cause (Finel		Sep			not ente	ar ina mode	or dyn.	ig, such es	cardiac	or respiretory	onest,			
d	diseese or condition esulting in deeth)	e b	Sep	sis ti O	ue to (or es a rgan F	consequally	uence of):		g, such es	Cartilac	or respiretory	011694,		Intervel Betwee Onset end Deat	
d re	diseese or condition esulting in deeth)	6 5 c.	Sep	sis ti O	ue to (or es a rgan F ue to (or es e	consequence consequence	uence of): ITE uence of):		g, such es	Cartillac	от георичногу	011091,			
Si ii ci C th	mmediate Cause (Finel disease or condition esulting in deeth) Sequentially list conditions, I eny, leeding to Immediate ause. Enter Underlying Cause (Disease or Injury het initiated events esulting in death) Lest	6 c.	Sep	sis ti O	ue to (or es a rgan F	consequence consequence	uence of): ITE uence of):		g, such es	varuias (от георичногу	01091,			
S if each can be called the calle	disease or condition resulting in deeth) Sequentially list conditions, I eny, leeding to Immediate lause. Enter Underlying Jause (Disease or Injury het initiated events		Sep Mul	sis Di ti O	ue to (or es a rgan F ue to (or es e	consequence conseq	uence of): uence of):						contribut		
of the Shirt al Charter	disease or condition resulting in deeth) Sequentially list conditions, lend, leeding to immediate ause. Enter Underlying Leuse (Disease or Injury het initiated events resulting in death) Lest	C. d.	Sep Mul	sis Di ti O	ue to (or es a rgan F ue to (or es e	consequence conseq	uence of): uence of):				23b. Did			Onset end Deat	
SileiCth	disease or condition resulting in deeth) Sequentially list conditions, lend, leeding to immediate ause. Enter Underlying Leuse (Disease or Injury het initiated events resulting in death) Lest	b c. d.	Sep Mul	sis Di ti O	ue to (or es a rgan F ue to (or es e	consequence conseq	uence of): uence of):				23b. Did	d tobacco use	3 □ F	Onset end Deat	
Sil eac Cth	disease or condition resulting in deeth) Sequentially list conditions, lend, leeding to immediate ause. Enter Underlying Leuse (Disease or Injury het initiated events esulting in death) Lest	E d.	Sep Mul	sis Di ti O	ue to (or es a rgan F ue to (or es e	consequence conseq	uence of): uence of):				23b. Die 1 E	d tobacco use Yee 2NNo	3 □ F	Onset end Deat	
d re	disease or condition resulting in deeth) Sequentially list conditions, I eny, leeding to Immediate ause. Enter Underlying Leuse (Disease or Injury het initiated events esulting in death) Lest Pert II. Other eignificant conditions.	ıl	Sep Mul	sis Di ti O	ue to (or es a rgan F ue to (or es e	consequence conseq	uence of): uence of):	use giv	en in Pert	1.	23b. Die 1 E	d tobacco use Yee 2N Norsen autopsy formed?	3 □ F	onset end Deat	
d re Sif GC Cth re	disease or condition resulting in deeth) Sequentially list conditions, lend, leeding to immediate ause. Enter Underlying Jeuse (Disease or Injury het initiated events esulting in death) Lest Fort II. Other eignificant conditions.	ıl	Mu1	ti O Du Du Du Du Du Du Du Du Du D	ue to (or es a rgan F ue to (or es e ue to (or es e ue to (or es e	consequence conseq	uence of): 1re uence of): uence of): inderlying ca	use giv	26. Placer: 4 \(\) N	I. e of Deet	23b. Did	d tobacco use Yee 2 No is en eutopsy formed? Yes 2 No rone)	24b.	Onset end Deat	
Sid can be seen as a seen	Sequentially list conditions, leny, leeding to Immediate ause (Disease or Injury het initiated events esuiting in death) Lest Sequentially list conditions, leny, leeding to Immediate ause (Disease or Injury het initiated events esuiting in death) Lest Sert II. Other eignificant conditions are conditionally less than 1 yes 2 hours. Manper of Death Neturel 5 Pending	il He	Mul	ti O Du Du Du Du Du Du Du Du Du D	ue to (or es a rgan F ue to (or es e	consequence conseq	uence of): 1re uence of): uence of): inderlying ca	use giv	26. Placer: 4 \(\) N	I. e of Deet	23b. Did	d tobacco use Yee 2 No is en eutopsy formed? Yes 2 No	24b.	Onset end Deat	
Siff CC th	Sequentially list conditions, leny, leeding to immediate ause (Disease or Injury het initiated events esuiting in death) Lest Sert II. Other eignificant conditions of the co	ng getion not be	Sep Mu1 ospitet: 1 28a. Dete (Montal Montal Monta	Di D	ue to (or es a rgan Fue to (or es e le lo (or es e lo (or es e le lo (or es e lo (or	consequence conseq	uence of): ITE uence of): uence of): deriving ca	A Oth	26. Plac	e of Deet	23b. Did 1 = 24a. We per 1	d tobacco use Yee 2 No is en eutopsy formed? Yes 2 No rone) sidence 6 No a how injury occ	24b.	Onset end Deat	
Sill care	Sequentially list conditions, leny, leeding to Immediate ause. Enter Underlying Cause (Disease or Injury het initiated events esulting in death) Lest Set II. Other eignificant conditions Tert III. Other eignificant cond	ng getion not be nined	Sep Mu1 ospitet: 1 28a. Dete (Mon 28e. Plece build.	Die	ue to (or es a rgan F ue to (or es e	consequence conseq	uence of): ITE uence of): uence of): t 3□ DO M occurred e	A Oth	26. Placerier: 4 N	e of Deet	23b. Did 1 Cada. We per 1 American Scribe 28d. Describe 28f. Location City or To	d tobacco use Yee 2 No is en eutopsy formed? Yes 2 No rone) sidence 6 Co is how injury occ (Street and Nu own, Stete) e cause(s) and	24b. Other (Specured	Onset end Deat	
S if it can be called the called	Sequentially list conditions, leny, leeding to Immediate ause. Enter Underlying Leuse (Disease or Injury het initiated events esulting in death) Lest Sert II. Other eignificant conditions of the conditions of	ng getion not be nined examin	Sep Mu1 ospitet: 1 28a. Dete (Mon) 28e. Plece build clan: To the beand men	beath but a leath	ue to (or es a rgan Fue to (or es e le lo (or es e la lo (or es e	consequence conseq	uence of): ITE uence of): Identifying call t 3 DO M 2t	use given by the limit of the l	26. Placerer: 4 N Yes 2 Mee, date er pinion, decent	l. No d place, th occurrence of the control of th	23b. Did 1	d tobacco use Yee 2 No as en eutopsy formed? Yes 2 No ane) sidence 6 (Street and Nu own, Stete) e cause(s) and e, date end plec	24b. 24b. Other (Specured mber or Remander e, and du	Onset end Deat	
S if it can be called the called	Sequentially list conditions, leny, leeding to immediate ause. Enter Underlying Leuse (Disease or Injury het initiated events esulting in death) Lest Sert II. Other eignificant conditions of the conditions of	ng getion not be nined examin	Sep Mu1 ospitet: 1 28a. Dete (Mon) 28e. Plece build clan: To the beand men	beath but a leath	ue to (or es a rgan Fue to (or es e le lo (or es e la lo (or es e	consequence conseq	uence of): ITE uence of): Identifying call t 3 DO M 2t	use given by the limit of the l	26. Placerer: 4 N Yes 2 Mee, date er pinion, decent	l. No d place, th occurrence of the control of th	23b. Did 1	d tobacco use Yee 2 No as en eutopsy formed? Yes 2 No ane) sidence 6 (Street and Nu own, Stete) e cause(s) and e, date end plec	24b. 24b. Other (Specured mber or Remander e, and du	onset end Deat	

Registrar DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Month DONNELL 10:00 pm HENICY une 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death LIBERTY MEDICAL CENTER BALTIMORE If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 2-5-1957 Birthplace (State or Foreign Country) Days Min. Months Hours 1 M 2 F 214-68-2824 42 BALTIMORE Usual Residence of Decedent 10a. State 10b. County 10d. Inside City Limits 10c. City. Town or Location BALTIMORE MD N/A 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3701 MOHAWK AVE 21207 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11 Marital Status Black, White, etc. 1 Never Married 2 Married BI, ACK 1 Ves 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) BETHIAHAM STEELE 12 WELDER 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Neme (First, Middle, Last) JOHNNIE PERRY CLARA PERRY 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) CLARA PERRY (MOTHER) 3015 BELMONT AVE, BALTO. MD 21216 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) METRO CREMETORY 6-10-99 BALTO. MD 22. Name and Address of Fecility HOWEI,I, FUNERAI, 21. Signature of Funeral Service Lichnson HOME 4600 LIBERTY HGHTS AVE, BALTO. MD 21207 23al/Part1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or raspiratory errast, shock, or heart failure. List only one cause on each line. Approximete Intarval Between Onset and Death Immediate Causa (Final Failure disease or condition rasulting in death) Stage Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): PNRUMON 19 Due to (or es e consequence of). Sepsis Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the ceuse of death? 1 Yes 2 No 3 Probably 14 Unknown 24a. Was en autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of deeth? 1 Yes 2 No 1 Yes 12€ No 25. Was case refarred to medical examiner? 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Impatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural
2 Accident 5 Pending investigation 1 Yes 2 No

physician and the burial-transit Box 68760. the death certificate be P.O. Records, The law requires Division of Vitai or Attending Physician: this

Physician

/Medical

Examiner

Director

Funeral

ģ

Completed

Be

Funerai

Director

28a-f

ð therms 23a

filed within 72 hours after thygiene. The "natural", or itse

permit. Pages 1 and 2 should be filed w Department of Health and Mental Hygien Important: If New 27 is marked other tha any Injury or other traumatic

Physician /Medical

Examiner

Examine

Physician/Medical

by

Completed

Be

Certification: To

edical

Baltimore, Maryland 21215-0020

080 signed by the a paga 2 To the Hospital or Attending within 24 hours effect death. To the Funeral Director: Affe completely filled in by the fun

> State Registrar

DHMH 16 Rev 6/95

29b. Signetura end title of certifier

3 ☐ Suicide

29a. Certifier (Check only one)

4 Homicide

dan

Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

29c. License number 37203

nedical

Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar es stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the tima, date and placa, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

Illance 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

LAMB 32 Registrar's Signatur

2

6 Could not be detarmined

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

NORE							State	of N	lary	land /	Department of	Health and	d Mental	Hygiene()	9
HIGH	ITEMS:	#23	PART	I,	II,	27,	28A-F	PER	MEO	G773	Certificate o	of Death		Reg. No.	

1. Decedent's Nama (First, Middla, Last)

NORA HIGH

Reg. No. 2. Date of Death Day

1999

4c. County of Death

Physician
/Medical
Examiner

4a Facility Nema (If not institution, giva street and number)

JUNE 06, 4b. City, Town, or Location of Death

Month

3. Time of Death 5:12 PM.

JOHNS HOPKINS BAYVIEW HOSPITAL

5. Social Sacurity Number 6. Sex 7. Age (In yrs. last bit 7. Age (In yrs. last birthday)

N/A

10 M 30 F

It Under 1 Yaar Days Months

N/A 9. Birthplace (State or Foreign

Funeral Director

Examiner must be nothled at

0 238

"natural", or

al Hygiena.

. Pages 1 and 2 should be fill thent of Health and Mental Hant: If Item 27 is marked oth jury or other traumatic aven

Department

72 hours after

21215-0020

Baltimore, Maryland

Director

Funerai

P

Completed

Be

10a. Stata 10b. County MD

Usual Rasidence of Dacedant

10c. City, Town or Location

KINSTON, NC 10d. Inside City Limits

1 XYas 2 No

10e. Street and Number

BALTIMORE 10f. Zip Code

10g. Citizen of What Country?

6202 ELLICOTT STREET

UNKNOWN

1 Nevar Married 2 Married 3 Widowed 4 Divorced

12. Wes Dacedant Evar in U.S. Armed Forcas? 1 ☐ Yas 2 💢 No If Yas, Giva

21226 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puerto Rican, etc.)

1 □ Yas 2 □ No Specify:

14. Race - American Indian, Black, Whita, atc.
BI, ACK

15. Decedent's Education (Specify only highast grade completed) Elementery/Secondary (0-12)

16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use ratired)

16b. Kind of Business/Industry

U.S.A.

12 17. Father's Nema (First, Middla, Last) Collega (1-4or 5+)

52

SELF EMPLOYED HOUSEWIFE 18. Mother's Name (First, Middle, Maiden Surnama)

Data

KATHLEEN VAUSE

452 KING RD, GREEN, NEW YORK

URIE ANDERSON

19a. Informant's Name/Reletionship (Type, Print)

19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code)

GLADYS ANDERSON (SISTER) 20e. Method of Disposition

20b. Place of Disposition (Nama of cematary, crematory or other place)

20c. Location - City or Town, State

13778

1 ☐ Burial 2 ☑ Cremetion 3 ☐ Ramoval trom State 4 ☐ Donation 5 ☐ Othar (Specify)

metro crematory

6-10-99 BAI,TO.

21. Signatura of Funaral Service Licensee

22. Nama and Addrass of Facility

HOWEI,I, FUNERAI, HOME 4600 I,IBERTY HGHTS AVE, shock, or heart failura. List only one cause on each line. BALTO.MD 21207 Approximata Interval Between

Physician /Medical Examiner

burial-transit

be detact

page 2

director,

in by

certificate

this

After

s after death.

24 hours e

within 2 To the I \$

Physician/Medical

à

Completed

Be

edical Certification: To

be axecuted

The lew requires that the death certificate

68760

Box

o

0

Records,

of Vital

Division

or Attending Physician:

Hospital

disease or condition resulting in deeth)

Immediata Causa (Final

MIXED DRUG INTOXICATION

Due to (or as a consequence of):

Sequentially list conditions, if any, laading to immediata ceusa. Entar Undarlying Cause (Diseasa or Injury that initiated evants resulting in death) Last

Dua to (or as a consequence of):

Due to (or as a consequance of):

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

CARDIAC HYPERTROPHY

24a. Was an autopsy performed?

2 No

24b. Ware autopsy tindings available prior to completion of cause of death?

WS Yes 2□ No

Onset end Death

25. Wes cesa retarred to medical examiner?

Hospitel: 1 ☐ Inpatient 2 🕱 ER/Outpatient 3 ☐ DOA

26. Place of Deeth (Check only one) 28b. Tima of

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

1X Yas 2 No 27. Mannar of Death

Pending investigation 1 Naturat 2 Accidant 6 Could not be detarmined 3 ☐ Suicide

28a. Deta of Injury
Four Month, Dey Year) 6-6-99

28c. Injury et Work? Founds 1 ☐ Yes 200 No 4:00 28e. Plece of Injury - At homa, tarm, street, tactory, office building, etc. (Specify)

UNKNOWN 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 6202 ELLIOTT STREET

1 Yes

29a. Cartifiar (Check only one)

4 Homicide

Found At House BALTIMOR, MARYLAND 1 Certifying Physician: To tha best of my knowledge, daeth occurred at the time, date end place, and dua to the cause(s) and manner as stated.

**Medical Examiner: On the basts of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated.

29b. Signature and titla of certifiar

29c. License number O.C.M.E. 29d. Date signed (Month, Day, Year) JUNE 07, 1999

30. Nama and address of person in completed ceuse of deeth (Item 23a) (Type, Print)

nut, m

111 Penn Street, Baltimore, Maryland 21201

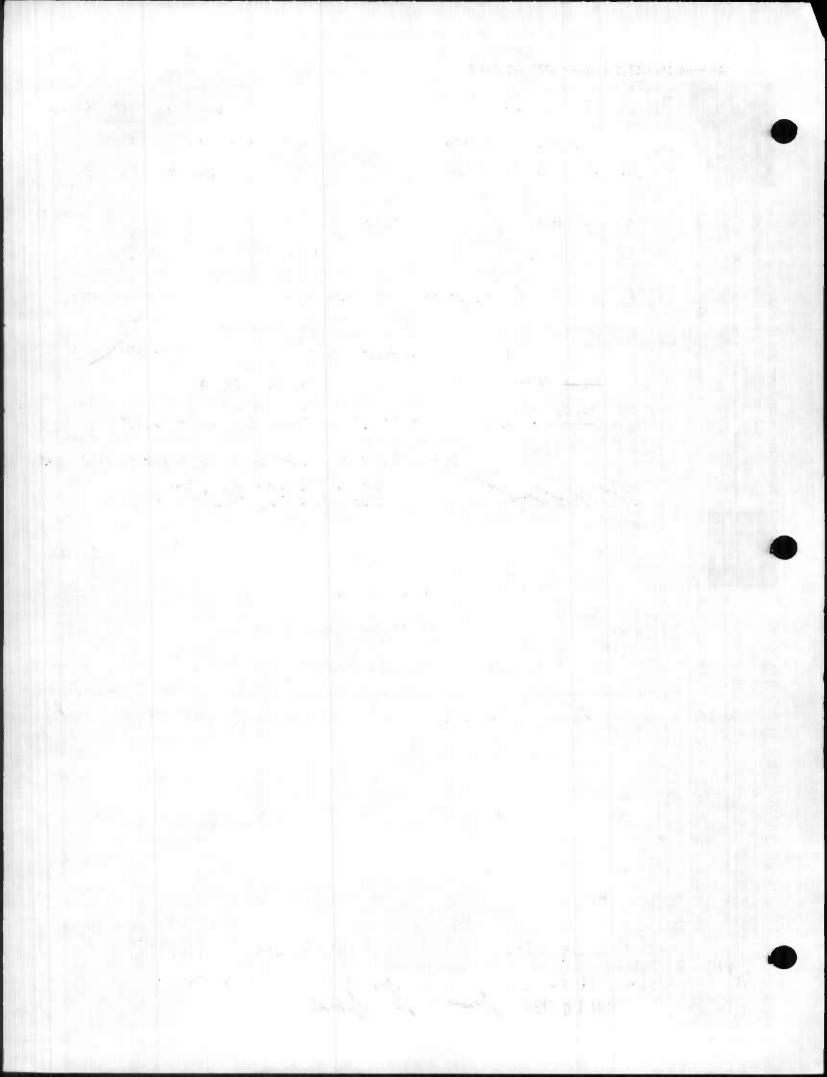
State Registrar

CE O I WILL

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 18560

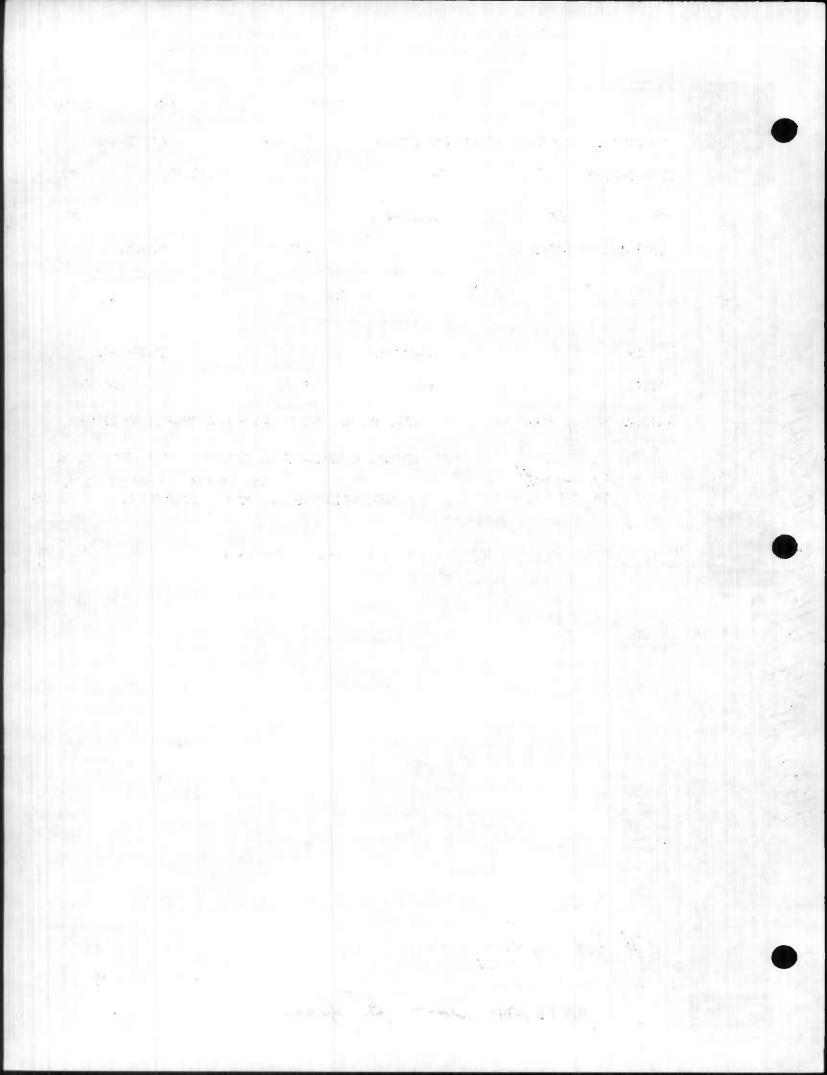
	Amend	ded	Item#17,19a perFH G	772 6/10/99	EW	Cen	tificate of	Death		Reg. No.		
	- . 		Decedant's Neme (First, Middle, La	est)			No etc.		2. Dete of De	eth Dey	Yeer	3. Time of Death
	Physician /Medical		James J 1	tajek					6	9	99	05:02
1	Examiner	40	Fecility Name (If not institution, gir)			4b. City, Town, or	Location of Deat	h 4c. County	of Death	
4		п	University of A	laryland	nospita	41		Baltin	iore Cit	4	N/A	
Е	Funeral Director	5.	Sociel Security Number 6. 5		ge (In yrs. lest		If Under 1 Year Months Deys	If Under 24 Hrs Hours Min		th by, Yeer) 0.1948	9. Birthp Court	plece (Stete or Foreign http) Land
	0		suel Residence of Decedent									
	thow the		a, Stefe 10b. County		10c. City, T	own or Loc	ation				1	0d. Inside City Limits 1 ☐ Yes 2 No
	the Meryler 28a-f show notified	1	Naryland Baltim	ore		Bal	timore					
	ith with the Meryle 23s or 28s-f showed by notified at the California at the Califor	10	e. Street end Number 117 Elinor Avel	me			10f. Zip Code	1236	10g. Citizen of Whef			itry?
	r here 23e	11	. Merital Status	12. Wes Decedent Armed Forces	Ever In U,S.	13. W	as Decedent of H Yes, specify Cuba	lispenic Origin? (Specify Yes or No	- 14. Rac	e - Americ k, White,	can Indien,
5-0020	by by		1 Never Married 2 Married 3 Widowed 4 Divorced	1 X Yes 2 If Yes, Give V	Letnam Era	1	☐ Yes 2 💢 No		to I touri, oto.,	Specify		White
2-0	ted natural		15. Decadant's E	ducation		6a. Daceda	ant's Usual Occup	aflon during most of we	orkina	16b. Kind of Bu	siness/Ind	dustry
21	15. Decadant's Education (Specify only highest grade complated) Elementary/Secondary (0-12) To be the part of th						ind of work done O NOT use retired		,,,,,,,	11 0 0		
ed .	Hygiene. Hygiene. ont, the			1		Compu	ter Anal	9		u.s. G		meni
D .	d oth		. Fether's Name (First, Middle, Last					-	me (First, Middle	, Malden Sumer	ie)	
/a	Mental Me		James J. Hajak	пајек				Ramona	Serio			
Maryland	and I sme		e. Informent's Name/Relationship	Type, Print)		19b. Mailing	Address (Straet	and Number or R	lurel Route Numb	er, City or Town,	Stete, Zip	Code)
Σ	aith 27 l		Christine Hajak	· (daughter	2)	29447	Petunia	Drive,	Easton,	MD 216	01	
e .	of He of He rothe	20	a. Mathod of Disposition		20b. Plac		ition (Neme of atory or other ple		Dete	20c. Location -	City or To	own, State
E .	O = = 0		1. Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special Control of Contr		9		l Memori		6/12/99	Raltimo	no 1	Jaruland
Baltimore	artmer ortant: Injury	2	. Signature of Funeral Service Lice									
B	Dep		VT///	111			Name end Addre Schimune 9705 Bel	k Funero	ll Home,	Inc.	0100	
-	-	-	2a Part I Enter the disease or son	unling tone that cause	d the deeth 1	Do not ente	19/05 Bel	aur Ka.,	Baltum	ore, Mu	21236	Approximate
		1	 Pert1. Enter the diseese, or con shock, or haert tailure. List only 	one ceuse on each	lina.	DO HO! BING	t the mode of dyn	ig, such es cardie	to or respiretory e	311601,	1	Intervel Between Onset end Death
	Physician /Medicai		amadiata Causa (Final								1	
	Examiner	di	nmediate Cause (Final sease or condition sulting in daath)	a		Sep	sis					1 week
			Suring in Galatriy		Due to (or as	s e consequ	ence of):					
,	axecuted in and ital-trensit			b	Ŧ	nevi	Monia					
	and -tren	S	equentielly list conditions,		Due to (or es	s e consequ	ience of):					
90,	olan surial		equentielly list conditions, eny, leeding to immediate ausa. Entar Undarlying ause (Disaasa or Injury		M	ulti	DIE N	14elono				
68760,	tificeta be axecuted go physician and as the burial-trensit	th	at Initieted events sulting in deeth) Lest		Due to (or es							
9	requires that the death certificete be assectled the signed by the attending physician and hould be detached for usa as the burial-trensited by Physician/Medical Examilated by Physician/Medical Examilated.			d							1	
Вох	as that the death certing and by the attending be detached for usa a by Physician/M			G								
0	sed to se	Pe	ort II. Other significant conditions	contributing to death i	but not resultir	ng In the un	derlying causa giv	ven in Part i.	23b. Did	tobecco usa co	ntribute t	o the cause of death?
P.0	at the		Rena	I Fail	ure				1 🗆	Yee 2 No	3 Pro	bably 4 Unknown
Ś	iras that the death cersisioned by the attending does detached for usa by Physician/R		Nema	1 1 41	UIZ						T	
Records,	The law require sate hes been si paga 2 should Completed								24e. Wes	s en autopsy ormed?	ev	ere eutopsy findings reilable prior fo
00	2 2 S	-									of	ompletion of cause daeth?
m j	The page								10	Yes 2 No	1[☐ Yes 2☐ No
	ystclen: The lav s cartificate hes director, paga 2 fo Be Comp		. Was casa rafarrad to medical					26. Plece of Da	ath (Chack only	one)		
>			examiner? 1 Yes 2 No	Hospital:	ient 2□ER	l/Outpatient	3 DOA Oth	ner: 4 Nursina	Home 5 ☐ Res	idance 6 Oth	er (Specii	fy)
o	arathin T		. Mannar of Death	28a. Data of Inj (Month, Da		3b. Time of	28c. Injui	y et	28d. Describe	how Injury occur	red	
Division	tal or Attanding Pras after death. al Director: After to led in by the funara Certification:		1 ■ Naturel 5 □ Pending 2 □ Accidant Investigation		ay rear)	Injury		Yes 2 □ No				
/is	dea ctor y the		3 ☐ Suicida 6 ☐ Could not to	286. Pieca of in	njury - At home	e, ferm, stre	et, fectory, office		28f. Location	(Street end Numb	er or Run	al Route Number,
id :	ert Dire		4 Homicide	building, e	tc. (Specify)				City or 10	wn, Stete)		
	ours ours fille al C	29	ea. Cartifiar 1 Certifying Pl	nysician: To the best	of my knowle	doa. daath	occurred at tha ti	ma, date end pled	e, end due to the	ceusa(s) and ma	annar as s	steted.
	To the Hospital or Attanding Phys within 24 hours after death. To the Funeral Director: After this complately filled in by the funeral of Medical Certification; To		(Check only 2 Medical Examone)	niner: On the basis of end manner s	of examination	and/or invi	astigation, in my o	pinion, daath occ	urred at tha tima	data end placa,	end dua t	o tha cause(s)
	Me the	29	b. Signeture and title of certifier				29c. Licens	se number		29d. Date signe	d (Month,	Day, Year)
	- > - 0		D811111	Mn			Tail	7	- 1	11919	9	
	1 7	-) raum	-110			UP	1112430		6/11/1		
	1701	30	Neme end address of persol who	complated cause of	daath (Itam 23		f h		1 1	-4-1		
	0	-	Julias Madh	iraju	Univ	ersit	y of 1	larylan	a hos	pital		3.2
	State Registrar	31	Defe filed (Month Pay, 1997) 1	999 32. Re	trar's Signature	· /3.	sport	2				A for a



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 1856

				Certifica	te of	Death	F	leg. No.	10	100		
Dhusisian	1. Decedent's Name (First, Middle, L.	est)					2. Data of Dee Month	th Day	Yeer	3. Tima of De		
Physician /Medical	LE	ROY			HES		JUNE 6,	1999		10:50	AM	
Examiner	4a Facility Name (If not institution, gi					4b. City, Town, or Li	ocation of Death	4c. County				
	HOSPICE OF BALT			7 87 11 1	ar 1 Year	TOWSON If Undar 24 Hrs.	Date of Birth		IMORE		F/	
Funeral Director		Sex 7. Age	o (In yrs. last bi	Yrs. Months			8. Date of Birth (Month, Dey SEPT - 11		9. Birthpi Count	leca (State or F try) MD	-oreign	
Mand M	10e. State 10b. County		10c. City, Tov	n or Location			10d. Inside City Limit			Limits		
the Maryland 25a-f show notified at rector	MD N/	A	BAL	TIMORE			10			1 Yes 2	□No	
E 9 E G	10e. Street end Number 2704 JENNER DRI	VE #A		10f. Z	ip Code	21209	10g. Citizen of What Country? U.S.A.					
ler des hams ber m	11. Marital Status 1 □ Never Married 2 ☒ Married 3 □ Widowad 4 □ Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 XN If Yes, Give Yaar or Detes:		13. Was Dece If Yes, sp		Hispanic Orlgin? (Spoan, Maxican, Puerto Specify:	ecify Ya <i>s o</i> r No- Rican, etc.)	14. Rec Bled Specify	e - America ck, White, e	etc.		
5-0 72 ho watum fical li	15. Decedent's E (Specify only highest gr	ducation	lucation 16e. Deceden			pation during most of work	ina	16b. Kind of B	usiness/Ind	ustry		
Maryland 21215-0020 d 2 should be filed within 72 hours all mand Merical Hygione. The marked other than "saturnal", or traumatic event, the Medical Exami	Elementary/Secondary (0-12)	College (1-4or 5-		LESMAN	use retire	ed)	""9	INSU	RANCE	3		
and other went.	17. Fathars Neme (First, Middle, Las						Malden Sumen					
Viant Name of To	MELVIN		HES			ROSE				ZENS		
Mar A	19e. Informent's Name/Relationship					t and Number or Run						
A . Sage	ANNETTE HESS / W	ATLE		704 JENI of Disposition (N		DRIVE #A	- BALTI	20c. Location -				
Baltimor Bantimor Bantimori of Reportant if the reportant if the	1 XBuriel 2 Cremetion 3 4 Donetion 5 Other (Special		camete	SHALOM M	ether ple	IAL PARK				WN, MD		
Baltim paritire paritire paritire processing any injury any injury	21. Signature of Fundamental Service Use	22. Name end Address of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 1. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate interval Between interval Between										
/Medical Examiner used to the control of the contro	Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions,	b	Due to (or es e	consequence of):	n tracl	ien			2/2	Jan	
6876(figure to a physicia as the burn	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initileted events resulting in death) Lest	c Dua to (or as a consaquanca of): d										
Sicial Sicial	Pert II. Other significant conditions	contributing to death bu	it not resulting	In the undarlying	ceuse g	iven In Pert I.	23b. Did t	obacco usa co	ntribute to	the cause of	death?	
S, P.O. Bax as that the death cert gred by the attending the detailshed for use a by Physician/M		contributing to death but not resulting In the undarlying ceuse given In Pert I.					101	ree 2□ No	3 Prob	oably 4 ☐ Ur	nknown	
Il Redords The law require size has been sig- page 2 should b Completed b							24a. Was perfo	en autopsy med?	eve	ere eutopsy find eileble prior to mpletion of cau deeth?		
Som to the most							101	es 2 No	1□	Yes 2□ N	ю	
Be eller	25. Was case referred to medicel examiner?	Hospital:				26. Piece of Dea				, 1		
Physical Physics of the control of t	1 ☐ Yes 2 ☑ No 27. Memner of Deeth			utpetient 3 C	NA		ome 5 Resid			Hosp	ice	
On On Bling P	1 Neturel 5 ☐ Panding	28a. Dete of Injur (Month, Dey	Year) 280.	Time of Injury M	28c. Inju	ork?	LOG. Describe r	on injury occur	. 50	,		
Division of the or Attending P at the death at Director; Affect the fundant Certification:	2 Accident Investigation 3 Sulcida 6 Could not lead to determined	De Diametra	ury - At home, f :. (Specify)			The state of	28f. Location (S City or Tox	Street end Numb m, Stete)	ber or Rura	l Routa Numbe	97,	
Hospi 24 hour Funse Neby fill	29a. Certifier 1 Certifying P (Check only one) 2 Medical Exa	hysician: To the best o miner: On the basis of end manner sta	of my knowledg examination e	e, death occurre nd/or investigation	d et the t on, in my	ime, date end pleca, opinion, deeth occur	end due to the cred et the time,	cause(s) end medate end place,	enner es st end due to	eted. the ceuse(s)		
To the within To the comple	29b. Signature end title of cartifier											
10	30. Name and address of person was completed caused death (Item 23e) (Type, Print) W. A. R. Ley Game 6701 N. Charles St. Balto. md 21204											
State	31. Date filed (Month, Dey, Year)	32. Registra	Signeture	14	1	na Kal						



Please Type or Print in Black Indeiibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year JOHN I. HARDY MAY 29, 1999 9:30 AM 4a Facility Name (Il not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death 5444 DOGWOOD ROAD BALTIMORE BALTIMORE If Under 1 Year If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 5. Social Security Number Birthplace (State or Foreign Country) 10XM 2□ F Vre 219-14-1153 APRIL 4,1925 BALTIMORE Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ¥Yes 2 No MARYLAND N/A BALTIMORE 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 3642 GREENVALE ROAD 21229 U.S.A. 12. Was Decedent Ever in U,S Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Amed Forces:
1 ⊠ Yes 2 □ No
If Yes, Give 11-20-42
Year or Dates: 4-12-46 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: 3 X Widowed 4 Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) TRUCK DRIVER 9TH GRADE FREIGHT 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Unknown JOHN H. HARDY EISENBAUGH 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) RAMONA S. HARDY (DAUGHTER) 3642 GREENVALE ROAD - BALTIMORE, MARYLAND 21229 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Dete 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) MAUSOLEUM CEDAR HILL CEMETERY 6/4/99 BROOKLYN PARK, MD ervice Licens 22. Name and Address of Facility HUBBARD FUNERAL HOME, INC. rannon 4107 WILKENS AVENUE-BALTIMORE, MARYLAND 21229 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) aronay A Dimentia

Physician /Medical Examiner

Examiner The lew requires that the death certificate be executed

Physician

/Medical

Examiner

10a. State

Funeral

Director

or 28a-f show

rai", or items 23a or 28a-f show Examiner must be notified at

e filed within 72 hours after il Hygiene. other than "natural", or ite

Baltimore, Maryland 21215-0020

Box 68760,

P.O.

Records.

Division of Vital

natural, or

permit. Peges 1 and 2 should be file.
Department of Health and Mental Hy
Important: if Nem 27 is marked oth
any injury or other traumatic avent

Director

Funeral

Completed

Be 2

physicien street Physician/Medical S signed by the à Completed page 2 Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certific. Be Certification: To

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death?

25. Was case referred to medical examiner?

1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy

24b. Were autopsy findings available prior to completion of cause of death?

24 No 1 Yes 26. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6X Other (Specify) GROUP HOME 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28a. Dete of Injury (Month, Day Year) 28c. Injury al Work?

5 Pending investigation 1 Netural 1 Yes 2 No 2 Accident

6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

29a. Certifier

MC Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. (Check only one) 29c. License number 29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) WCock IV 1120 N. ROLLING ROAD - BALTIMORE, MARYLAND

State Registrar

á

Medical

29b. Signature and title of certifier

31. Date filed (Month, Day, Year)

To the Hospital or within 24 hours aft To the Funeral Di completely filled in

DHMH 16 Rev 6/95

JUN 1 0 1999

32. Registrar's Signeture

1144243



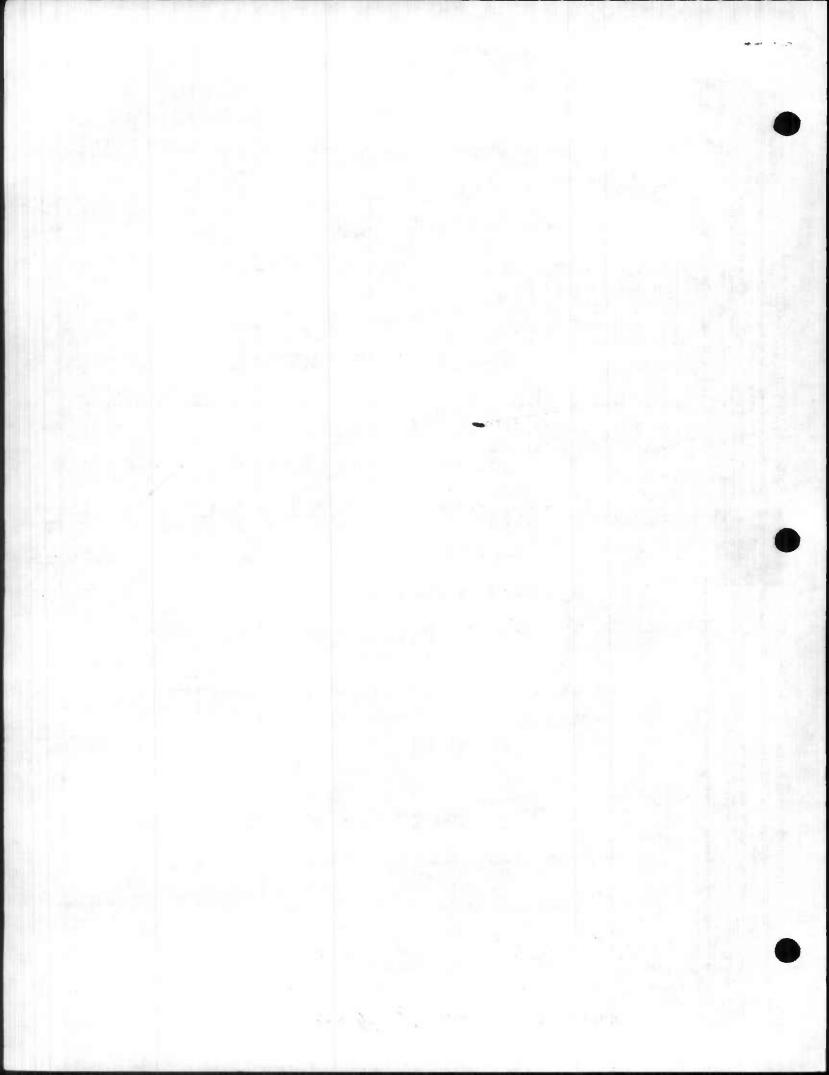
Some to appear

Registrar

· C ... (1 NU ELENONE Car The same of same CERS - promise the second of t I and Lament waterbal - I and the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 8 5 6 5 State of Maryland / Department of Health and Mental Hydieria

					Siai	e oi iviai	•	epartment of Certificate o		ı Mentai m	Reg. No.			
			1. Decedent's Nem	e (First, Midd	lle, Last)					2. Date of D		W	3. Time of Death	
	Physici		LEONARI	\	M. KU	TOIL				Month JUNE	Dey 19	Year 99	2:45 PM	
	/Medic Examir		4a Facility Nema (4b. City, Town,	or Location of Dea			a. JPH	
\neg	LAMITIN	101	11.00	4.15.0		- 1.50					000		~=	
-	Funeral		5. Social Security N	ANOTE lumber	6. Sex	ex 7. Age (In yrs. last birthday) If Under 1 \			ar If Under 24 h			9. Birtho		
	Director				10M 2C			rs. Months Day	s Hours M			Coun	place (Stata or Foreign	
1	Director		Usuet Residence of	Decedent			of			1.C. 21	11176		MD	
	in & sa		10a. State	10b. County	1		10c. City, Town	or Location		10d. Inside City Limits				
~	Vary Feb	ò	140	~~.~			DADYT	100					1 Yes 2 No	
In	the the	Director	10e. Street and Nu		MORE		PARKT	10f. Zip Code			10g. Citizen of What Country?			
W	5 6 5							101. 210 0000			Tog. Onzon or	viiai oouii	uy :	
~	Tage	ara	20016	YORI					120			S.A		
	N do	Funeral	11. Marital Status		Arm	Decedent Eved Forces?		13. Was Decedent of If Yes, specify Co	Was Decedent of Hispanic Origin? (Sp f Yes, specify Cuben, Mexican, Puerto			e - Americ k, White,		
2	and a	-	1 Never Merr		lf Ye	Yas 2 □ No s, Give		1□Yes 2⊡N	Specify:		Specify	<i>r</i> :		
8	72 hours after netural", or the fisel Examine	d by	3 Widowed	4 Divorced		r or Dates:	MMI						HITE	
Maryland 21215-0020		Be Completed	(Spec	15. Deceder	nt's Education est grade comple	eted)		Decedent's Usual Occ Give kind of work dor	ne during most of I	working	16b. Kind of Bu	usiness/Inc	Justry	
2	6 . 5 5	du	Elementary/Seco			ege (1-4or 5+)		lifa. DO NOT use reti	ired)					
N	d 2121		17				MIU	MILLWRIGHT OPPRATOR			PIPEL	INE		
P	ental Hy	96	17. Father's Nama	(First, Middle,	, Last)	0			18. Mothar's h	Neme (First, Middle	e, Maiden Surnem	10)		
<u>a</u>	Ment Ment arked	0	MICHA	EL	KUTRIL	4			BERT	HA	POSLUS	YMS		
a J	SEEE		19a. Informent's No	eme/Raletion	ship (Type, Print	t)	19b.	Mailing Addrass (Stre	et end Number or	Rural Routa Num	ber, City or Town,	Stete, Zip	Code)	
	2552		AUGUSTA	1 1	TOW <	PAIKE	100	DIG YORK	PO DA	DUTDAN	MD.	1117		
6	의 -조류등		20e. Method of Dis		TELL	rouse	20b. Plece of I	Disposition (Nama of		Date	20c. Location -			
9	0 = 0				3 Removal	from State		, cremetory or other p		JUNE)				
=	d and		4 Donetion	-			HOLY CR	OSS P.N.C		4 1999	DUNDA	uc,	MD	
Sal	Sparry In		21. Signature of Edheral Service Licenses 22. Name and Address of Facility EVANS CHAPEL OF CHIMES											
	00240		ARUSA WILLS 2325 YORK RD. THONINM, MD. 21093											
			234 aft1/ Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate theory is a cardiac or respiratory arrest, theory one cause on each tine.											
	Physician		Shock, or field	it lellure. Lis	t only one causa	on eech line						1	Onset and Death	
	/Medical		tmmediate Cause (Finel disease or condition 2.07D.											
	Examiner		disease or condition rasulting in death) Due to (or es e consequence of):											
		-				D	ue to (or es e co	onsequence of):				1	1 days	
	pe dist	Examiner			b	nun	your					1	+ days	
	be executed sician and burial-transit	xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury c											
90	clan curia	<u>=</u>	cause. Enter Under Cause (Disease or	riying injury	. /	der.	diation	71-						
68760,	cete be execul physician and the burial-tran	dical	that initiated events resulting in death)	5		B	e to (or es e co	ensequence of):				i		
	ng bu	0	leasting in veelin) Leat											
Box	attending for use a	an/			d			72.11				1		
	requires that the deeth certiff seen signed by the attending hould be detached for use as	Physician/M	Part II. Other signif	icant conditi	ons contributing	to death but	not resulting in	the underlying cause	given in Pert I.	23b. Did	I tobacco use co	ntribute to	the cause of death?	
P.0	hat the de detached	hy								10	Yes 2 No	3 □ Prol	bebly 4 Unknown	
	es that	ру Р									200 2010		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OS	uires id be									24a We	s an autopsy	24b. We	ere eutopsy findings	
0	been shoul	ete				- Y					formed?	avi	allable prior to mpletion of cause death?	
Records,	S 05 CA	Completed				53 F					/	of	death?	
		S								10	Yes 2 No	10	Yes 22 No	
Division of Vital	if if	Be	25. Was casa reference examiner?	red to medica	ıt				26. Place of I	Death (Check only	one)			
>	yaicie is cer direct	0	1 Yas 2	No	Hospital:	1 Inpatient	2 ER/Out	patient 3 DOA	Other: 4 Nursing	g Home 5 ☐ Res	sidence 6 Oth	er (Specif	v)	
0	Physer this eral d		27. Manner of Deat			Data of Injury	28b. Ti	ma of 28c. In		· · · · · · · · · · · · · · · · · · ·	how injury occur			
0	Attending Indeed of the Attended of the funer by the funer of the function o	Certification:	1 ☑Natural 2 ☐ Accident	5 Pendii invasti	ng igation	(Month, Dey')	reer) in		☐ Yas 2 ☐ No					
8	after deeth Director: A in by the f	fice	3 Suicide	6 Could detam	ningd 20a. l	Place of Injun	/ - At home, fem	n, street, factory, offic	×9	28f. Location	(Street and Numb	er or Rura	Il Route Number,	
5	or Direction	7	4 Homicide	Gotam	INFOU	building, atc.	(Specify)			City or To	own, State)			
	Hospital or 24 hours after Funeral Dir etely filled in		29e. Certifier	1D Carting	na Physisian, T	o the best of	mu limanda dan	d-athd at the	simo data and ale				hone d	
	Funda P	edical	(Check only one)	2 Medical	Examiner: On I	the besis of e	xaminetion end	deeth occurred at the for investigation, in my	y opinion, daath o	ccurred et tha time	, data end place,	and dua to	the cause(s)	
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A			Win of section		mannar state	d.	1 00- 1:	naa numbaa		20d Data sizes	d /Month	Day Voss)	
	O HAPP		29b. Signature and	on on contain	1	.1		29C. LICE	nse number		29d. Date signe	u (Month,	way, rear)	
	, W		1977 NU 042736 C								6 -	3 -	99	
	111	n	30. Neme and addre	ess of person	who completed	cause of daa	th (ttem 23a) (T					1	11	
	10	V	AYMAN F	- A-1/1	VAD M	7	100 0	SLER DR	STE	20> 1	WSON 1	40 .	71704	
	Sta	te	31. Date filed (Mont			32. Registrar		A A	. 316	10	14-21-4			
	Registr			JUN 1	0 1999	244	war	9. Ann	Ky.					
					- 1777			- Jugar						



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

_	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	State of Maryland / Depa	rtment of H	ealth and M	ental Hygiene

GEORGE

y	101	P	400	-

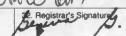
29d. Date signed (Month, Day, Year)

JUNE 9,1999

r	AHLE
•	Ph //\ Ex Fun Dire
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: It flem 27 is marked other than "natural", or items 23e or 28e-f show
	Physic /Med Exami
	יטי

KAHLER JR														
Physician	1. Decedent's Neme (First, Middle, Last) George William Kahler, Jr						Jr.	2. Dete of Dea Month JUNE		Day Year			P.M.	
/Medical	do Englis, Momo // not institution						4b. City, Town,			4c. County of Death		3.30	1 .11.	
' Examiner	ST.AGNES HOSPI	7	,,,,,				BALTIM			1	N/A			
Funeral	5. Social Security Number	6. Sex	7. Age (In yr.	s. last birthday)				rs. 8.	Date of Birth (Month, Dey,			lace (Ste	te or Foreig	
Director	213-68-4049	1∑ M 2□ F	43	Yrs.	Months	Days	Hours M	lin.	une 29	,1955		ryla		
9	Usuel Residence of Decedent													
with the Marylan e or 28e-f show be notified at	Maryland Ba	altimore	10c. C	city, Town or Lo	cation		Middle							
death with the Maryland cres 23e or 28e-f show cress to mark be notified at	1 JJOZ HOHE Y DUCK	kle Lane			10f. Zip 0	Code	21220	0	10	g. Citizen of t Unite				
8 28 7	3 ☐ Widowed 4 € Divorce	rried 1 Tes	ecedent Ever in Forces? s 2 No Sive Dates:	If Yes, specify Cuban, Mexican, Puerto Rican, etc.)						Ble	ck, White,	etc.	,	
5-0 72 ho	15. Deceder	nt's Education	of)	16a. Deced	dent's Usuel	Occup	ation	undina	1	6b. Kind of B				
ad within 72 ho spiens, we than "nature t, the Medical.	Elementary/Secondary (0-12) 9 Years		(1-4or 5+)	(Give kind of work done during most of life. DO NOT use retired) Construction			vorking		Asphalt Contra		ctors			
Maryland 21215-0020 of 2 should be filed within 72 hours at the and Mental Hygiene. T's is marked other than "natural", or traumatic event, the Medical Exert To Be Completed by F	17. Father's Neme (First, Middle									e River, MD 21220				
Mary id 2 shou iff and M 77 is mar traumat	19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)										20			
Baltimore, semit Pages 1 ar oppartment of Hear montant: If Item; iny Injury or other ons	20e. Method of Disposition **PX*Buriel 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Holly Hill Mem. Gdns. 6/12/1999 Middle River, MD													
Balt permit. Depart Importa	21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Duda-Ruck Funeral 7922 Wise Ave. Du									Home of Dundalk, Inc. undalk, Maryland 21222				
Physician	23a. Pert1. Enter the disease, o shock, or heert feilure. Lis	23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death											Between	
/Medical	Immediate Cause (Final disease or condition	ATHE	ROSCLEROT	IC CARDIO	VASCULA	R D	ISEASE				1			
Examiner	resulting in deeth)	a		(or as e conseq							1			
68760, tificate be associated to physician and as the burial-transit Aedical Examine	Sequentially list conditions, if any, leeding to immediate	6 b.	Due to	(or as a conseq	uence of):						1			
X 68760, certificate be assocuted ding physician and iss as the burist-transit	Sequentially list conditions, if any, leeding to immediate cause. Enter Undertying Ceuse (Diseese or injury that initieted events resulting In death) Last	c	Due to	or as e conseq	uence of):									
X & Fa		d												
	Part II. Other significant conditi	ons contributing to	death but not re	sulting in the ur	nderlying car	ise div	ren in Pert I		23h. Did tot	pacco uae co	entribute to	the cau	se of death	
P.O. that the leed by the detached									1□ Ye	11			l 🗌 Unknov	
aw requir							eilable pr mpletion	ior to						
= F # 8 0					1 Y e	s 2 No	1[Yes	2□ No					
Vital I	25. Wes case referred to medica examiner?						26. Place of I	Deeth (C	heck only one	9)				
	1 X Yes 2 □ No			XER/Outpatien		_	4 LI Nursin	1	5 Resider			y)		
	27, Menner of Death 1 Netural 5 Pendi 2 Accident invest	igetion	e of Injury onth, Day Year)	28b. Time of Injury	M 28	c. Injur Wor	y et rk? Yes 2 ☐ No	28d	. Describe ho	w injury occur	rred			
Division for Attending after death. Director: Afte d in by the fune ertification	3 Suicide 6 Could 4 Homicide determ	nined 200. Pla	ce of Injury - At Iding, etc. (Spec	home, ferm, stri	eet, fectory,	office		28f. Location (Street and Number or Rurel Route Number, City or Town, State)						

State Registrar



person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number

O.C.M.E.

1001 6 1001 6 1001

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

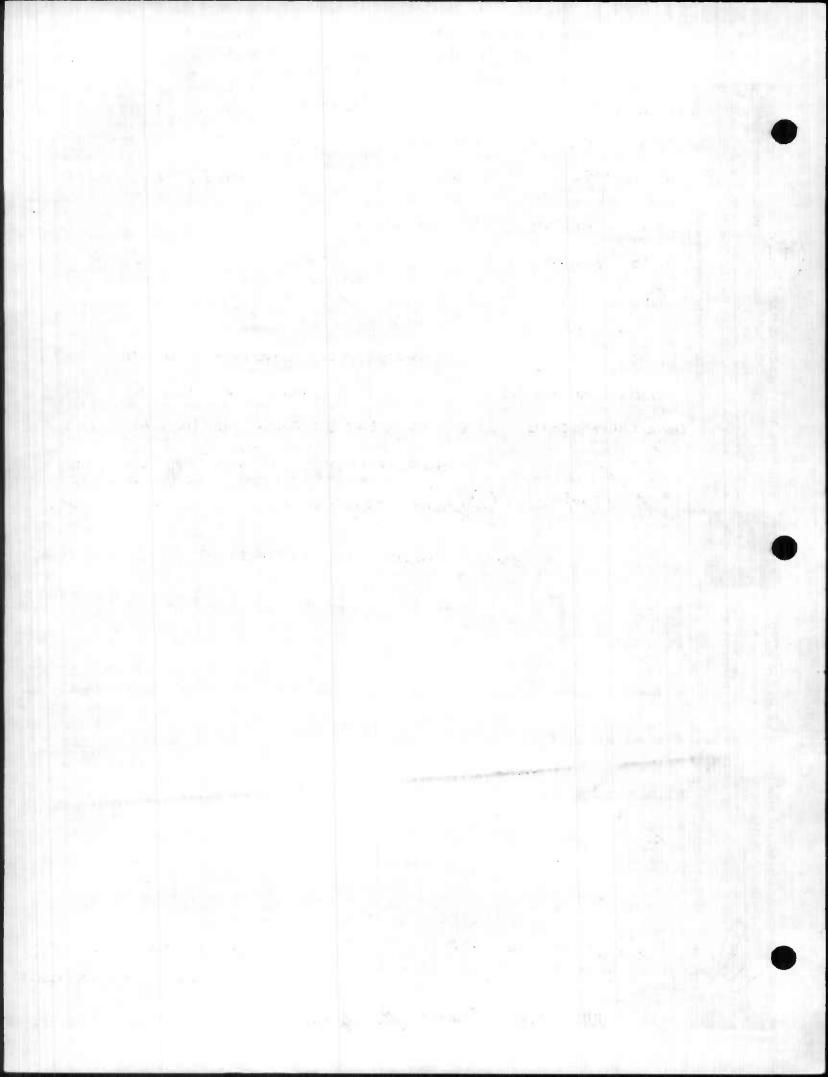
State of Maryland / Department of Health and Mental Hygiene 9 18567

			Ce	rtificate	of Death	h	B	eq. No.	10	001			
	1. Decedent's Nama (First, Middla, L.	1	2. Data of Deal	th	3. Time		Seath						
Physician	Helen Kaler	idek			Month June	7. 19	Year	11:30	AM				
/Medical Examiner	4a Facility Nama (If not institution, gi	va street and number)		4b. City, T	own, or Loc	ation of Death	4c. County						
	Franklin Woods-	Genesis Elder	Care		Balt	imore		Balt	imore	2			
Funeral	Social Security Number 6.		s. last birthday	M Under 1 Y	ear If Unde	or 24 Hrs.	8. Data of Birth	Veer	9. Birthplace (State or Foreign Country)				
Director	212-46-3676 1 M 2 X F 86 Yrs. Months Days Hours Min. (Month, Day, Year) NOV. 17, 1912												
P .	Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10												
anyla			JRY, TOWN OF L						10	0d. Inside City 1 ☐ Yes 2			
vith the Mar or 28s-f a be notified Director		ltimore		Balti							DATE OF THE OWNER O		
Vith to	10e. Street and Number			10f. Zip Co			1	0g. Citizen of W	/hat Coun	try?			
of the country of the	6930 Eastbrook A		110 140	111 5 1	21224		7 M N	21224	A	an faction			
tem fr	11. Marital Status	12. Was Decedent Evar in Armed Forces? 1 Yas 2 No	U,S. 13.	Was Decedent If Yes, specify	or Hispanic O Cuban, Mexica	an, Puerto F	lican, etc.)		k, Whita, e	an Indian, etc.			
d 21215-0020 filed within 72 hours after death with the Manyland Hygiene. Whysiene. Wher then "natural", or Hema 23a or 28a-f ahow ent, the Malifal Evantine must be notified at a Completed by Funeral Director	1 ☐ Nevar Married 2 ☐ Married 3 🛱 Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Datas:		1 ☐ Yes 2 💆	No Specify	y:		Specify:	Whi	to			
-00-	15. Decedant's E		16a Dece	edent's Usual O	cunation	-		16b. Kind of Bu					
1 21215-0 led within 72 ho bygiene. ner than "nature nt, tre Westers Completed	(Specify only highast gi	rade completed)	(Give	e kind of work d DO NOT use n	one durina mo	ost of workin	g	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
inviting in the second of the	Elementary/Secondary (0-12) 8th Grade	College (1-4or 5+)	Homemaker				Own	Home					
be file tai Hyg d othe event,	17. Fathar's Nama (First, Middla, Las	0	1			her's Nama	(First, Middle, M	Maiden Surnam					
Maryland 21215-0020 d 2 should be filed within 72 hours af th and Mental Hyglene. 7 is marked other than "natural", or traumatic event, the Medical Latin To Be Completed by F	Joseph Cieslak					Julia	Radomsk	domska a Number, City or Town, Stata, Zip Code)					
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Marylan in and Mental Hygiene. T is merked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Estimins must be notified at To Be Completed by Funeral Director	19a. Informant's Name/Ralationship	(Type, Print)	19b. Mail	ing Address (SI	reet and Numi	ber or Rural	Routa Number	, City or Town,	Stata, Zip	Code)			
and 2 Balth a n 27 le	Alvin J. Kalende	k Jr. (Son)	2419	Hanson	Road,	Edgen	bood, Mo	ryland	2104	0			
Baltimore, R permit. Pages 1 and Department of Health Important: if them 27 any injury or other to	20a. Mathod of Disposition		Place of Disp	osition (Name o	place)		Data	20c. Location -	City or To	wn, Stata			
Pages nent of interest in the little of or	1 Burial 2 Cramation 3 (JRamoval from Stata	icred H	eart of	Mary	16/	11/99	Baltimo	ore, Maryland				
Baltimore, semit. Pages 1 ar Department of Hea Important: if Hem 2 into Into Into Into Into Into Into Into I	21. Signatura of Funaral Sarvice Licensee 22. Nama and Address of Facility												
0 88 5 8	Buin a Welle Schimunek Funeral Home, Inc. 3331 Brehms Lane, Baltimore, MD 21213												
	23a. Part 1. Entar tha disaasa, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
Physician	shock, or heart failure. List only one cause on each line. Interval Between Onset and Death												
/Medical	Immediata Causa (Final disaasa or condition ASCVD												
Examiner	rasulting in death) Due to (or as a consequence of):												
e e													
cate be executed physician and s the buriet-transit	Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Causa (Disease or injury												
Ex urial.													
licate be a physician is the burie	that initiated events rasulting in death) Last												
Z Suppose													
P.O. BOX 68/60, Let the death certificate be assecuted by the attending physician and letached for use as the burlatransit Physician/Medical Exami													
es that the designed by the a be detached f	Part II. Other significant conditions	t I.	23b. Did tobacco use contribute to the car			the cause of	death?						
		1 🗆 Y	es 2 No	3 Prob	bably 4) V	Inknown							
VItal HECORDS, Proteins The law requires that certificate has been signed by rector, page 2 should be determed by Place of the protein page 2 should be determed by Place of the protein page 2 should be page 2 should be page 2 should be page 2 should be page 3 should							04-11/		24h W4	ere autopsy fin	ndinne		
The law require tage to sate has been signated as the completed of the complete of the co	The literature of						24a. Was a perform		ava	ailable prior to mpletion of ca			
The law ate has be page 2 s									of	death?			
The The Cate h				4 2 2			1□ Ye	s 2 No	10	Yes 200	lo		
OT VICAL IN Physicien: The This certificate ral director, par I. To Be Co	25. Was casa rafarrad to medical axaminar?	Hospital:					(Check only on						
To Tiging	1 Yas 2 No	1 □ Inpatient 2L	☐ ER/Outpatie					ence 6 DOthe	_	y)			
After funer funer	27. Mannar of Death 1 Natural 5 Pending	28a. Data of Injury (Month, Day Year)	28b. Tima o Injury		Injury at Work?		8d. Describe no	ow injury occum	80				
Attending r death. ector: After by the fune	2 Accident Invastigation 3 Suicida 6 Could not to				1 Yes 2		0(1 10			10-4-11-5			
- x25c T	4 ☐ Homicida datarmineo	2	City or Town	reet and Numbe n, Stata)	or Hura	II FIOUIA IVUITIO	er,						
O De la	200 00-150-1												
ne Hospi n 24 hou ne Fune pletsly fil	29a. Certifier (Check only one) Certifying Plants Certifying Pl	hysician: To the best of my kr miner: On the basis of axamir and manner stated.	nation and/or in	n occurred at travestigation, in a	e tima, data a ny opinion, de	ath occurre	d at the time, d	ause(s) and mai ata and place, a	nner as st ind due to	the cause(s)			
To the Hospital or At within 24 hours after To the Funeral Direc completely filled in by Medical Certiff	29b. Signatura and titla of certifiar	-	29d. Data signed (Month, Day, Year)										
F¥F8	s. Ro	261961			ense number								
117	1. Kague of D 0053720 06/09/99												
1	30. Nama and address of person who completed cause of death (Item 23a) (Type, Print) A112, Belair Rd, Suite#9 Fallston, MD 21047.												
Chata	31. Data filed (Morth Jay, Tear)	QQ 32. Plaistrar's Sig		1	,								
State Registrar	2014.1.0 18	199 Renew	Ø.	Space	Kel								



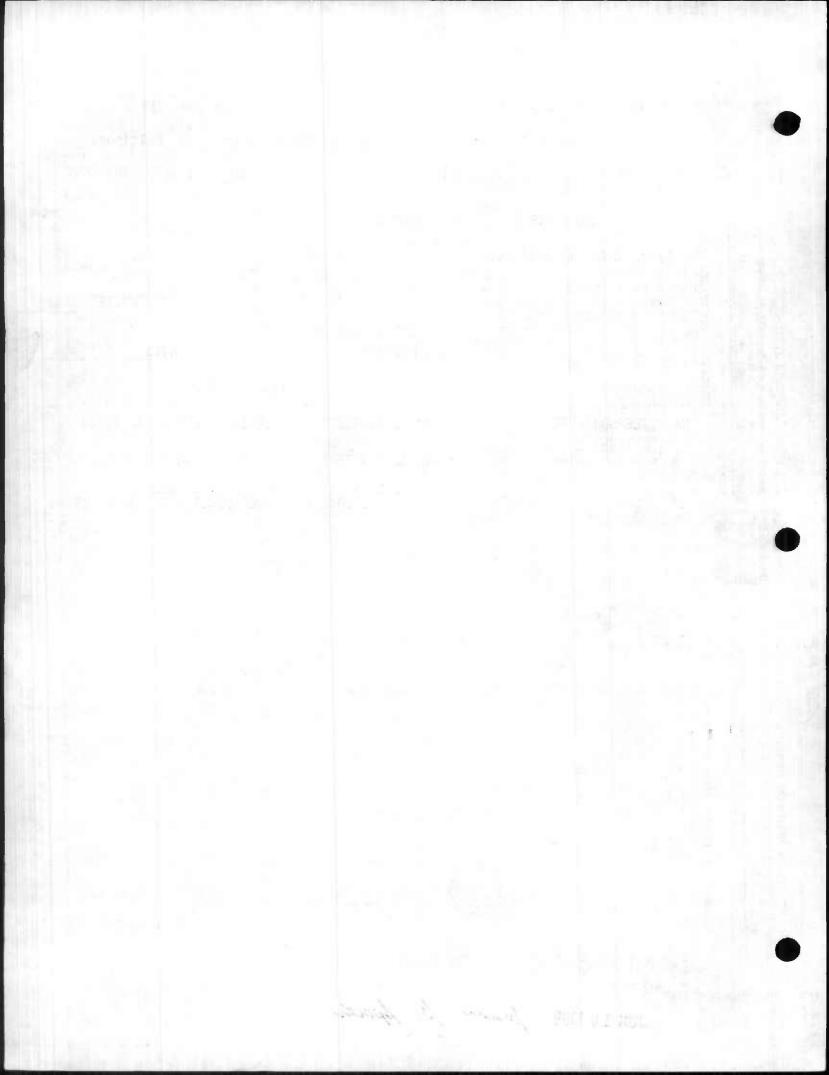
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene) 9 | 8568

1. Decedent's Neme (First, Middle, L			Continuo	te of Dea	tn	P	eg. No.					
	ast)					2. Date of Dea Month	th Dev	Year 3.	Time of Death			
MARLENE	MARLENE LANDIS							999 1	1:35			
4a Facility Name (If not institution, g	ive street and number)			4b. City	, Town, or Loc	ation of Deeth	4c. County	of Death				
JOHNS HOP	KINS HO	026 I.L.	16	BA	LTIM	ORE		-				
	Sex 7. Ag	e (In yrs. last birti	Month		der 24 Hrs.	8. Date of Birth (Month, Day	Year)	9. Birthplace Country)	(State or Foreign			
216-28-4422	1UM 200F	66	Yrs.			DEC 5	1931		MD .			
Usual Residence of Decedent 10a, State 10b, County		10c. City, Town	or Location					10d. ls	nside City Limits			
									Yes 2 No			
X	IMOSE	PARK	CVILLE				0g. Citizen of V	What Country?				
			101. 2	ip Code								
= 3218 ACTOM	12. Was Decedent	Francis III C	10 Wes Des	2123		oif. Voc or No		e - American In	dien			
3 \ 18 ACTOM 11. Marital Status 1 Never Married 2 Married	Armed Forces?	Forces? If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black					k, White, etc.	0.011				
3 Widowed 4 Divorced	If Yes, Give Year or Dates:	10	1 ☐ Yes	20 No Spec	cify:		Specify		-			
		16e.	Decedent's Us	ual Occupetion			16b, Kind of Bu	WHIT usiness/Industr				
(Specify only highest g	rade completed)		(Give kind of v life. DO NOT	vork done during r	most of workin	g						
Elementery/Secondary (0-12)	College (1-4or 5		WETTAN S	BEULF !	CAPET	HAY	11.5.	GOVERN	MENT			
	st)	106	30070			lame (First, Middle, Maiden Surname)						
P DOYLE W.	LANDIS			14	ARIE	A 1	BOSSEN per, City or Town, State, Zip Code)					
19a. Informant's Name/Relationship		19b.	Mailing Addre				BOSSENU mber, City or Town, State, Zip Code) UTH GA. 30093					
CAROL OHROWBORD		00	ST INE	S C.C.	DOULE	DULUT	H GA	SVVS	52			
20a. Method of Disposition		20b. Place of	Disposition (A	ame of		Date	-					
1 Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec			y, crematory o		30	ME IT'	0000	A				
21. Signature of Funeral Service Lic		GHEDETU	S OF P	and Address of Fa	acility - A	FPF						
1 1/2	1.1	110	220		BOILTY EVA	705 CMH	per of 1	nenuja e	>			
messa.	J. Well	lles-	1880	O HARF	ORD PO	. PAR	KUILLE.	MD. 2	1734			
236 Part Enter the disease, or co shock, or heart failure. List on	mplications that caused ly one cause on each li	the deeth. Do note.	not enter the m	ode of dying, such	h es cardiac o	r respiratory ar	est,	Inte	roximete rval Between			
	Onset and Death											
immediate Cause (Final disease or condition	. CHRONIC	LYM	PHOCY	TIC	LEUKE	EMIA		11	YEARS			
resulting In death)		Due to (or as e c										
Sequentially list conditions, if any, leeding to immediate	. h											
Sequentially list conditions,		Due to (or as a c	consequence o	f):								
cause. Enter Underlying Cause (Diseese or injury	С.			Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying								
Cause (Diseese or injury that Initiated events resulting in deeth) Last		Due to (or es e c	that initiated events Due to (or es a consequence of):									
0		():										
	d			·):								
lany	· .			·):								
Part II. Other significent conditions		ut not resulting In			Part I.	23b. Did t	obecco use co	ntribute to the	cause of death			
Part II. Other significent conditions		ut not resulting In			Part I.	23b. Did t			cause of death			
		ut not resulting In			Part I.	101	∕es 2 No	3 Probabi	/ 4 □ Unknov			
		ut not resulting In			°art I.		No 2 No	3 Probabi	utopsy findings			
Part II. Other significent conditions		ut not resulting In			Part I.	1 🗆 Y	No 2 No	3 Probabi	utopsy findings			
6		ut not resulting In			Part I.	1 🗆 Y	es 2 No	3 Probabig	utopsy findings			
25. Was case referred to medical		ut not resulting In		g cause given in P		1 N	an autopsy med?	3 Probabig	utopsy findings le prior to tion of cause h?			
25. Was case referred to medical examiner?			n the underlying	g cause given in P	Place of Death	1 U Y	an autopsy med?	3 Probably 24b. Were a aveilab comple of deat	utopsy findings le prior to tion of cause h?			
25. Was case referred to medical examiner?	Hospital: 1 Inpatie	ent 2□ER/Out	tpatient 3	cause given in P	Place of Death ☐ Nursing Hor	24a. Was perior	an autopsy med?	3 Probabiy 24b. Were a aveilab comple of deat 1 Ye	utopsy findings le prior to tion of cause h?			
25. Was case referred to medical examiner?	Hospital: 1 Minpatie 28a. Date of Inju (Month, Da	ent 2□ER/Out	tpatient 3	g cause given in P	Place of Death ☐ Nursing Hor	24a. Was perior	an autopsy med? Ses 2 No	3 Probabiy 24b. Were a aveilab comple of deat 1 Ye	utopsy findings le prior to tion of cause h?			
25. Was case referred to medical examiner?	Hospital: 1 Anpatie 28a. Date of Inju (Month, Da	ent 2□ER/Out Pry Year) 28b. T Ir ury - At home, fei	tpatient 3 different	26. FOOA Other: 4 User Work?	Place of Death Nursing Hor 2	24a. Was performent of the second of the sec	res 2 No an autopsy med? les 2 No ne) ence 6 □Oth ow Injury occur	3 Probabing 24b. Were a aveilab comple of death 1 Pyeliner (Specify) red	utopsy findings le prior to ution of cause h?			
25. Was case referred to medical examiner? 1 Yes 2 No	Hospital: 1 Minpatie 28a. Date of Inju (Month, Da	ent 2□ER/Out Pry Year) 28b. T Ir ury - At home, fei	tpatient 3 different	26. FOOA Other: 4 User Work?	Place of Death Nursing Hor 2	24a. Was performed to the second of the seco	res 2 No an autopsy med? les 2 No ne) ence 6 □Oth ow Injury occur	3 Probabing 24b. Were a aveilab comple of death 1 Pyeliner (Specify) red	utopsy findings le prior to ution of cause h?			
25. Was case referred to medical examiner? 1	Hospital: 1 Anpatie 28a. Date of Inju (Month, Da ion be 28e. Place of Inju building, etc.	ent 2 ER/Out Ty Year) 28b. T Ir ury - At home, fei c. (Specify)	tpatient 3 rime of njury M	26. FOOA Other: 28c. Injury at Work? 1 Yes :	Place of Death Nursing Hor 2 2 No 2	24a. Was performed to the control of	res 2 No an autopsy med? res 2 No ne) ence 6 □Oth ow Injury occur rest and Numb. rest and Numb. rest and Numb. rest and Numb.	3 Probabing 24b. Were a aveilab comple of death 1 Yes ver (Specify) red per or Rural Ro	utopsy findings le prior to tition of cause h? s 2 No			
25. Was case referred to medical examiner? 1	Hospital: 1 Minpatile 28a. Date of Inju (Month, Da) ion be 28e. Place of Inju building, etc.	ent 2 ER/Out If y Year) 28b. T If ury - At home, fei c. (Specify) of my knowledge, fexamination end	tpatient 3 rime of njury M	26. FOOA Other: 28c. Injury at Work? 1 Yes :	Place of Death Nursing Hor 2 2 No 2	24a. Was performed to the control of	res 2 No an autopsy med? res 2 No ne) ence 6 □Oth ow Injury occur rest and Numb. rest and Numb. rest and Numb. rest and Numb.	3 Probabing 24b. Were a aveilab comple of death 1 Yes ver (Specify) red per or Rural Ro	utopsy findings le prior to tition of cause h? s 2 No			
25. Was case referred to medical examiner? 1	Hospital: 1 Impatie 28a. Date of Inju (Month, Da. 28e. Place of Inju de 28e. Place of Inju Duilding, etc.	ent 2 ER/Out If y Year) 28b. T If ury - At home, fei c. (Specify) of my knowledge, fexamination end	stpatient 3 Mrm, street, fact	26. FDOA Other: 4 28c. Injury at Work? 1 Yes ony, office od at the time, dat on, in my opinion,	Place of Death Nursing Hor 2 No 2 No 2 death occurred	24a. Was performed to the control of	res 2 No an autopsy med? res 2 No ane) ence 6 Oth ow Injury occur itreet and Numb rn, State) cause(s) end mu fete end place, 29d. Date signe	3 Probabing 24b. Were a aveilab comple of death 1 Ye over (Specify) red per or Rural Ro anner es steted end due to the led (Month, Dey, and the	utopsy findings le prior to tition of cause h? s 2 \sum No ute Number, ceuse(s)			
25. Was case referred to medical examiner? 1	Hospital: 1 Impatie 28a. Date of Inju (Month, Da. 28e. Place of Inju de 28e. Place of Inju Duilding, etc.	ent 2 ER/Out If y Year) 28b. T If ury - At home, fei c. (Specify) of my knowledge, fexamination end	stpatient 3 Mrm, street, fact	26. FDOA Other: 4 28c. Injury at Work? 1 Yes ony, office od at the time, dat on, in my opinion,	Place of Death Nursing Hor 2 No 2 No 2 death occurred	24a. Was performed to the control of	res 2 No an autopsy med? res 2 No ane) ence 6 Oth ow Injury occur itreet and Numb rn, State) cause(s) end mu fete end place, 29d. Date signe	3 Probabing 24b. Were a aveilab comple of death 1 Ye over (Specify) red per or Rural Ro anner es steted end due to the led (Month, Dey, and the	utopsy findings le prior to tition of cause h? s 2 \sum No ute Number, ceuse(s)			
25. Was case referred to medical examiner? 1	Hospital: 1 Minpatile 28a. Date of Inju (Month, Da ion be aminer: On the best of and manner sta	ent 2 ER/Out Try Year) 28b. T Ir Urry - At home, fel C. (Specify) of my knowledge, f examination end ated.	tpatient 3 Fime of njury Mrm, street, fact	26. For a special property of the time, dat the time, dat on, in my opinion,	Place of Death Nursing Hor 2 No 2 No 2 eand place, e death occurre	24a. Was performed to the control of	an autopsy med? Ses 2 No nee) Sence 6 Oth ow Injury occur Street and Numb cause(s) end multiplete end place, 29d. Date signe	24b. Were a aveilab comple of death 1 Tye her (Specify) red	utopsy findings le prior to tition of cause h? s 2 No ute Number, ceuse(s)			
25. Was case referred to medical examiner? 1	Hospital: 1 Inpatie 28a. Date of Inju (Month, Da.) 28e. Place of Inju be do 28e. Place of Inju Dhysicien: To the best of and manner sta	ent 2 ER/Out Try Year) 28b. T Ir Urry - At home, fel C. (Specify) of my knowledge, f examination end ated.	tpatient 3 Fime of njury Mrm, street, fact	26. For a special property of the time, dat the time, dat on, in my opinion,	Place of Death Nursing Hor 2 No 2 No 2 eand place, e death occurre	24a. Was performed to the control of	an autopsy med? Ses 2 No nee) Sence 6 Oth ow Injury occur Street and Numb cause(s) end multiplete end place, 29d. Date signe	24b. Were a aveilab comple of death 1 Tye her (Specify) red	utopsy findings le prior to tition of cause h? s 2 No ute Number, ceuse(s)			



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 8569

					Otate of 1	viaiyiai		tificate of	Health and f Death	a Workar i	Reg. No.			42.0		
	Dhusisi		Decedent's Nama (First, Middla, Last)							2. Data of Month	Death Day	,	Yaar	3. Tima of Death		
Physic /Medi			GEORG	E MAYN	IARD LE	PSON				June	5			7:00 Am		
	Examin Funeral Director		4a Facility Nama (If not institution, gi	iva street and number	er)			4b. City, Town,	or Location of De	eath 4c.	County of	Death			
			88 W.	Kingstor	Park Lar	ne		116-11	Middle	eriver		Balt	timor	e		
			5. Social Security N	lumber 6.	Sex 7.	Aga (In yrs.	last birthday)	If Under 1 Yaa Months Day	r If Under 24 H		Birth Day, Year)		9. Birthple	ice (Stata or Foraign		
п			215-01-54	105	1AJM 2LJF	1	.02 Yrs.	MOINTS Day	5 110015 14	Apr.	20,18	97	MARY	LAND		
	D.		Usual Rasidence of			1.0										
	5-0020 72 hours after deeth with the Maryland netural; or term 23a or 28a-f show deal Examines must be notified at	_	10a. Stata	10b. County		10c. Cr	ty, Town or Lo	cation					10			
		9	MD. BALTIMORE MIDDLERIVER										1 Yas 2 KUNO			
	# P	2	10e. Street and Nu	mber				10f. Zip Coda			10g. Citi	izan of Wh	nat Countr	y?		
	23a	Funeral Director	88 W. H	KINGSTON	PARK LANE			21	1220		U	.S.A.				
	tar dee	In e	11. Marital Status		12. Was Decede Armed Force	nt Ever in U	,S. 13. V	Vas Decedent of Yes, specify Cu	Hispanic Origin?	(Specify Yas or arto Rican, atc.)	No-					
0	or H			ied XMarried	1 Tas 2	□Yas 2)(□No										
21215-0020	ours.	d by	3 Widowed	4 Divorced	Year or Date	s:						M	HITE			
5-		Completed	(Spec	Education rada completed)		(Give	lent's Usual Occi kind of work don	a during most of	of working 16b. Kind of			of Businass/Industry				
121	Pa a dhin	를	Elementary/Seco	ondary (0-12)	College (1-4d	(1-4or 5+) life. DO NOT use r			red)			UTO				
	flied within Hygiena. ther than int, the Ma	S	8	(m) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			MEC	HANIC	1				an of What Country? S.A. Race - Amarican Indian, Black, Whita, atc. Pecify WHITE of Businass/Industry TO umama) Town, Stata, Zip Coda) MD. 21220 ation - City or Town, Stata IMORE, MD. E E, MD. 21224 Approximata Intarval Batween Onset and Death I Zwylis I Zwylis Approximate Intarval Batween Onset and Death I Zwylis I Zwylis Approximate Intarval Batween Onset and Death I Zwylis I Zwyl			
Maryland	should be filed within Mentel Hygiena. marked other than matic avant, the M	e B	17. Fathar's Nama						18. Mothars I	vama (<i>First, Mid</i>	dia, Maiden	or Town, Stata, Zip Coda) RE, MD. 21220 ocation - City or Town, Stata TIMORE, MD.				
YIE	should be nd Mentel marked o	2	GEOR	GE LE	PSON				ELL		TMAN					
Mar	2 sho		19a. informant's No													
	is 1 and 2 should be filled within if Health and Mentel Hyglena. Ham 27 is marked other than other traumatic avam, the Ma		NAOMI LE						ON PARK I							
Ore	00-		20a. Mathod of Dis		Removal from Sta			sition (Nama of natory or other p	lace)	Data	20c. Lo	cation - C	ity or Tow	m, Stata		
E	Part Tr			5 □Othar (Speci		PARKWOOD CEMETERY 6/8/						/99 BALTIMORE, MD.				
Baltimore,	permit. Page Depertment of Important: If any Injury or page.		21. Signature of Funaral Service Licensee 22. Nama and Addrass of Facility										914			
10	D 88 E 2 8	LILLY & ZEILER INC. FUNERAL HO														
			23a. Part1. Entar tha disaasa, or complications that caused tha death. Do not entar the mode of dying, such as cardiac or respiratory arrest, Approximate											Approximata		
	Physician		Onset and Death											Onset and Death		
	/Medical		Immediata Causa (Final diseasa or condition rasulting in death) 1: Consequent for the forest approximate of the content of									12 mille				
п	Examiner		rasulting in death)	71	a. (UN	Due to (or as a conseq	1 LC1110	77				1			
		je														
	death cartificate be asscuted e attending physicien and id for use as the burlei-frensit	Examiner	Sequentially list on	nditions	b	Due to (c	or as a conseq	neuce of:								
oʻ.	anan Inai-tr	ŭ.	Sequentially list co if any, laading to in cause. Entar Under	nmadiata												
68760,	s bu	dical	cause. Entar Under Cause (Disaase or that initiated events	5	c	Dua to (c	or as a consequ	uence of):								
	iffical as th		rasulting in death)	Last		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							į			
Box	auth cartifi attending I for use as	Physician/M	d													
m	daath d for	8	Part II Other elanif	Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I.						23h [Did tobacco use contribute to the cause of death					
0	the the	اچ ا	at it. Surer eigennount contentions continuing to death out not resulting in the uncompany cause given in Fatti.					given are ditti.			tobacco use contribute to the cause of death?					
S, P	lres that signed b	by P							11.0		. 105 2	PR 140	0 1100	ady 4 dilatoni		
ds	requires een sigr houid be									24a. V	as an auto	psy	24b. War	a autopsy findings		
Record	_ 0 0	Completed								P	erformed?		com	plation of causa		
Re	has b	티														
8	ystclan: The last certificate he director, paga				T							No	1 🗆	Yas 210 No		
Vital	Physician: this cartific ral director.	Be	25. Was casa rafar axaminar?		Hospital:			_	Whor	Death (Check or						
ō	E E =	ို	1 ☐ Yas 2 ☐ 27. Mannar of Deat		1 LJ Inpa		ER/Outpatien 28b. Time of	T JLI DON	4LI Nursin)		
	ding Ph h. After th funaral	Certification:	1 Natural	5 Pending		Day Year)	Injury		28c. Injury at Work? 28d. Dascribe how injury occurred							
Division		cat	2 ☐ Accident 3 ☐ Suicide	invastigation 6 □ Could not I	ha l				□ Yas 2□ No	OOL Loostic	- /Ctt	of Alice has	and Ound	Doute Mumbes		
$\overline{\geq}$	or Al	ŧ	4 Homicide 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)								Town, State	i)	r or murar	Route Number,		
	Hospital or At 24 hours after 6 Funeral Direct bletaly filled in by															
	Hosp 4 ho Fune taly f	edical	29a. Certifier (Check only	2 ☐ Medical Exa	hysician: To the beaminer: On the basis	of axamina	owledge, death ation and/or inv	occurred at the restigation, in my	tima, data and pla opinion, daath o	ace, and dua to to ccurred at tha tir	ha causa(s) na, data and	and man place, ar	nar as sta nd dua to	ited. tha causa(s)		
	To the Hospital or Attand within 24 hours after deet To the Funeral Director: completely filled in by the	S S	one)	title of continue	and manner	stated.		On the	neo number		204 0	to olare d	Alcost C	leu Voerl		
	5 ½ 5 S	-	29b. Signatura and titla of certifier 29c. Licanse number 20c. Licanse number 21c. Licanse number 22c. Licanse								290. Da	ta signad	(MOHIN, D	ay, rodij		
			1	76	Lewe			1/2	0673		6-	-1-4	7			
		1	30. Nama and addr.	ass of person who	completed causa o	death (Item	n 23a) (Type, i	Print)	0	1/1		1 =	1>30	6		
			Uleci	297 Cou	10 16	16	1719	innd	119	House	e, m	1) 6				
	Stat		31. Data filed (Mon	th, Day, Year)	32. Regi	strar's Signa	atura 4	lon Va	/							
	Registra	ir .	4111:	1 1 0 1999	Depu		N. 1	gover								



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth Marsh Month **Physician** 8:00AM D. heodore June 10 /Medical 4c. County of Death
BALTIMORE 4e Facility Neme (If not institution, give street and number) City, Town, or Location of Deeth Examiner BALTIMORE Virginia aux, 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Modth, Dey 08/14/ Birthplece (State or Foreign Country) **Funeral** 69 216-24-9925 1 M 2 F Months Days Hours Yrs. Marylano Director Usuet Residence of Decedent with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ortant: if item 27 is marked other than "natural", or items 23a or 28a-f ahow Injury or other traumatic event, the Medical Examinar must be notified at 1 Yes 2 No altimore Directo 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What, Country? "natural", or items 23a Funerai death 12. Wes Decedent Ever in U.S. Asmed Forces? 1 KYes 2 Nov 21/46 IYes, Give 14. Rece - American Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) American Indian 11. Marital Status permit. Pages 1 and 2 should be filled within 72 hours after a Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural, or item any Injury or other traumatic event, the Medical Franch 1 Never Merried 2 Married Baitimore, Maryland 21215-0020 1□ Yes 2KNo Specify: p 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usual Occupetion (Give kind of work done during life. PO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Cotlege (1-4or 5+) 17. Fether's Name (First, Middle, Last) 2 Informant's Neme/Reletionship (Type, 20s. Method of Disposition

1 A Buriel 2 Cremetion 3 Removel from Stete
4 Donetion 5 Other (Specify) 20b. Ptece of Disposition (Nametery) cremetory or 20c. Location - City or Town, State 21. Signature of Funeral Service Licensee uneral Lanshaure MD2 1227 Hammonds 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respired shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** Immediate Ceuse (Final disease or condition resulting in deeth) Years

Due to (or es a consequence of):

Due to (or es e consequence of):

Due to (or es e consequence of)

2 ER/Outpatient

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

/Medical Examiner

physician and s the burial-trans

60 987 ò

the

certificate has

this

After

n 24 hours after death.

Ne Funeral Director: After pletely filled in by the fun

completely

or Attanding Physician:

The law requires that the death certificate be executed

Box 68760.

by

Physician/Medical s been signed by the should be detached Completed Be Medical Certification: To

Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or trijury that initieted events resulting in death) Lest

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

25. Was case referred to medicat exeminer? 1 Yes 2 No

4 Homicide 29e. Certifier f Certifying Physician; To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner as stated. (Check only

27. Mennes of Deeth

1 Neturet

2 Accident

3 Suicide

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and menner stated. 20b. Signature and tiple

5 Pending investigation

6 Could not be

29g. Date signed (Month, Day, Year) une

Or. Glan Burnic, MD 21061

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

23b. Did tobacco use contribute to the cause of death?

3 Probably 4 Unknown

24b. Were eutopsy findings evailable prior to completion of cause of death?

1 Yes 2 No

1 Yes 2 No

2 No

24a. Wes an autopsy performed?

1 Yes

28d. Describe how injury occurred

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

26. Place of Deeth (Check only one)

30. Name end address of person who comp d cause of death (ttem 23a) (Type, Print) JACOBS mo

Hospitat:

1 Inpatient

28e. Dete of Injury (Month, Dey Year)

31. Dete filed (Month, D

Nospital

3 DOA

28c. Injury at Work?

1 Tyes 2 No

State

ORIGINAL

Division of Vital Records, P.O. vo the Hospital or within 24 hour

Registrar **DHMH 16 Rev 6/95**

Through D. Blook, is with the sail and a Property Meets EMONOTORE TO CALCUMAT 4.5. Laboratory and the later of the state of the 750 1 1237 The state of the second st San Arrange LEGISLICATION STORY 23(0)(12) Literal among house Mis IM veridade more than the same of the sound property

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Mitchell Ruth Qa 7:11 a 14 < 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Prince George's Hospital Canter Characly Prince Georgeis If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year)

Months Days Hours Min. June 24, 9. Birthplaca (Stata or Foreign 1931 Linesville 6 Sax 7. Aga (In yrs. last birthday) 5. Social Sacurity Number 1 M 2 XF Months Linesville 093-24-5093 68 ALAMBAMA Usual Residence of Decedent 10c City Town or Location 10a State 10h County 10d. Inside City Limits 1 Nes 2 No Rochester Monroe 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 63 Reynolds Avenue 14609-1150 USA 12. Was Decedant Evar In U,S. Armed Forces?
1 ☐ Yes ※ N☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, 11. Marital Status Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: Black ₩Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) housewife private 8th 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Nama (First, Middla, Last) Eddy B. Harris Lillian Mae Kirk 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Randolph Mitchell/son 1603 Doral Dr. Mitchellsville, MD 20721
Date 20c. Location - City or Town, State 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Spacify) 5-30-94 Oatka Cemetery Scottsville, NY 21. Sign# of Foueral Service Licenses 22. Name and Address of Facility Latney's Funeral Home Latreya Part 1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one cause on each line. Wash.,DC 20011 Approximete Interval Between Onset and Death Immadiate Cause (Final Cardioznimorery disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, laading to Immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Minknown 24b. Were eutopsy findings available prior to completion of causa of deeth? 24a. Was an autopsy Cacherra 1 Yas 2 No 1 Tyes 2 No 25. Was case referred to medical examiner? 28. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Naturel 5 Pending 1 ☐ Yas 2 ☐ No Investigation 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 | Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) end manner as stated.

2 Medical Exeminer: On the bests of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, end due to the cause(s) and manner stated.

29c. Licansa number

The law requires that the death certificete be executed physician end the buriel-transit Division of Vital Records, P.O. Box 68760, ettending for use es been signed by the should be deteched page 2 certificate After this certification, Hospital or Attending Physician: deeth. efter deeth.

Director: A
d in by the fi To the Hospital or within 24 hours eff To the Funeral Di completely filled in

Physician

/Medical

Examiner

Director

Funeral

à

Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23s or 28s4 show traumetic event, tra Modical Examinar must be notified at

should be filed within 72 hours efter death and Mental Hygiene.
marked other than "natural", or items 23

permit. Peges 1 end 2 should be file Depertment of Health and Mental Hy Important: If frem 27 is marked other any injury or other traumatic event once.

Physician /Medical

Examiner

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

edical

29a. Certifier

29b. Signatura and titla of certifie

altimore, Maryland 21215-0020

the Merylend

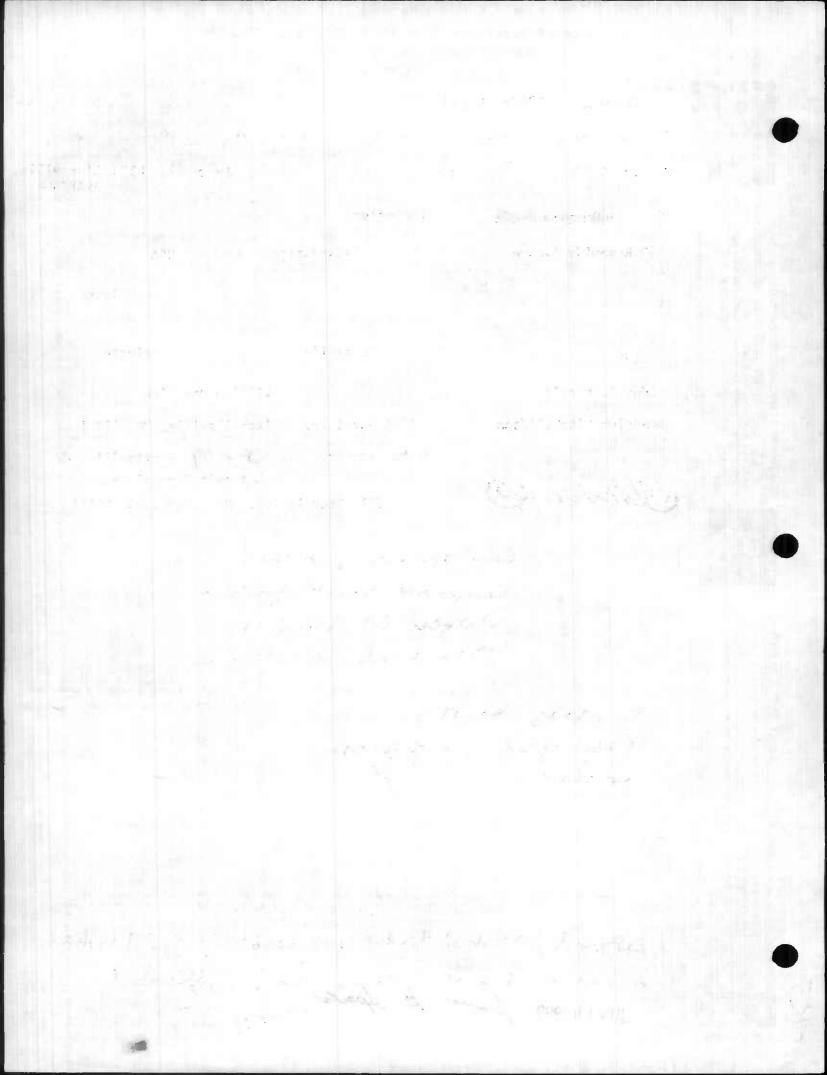
State Registrar

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print) SORIA ARMIA 31. Date filed (Month, Day, Year) JUN 1 0 1999

Sports Georges 32 Registrer's Signature

29d. Data signed (Month, Day, Year)

Medical Resident D0053218



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 5 PER F.H. G772 6-15-99 WR. Reg. No. 3. Time of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Death MILES Month KOSIE 6:50 pm , 1999 June 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death HOPKINS Hospital Baltimore JOHNS Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthpleca (State or Foreign Country) 1 M 2 F 68 213-32-46 91 12-26-30 MD 10a. State 10b. Count 10c. City. Town or Location 10d. Insida City Limits MD NA Baltimore ¥ Yas 2 No 10e. Streat and Number 10f. Zip Code 10g. Citizen of What Country? 1333 N. Elwood Avenue 21213 USA 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indien, 11. Marital Status Bieck, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Merried 2 ☑ Married 1 ☐ Yes 2 ☑ No Specify: Black Specify: 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) IIth Grade College (1-4or 5+) NA Food Service Sparrow Point 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fathar's Nema (First, Middla, Last) Jeramon Henry Josephine White 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21213 Miles 1333 North Ellwood Avenue Baltimore, MD 20b. Place of Disposition (Name of cematery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete MD Dete 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State Garrison Forest VA Cem. 06-11-99 Owings Mills, 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nama end Addrass of Facility 21. Signature of Funeral Service Licensee Baltimore, Maryland 21202 23a Pert1. Enter the disease, or pimplications that caused the death) Do not enter the mode of dying, such as cardiac or respiratory arrast, Intervel Between Onset end Deeth Immediate Cause (Finet racerebra disease or condition resulting in deeth) Hermetron Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as e consequence of): lumor Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 10 10 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menger of Deeth 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be 3 ☐ Suicide

þ Completed

Examiner Physician/Medical esn signed t Be Certification: To funeral

has

certificate

shis

After

death.

24 hours after deal Funeral Director:

within 2 e di

filled in

edical

Physician

/Medical

Examiner

Funeral

Director

x 28a-f show

"natural", or items 23s or edical Examiner must be

filed within 72 hours after

f and 2 should be filed within 72 hc Health and Mental Hygiena. am 27 ia marked other than "natur other traumatic event, the Maritan

of Health of Itam 27 h

Physician /Medical

Examine

and

the death certificate be axecuted

Box 68760,

P.O.

Records.

of Vitai

Division

Attending Physician:

ò

Hospital

= 5 permit. Page Department of Important: If eny Injury or page.

Pages 1

21215-0020

Baltimore, Maryland

Director

Funerai

PV

Completed

Be

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29e. Certifier (Check only one)

4 | Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

296. Signature and title of confident later of the Neuroscience Affending

29c. License number D36133 29d. Date signed (Month, Day, Year)

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

Dr. John Ulatowski 600 N. Wolfe Street Baltimore, Maryland 21287 31. Dete fited (Month, Day, Year) 32. Registrar's Signature

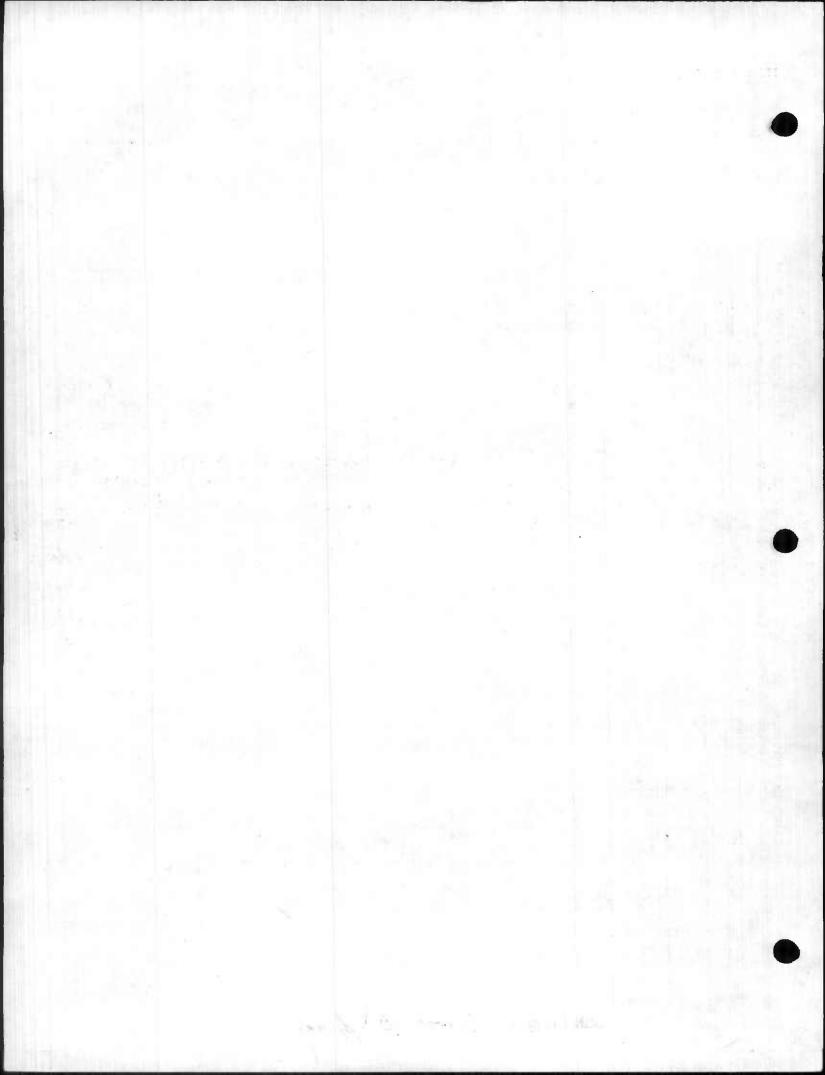
State Registrar

JUN 1 0 1999



Place of Injury - At home, farm, etreet, fectory, office building, etc. (Specify)

ORIGINAL



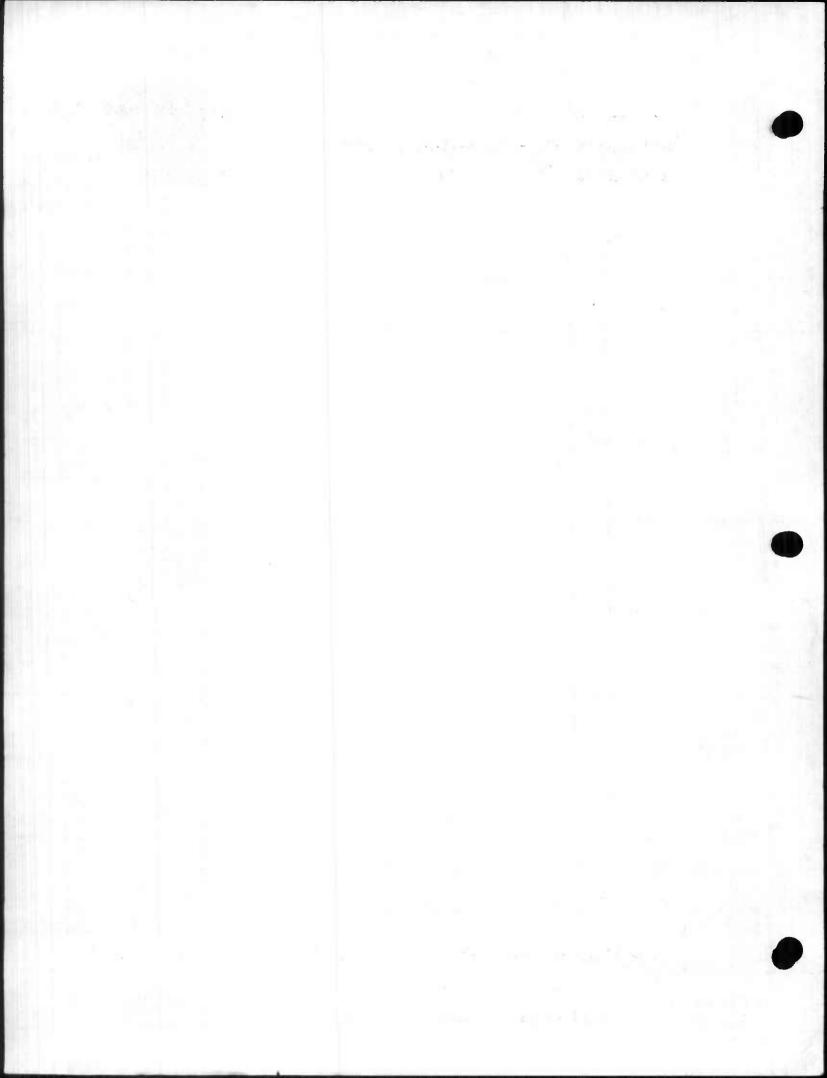
		Ce	rtificate of	Death	Reg	2. No.	10010
1. Decedant's Name (First, Middla, L	Last)				2. Data of Daath Month	Day	3. Time of Death
ian JOHN MOR	ETON				JUNE	87 1	999 0530
ner 49. Facility Nama (If not institution, g				4b. City, Town, or I	ocation of Death	4c. County o	of Death
	Bayview M		enter If Under 1 Yee	Baltim r If Under 24 Hrs.			IA
5. Social Security Number 6. 216-44-5626 Usual Rasidance of Decedant	Sex' 7. Age	(In yrs. last birthday) 5/ Yrs.	Months Days		8. Data of Birth (Month, Day,)	(ear) - 49	Birthpiaca (Stata or Forei Country)
10a. Stata 10b. County	4	10c. City, Town or Li Baltimo					10d. inslde City Limit
10e. Street end Number 1851 North Co			10f. Zip Code	2	100	g. Citizen of WI	
1851 North Co			2121			USA	A
11. Merital Stetus 11. Merital Stetus 12 Married 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 ② N if Yas, Giva Yeer or Datas:	0	was Dacedent or if Yas, specify Cul 1 ☐ Yas 2 ☑ No	Hispanic Origin? (Sp ban, Mexican, Puarto Specify:	pecity Yes of No- o Rican, etc.)		- American Indian, , Whita, etc.
		16a. Dece	dant's Usual Occu	upation	tina 16	6b. Kind ot Bus	
(Specify only highest g Elemantary/Secondary (0-12) 10th grade	Collega (1-4or 5- NA	+) Sar	DO NOTusa retin	a during most of worked) n		ity of	Baltimore
17. Fathar's Nama (First, Middla, Las	Morton, S	Gr.		18. Mothar's Nam Althea	na (First, Middla, Me		erson
19a. Intormant's Name/Ralationship Margaret Kar							Stata, Zip Code) 2121 imore, MD
Margaret Kar	16	20b. Piace of Dispo	osition /Nama of		-		City or Town, Stata
1 → Burial 2 □ Cramation 3		cematary, cra	matory or other pl	Gardens			ndalk,MD
4 ☐ Donation 5 ☐ Other (Special Special Speci			L Melli . 2. Nama and Addi		Baltimor		yland 2120
b	Q/1			ch FH 11			
Sequentially list conditions, if any, laading to immediate cause. Entar Undarlying Cause (Disease or injury that initiated evants rasulting in death) Last	C	CLC ACC Dua to (or as a consecutive to (or es a consecutive to co	quance or):	Immun	odeficien	ey Tynd	Anne Sylears
Wu ann	d						
Part ii. Other significant conditions Cutomicalous	contributing to death bu	t not resulting in the u	inderlying cause g	iven in Pert I.	23b. Did tob		tributa to the cause of dea 3 Probably 4 Unknown
Completed by	Ų.				24a. Was an performe	autopsy ed?	24b. Wara autopsy finding available prior to completion of cause of death?
EOO					1 🗆 Yas	2010	1 ☐ Yas 2 No
25. Was casa ratarred to medical axaminar?					th (Check only ona)		
O 1 Yas 2 No	Hospitai:		NT 3LI DOA	thar: 4 Nursing H		ce 6 Othai	
27. Mannar of Death 1 Natural 2 Accident 3 Suicide 4 Homicida 5 Panding invastigati 6 Could not datarmine		Year) 28b. Tima o	W	ury at ork? □ Yas 2 □ No	28d. Dascribe how		
3 Suicide 6 Could not datarmine		ry - At homa, farm, st (Spacify)	reat, factory, office	9	28t. Location (Stre City or Town,	et and Number Stata)	r or Rural Route Number,
	Physician: To the best of aminer: On the basis of	examination and/or in	h occurred at the t	tima, data and place opinion, daath occu	, and dua to tha cau rrad at tha tima, dat	isa(s) and man a and place, ar	nar as stated.
(Check only 2 Medical Exa	and mennar stat	ed	vastigation, in my				nd dua to tha causa(s)
(Check only 2 Medical Exa	and mennar stat	ed.		nsa number	290	d. Deta signed	(Month, Day, Year)
	and mennar state	ed.			290	d. Deta signed	
	and mennar state	ed.	29c. Licer	35 701		6/7/9	

State Registrar

JUN 1 0 199



B. Sparks



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month Year Theodore Moore 05, 99 June 17:09pm /Medical 4a Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Johns Hopkins Hospital Baltimore If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Days Months Hours 180 M 2□ F Yrs. Director 70 02-28-29 NC 238-56-5462 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or heme 23s or 28s-f show the Medical Examiner must be notified at XI KI Yes 2 No Director MD NA Baltimore 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 21213 1330 N. Luzerne Avenue Funeral death 12. Was Decedent Evar in U,S. Armad Forcas? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Heelih and Mental Hygiene. Important: If filem 27 is marked other than "natural". ce least injury or other traumatic events. Bleck, White, etc. 1 Never Merried 200 Married 1 ☐ Yes 2 ☑ No If Yes, Give 1 Yes 2 No Specify: Specify: Black py 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) MD. Cup Company Printer 7th Grade 17. Father's Nema (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be T.ee Maggie Moore Sam 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 21213 19a. Informent's Neme/Reletionship (Type, Print) 1330 N. Luzerne Avenue Baltimore, Maryland Moore Werenith 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Baltimore Cemetery 06-11-99 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, MD 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecility Baltimore, Maryland 21202 WM. C. March FH 1101 E. North Avenue 23e. Pen1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in deeth) Examiner Examiner physicien end the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events rasulting in death) Last Due to (or es a consequence of): Box 68760. Physician/Medical Dua to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? P.O. signed by the 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy 1 Yes 2 No 1 Yes 2 No certificate Division of Vital Attending Physicien: Be 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this 28a. Dete of fnjury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After 1 Naturel 5 Panding 1 ☐ Yas 2 ☐ No investigation deeth 2 Accident Mospital or Attend 24 hours after deeth Funeral Director: 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 124 hours 29e. Certifier 15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end manner es stated. Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end menner steled. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar

DHMH 16 Rev 6/95

31. Dete filed (Month, Day, Year)

32. Registrer's Signatura

9512

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

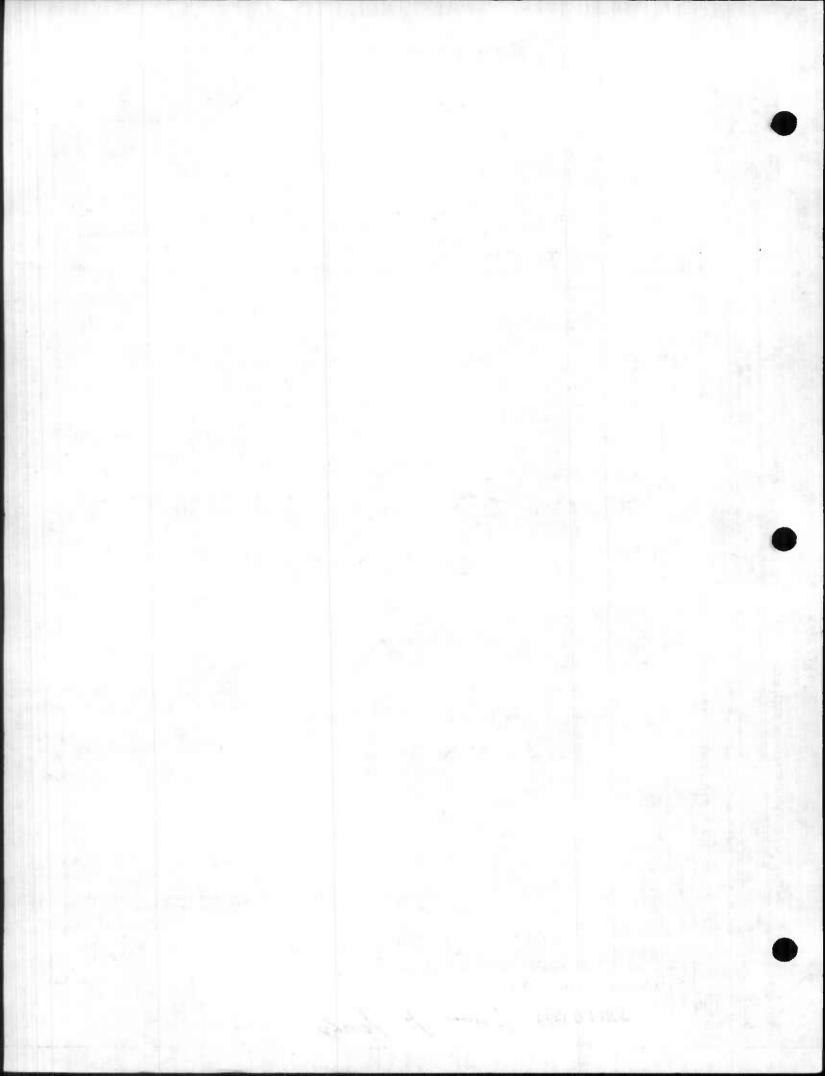
JUN 1 0 1999

wa & Spark

M.

ORIGINAL

Handord Rd. Balt. MD



Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Alexander Murchison, une am Sr. 4b. City, Town, or Location of Deeth 4a Facility Neme (If not institution, give street end number, 4c. County of Death 1aR4/and n/a 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) March 27,1934 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) Days 1**X** M 2□ F 215 30 9165 65 Maryland Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ¥Yes 2 No Baltimore Maryland n/a 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Code 21217 United States 717 Druid Park Dr., Apt. 512 12. Was Decedent Ever in U,S. Armed Forces? 1 M Yes 2 □ No If Yes, Give Year or Dates: 1952–56 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 X No Specify: **Black** 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) Cotlege (1-4or 5+) Housekeeping Technician **Hospital** 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Murchison Mattie Mc Neil John 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Barbara Murchison / Wife 1607 N. Caroline St., Baltimore, MD 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 In Cremation 3 ☐ Removal from State Green Mount Crematory 6/10/99 4 □ Donation 5 □ Other (Specify) Baltimore, MD 22. Name end Address of Facility CAFA Stephen D. Lohrmann P.A. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. 8717 Green Pastures Dr., Baltimore, MD 21286 Approximate Interval Between Onset and Death immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 1 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

certificate be axecuted Division of Vital Records. Attending ò Hospital

has cartificate this Aftar aftar deat Director:

physician and the bunal-trensit 80 use signed by the a page 2 funeral

Physician-

/Medical

Examiner

Director

Funeral

p

Completed

Funeral

Director

7 is marked other than "natural", or flems 23a or 28a-f show traumstic event, the Medical Examiner invast be neithed at

name Pages 1 and 2 should be filed within 2 separament of Health and Mental Hygiana.

0

Physician /Medical

Examiner

Examiner

Physician/Medicai

þ

Be

2

Certification:

1e KandeR

fillad in by 24 hours

within 2 To the I

State Registrar

12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted. 29d. Date signed (Month, Dey, Year)

MD 30. Name and appress of person who completed cause of death (Item 23a) (Type, Pynt) ansinda

land CreneRal Hospital

31. Date filed (Month, Dey, Year)

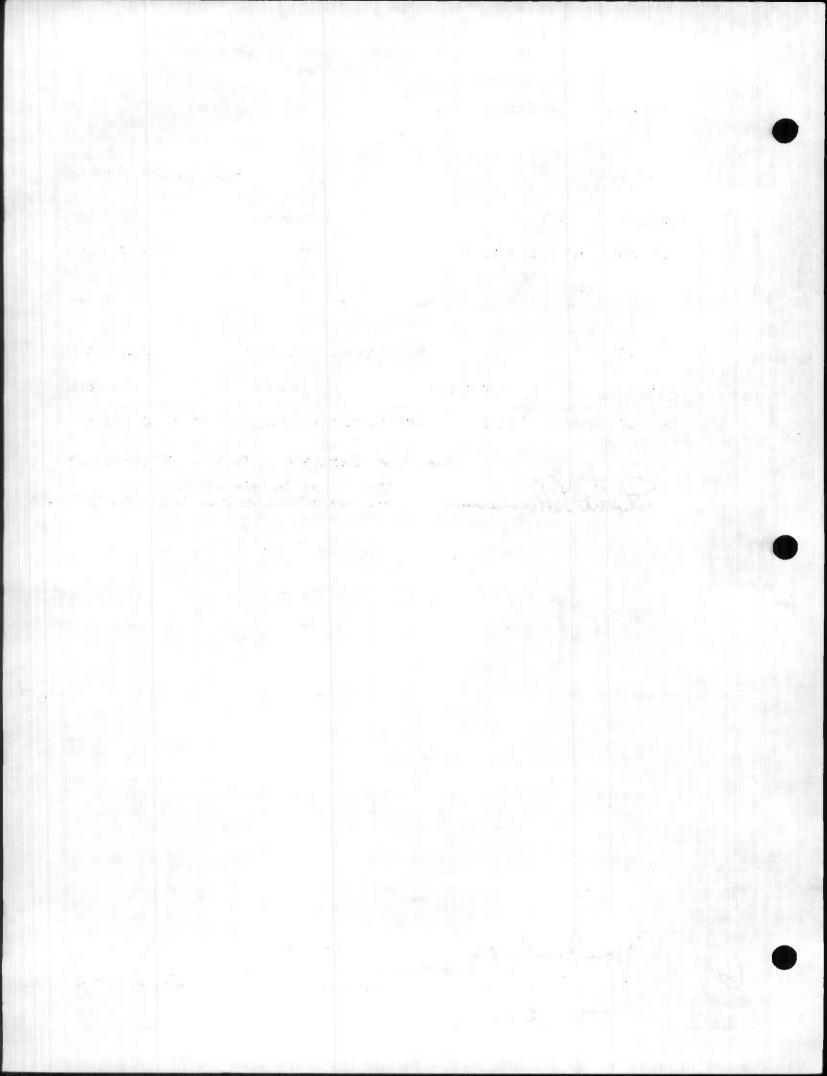
0 1999

29b. Signature end title of certil

4 | Homicide

(Check only one)

29a. Certifie

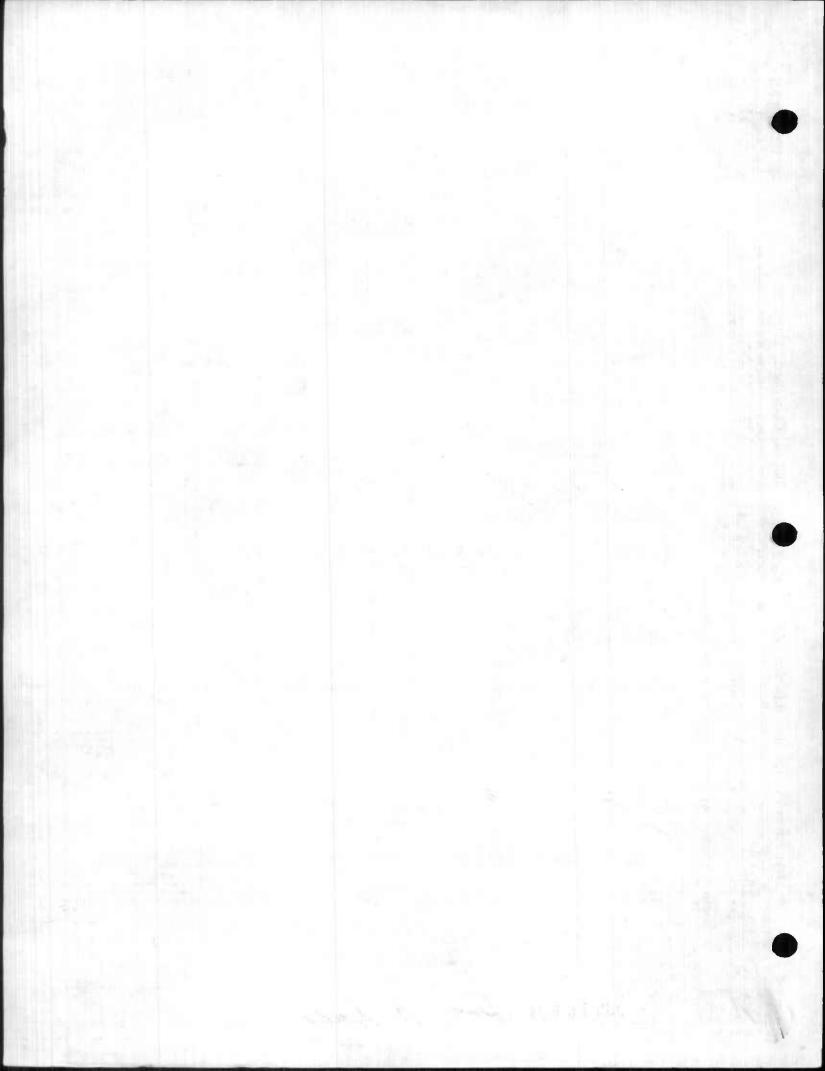


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death Month **Physician** 10, Rosa Ilardo June Muransky 1:30 AM /Medical 4e Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1302 Scottsdale Drive, Apt. G Bel Air Harford If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) July 20, 1933 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Hours 1□M 20 F 213-32-4912 65 Yrs. Director Maryland Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show ntal Hygiene. od other than "natural", or itema 23a or 28a-f show event, the Medical Examinar must be notified at 1 Yes 2 No Director Maryland Harford Bel Air 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1302 Scottsdale Drive, Apt. G 21015 U.S.A. Funeral Pages 1 end 2 should be filed within 72 hours efter death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Year or Datas: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Merried 2 Merried Maryland 21215-0020 1 Yes 2 No Specify: White Specify: Š 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) School Teacher Elementary School 17. Father's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be Department of Heelth end Mental Important: If item 27 is marked o eny injury or other trsumatic eve pncs. Salvatore Ilardo Josephine Tamburo 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Meghan M. DiCocco (daughter) 411 Winslow Drive, Bel Air, MD altimore, 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition Deta 1 ☐ Buriel 2 Cramation 3 ☐ Removel from State Green Mount Crematory 6/11/99 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
Schimunek Funeral Home of Bel Air, Inc.
610 W. MacPhail Rd., Bel Air, MD 21014 21. Signature of Funeral Service License 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Ceuse (Finel 15 wo Breast Cancer disaese or condition resulting in deeth) Examiner Examiner To the Hospital or Attending Physicien: The law requires thet the death certificate be executed within £4 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician and completely filled in by the Innerial director, page 2 should be detached for use as the burial-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initieted evants resulting in death) Last Due to (or as e consequence of): P.O. Box 68760, Physician/Medical Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by Completed 24b. Were autopsy findings available prior to 24a. Wes an autopsy performed? completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes casa raferred to medical examinar? Be 26. Place of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) Medical Certification: To 28a. Data of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Mannaget Death 28b. Time of Injury 28c. tnjury et Work? 1 Naturel 5 Pending 1 TYes 2 No investigetion 2 Accident 6 Could not be detarmined 281. Location (Street and Number or Rural Route Number, City or Town, Stefa) 3 Suicide 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homlcide 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 245390 m. 0 6/10/99 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) BALTIMORE, NO 2:237 6830 HOSDITAL DR # 206 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State JUN 1 0 1999

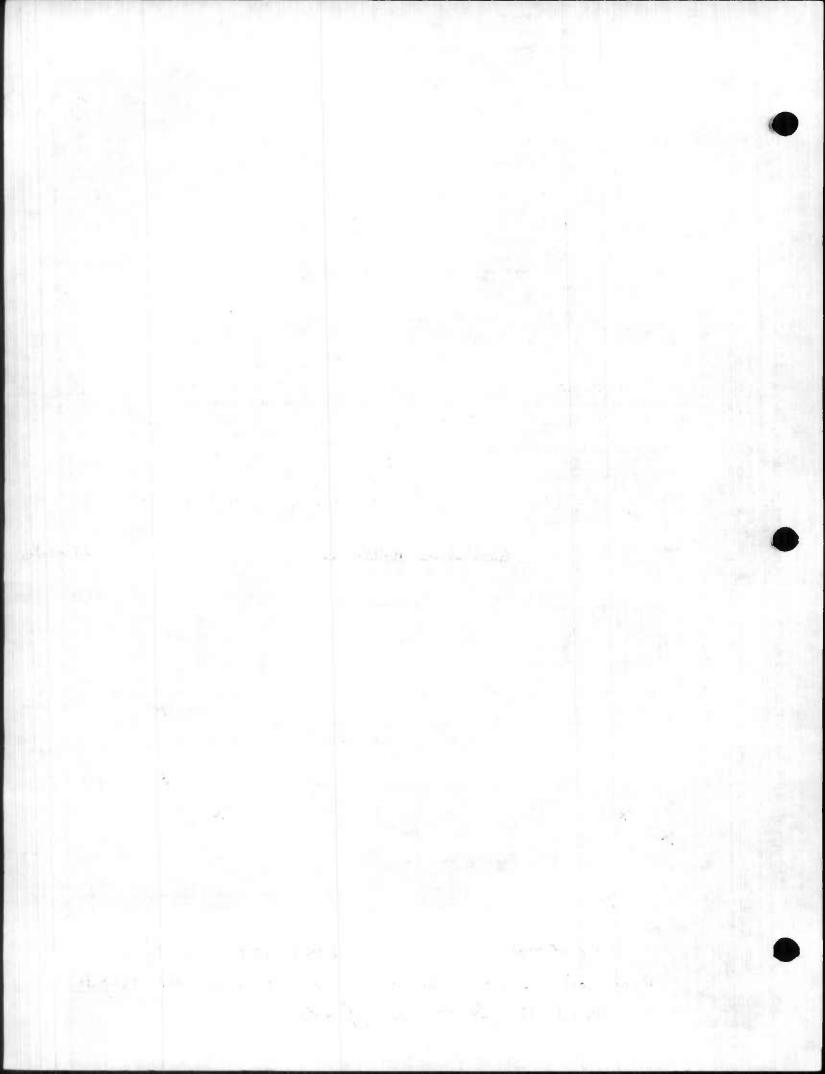
DHMH 16 Rev 6/95

Registrar



State of Manyland / Department of Health and Mental Hygiene

		te of Maryland /	Certifica				Reg. No.	185//
Dhysisian	Decedant's Name (First, Middla, Last)					2. Data of De Month		3. Time of Death
Physician /Medical	Christine Stefanie	2 Moldrzyk				June	9, 19	199 12:45 A.M
Examiner	4a Facility Nama (If not institution, giva street a	nd number)		4	b. City, Town, or	Location of Death	4c. County o	Death
	5313 Wright Avenue				Baltimo			N/A
Funeral Director	5. Social Sacurity Number 213-92-4199 6. Sex 1□ M 2	7. Age (In yrs. last)	Yrs. If Under Months	Deys	If Under 24 Hrs Hours Min		th Year) 7,1978	9. Birthplace (Stata or Foreign Country) Maryland
with the Maryland a or Zila-I show be notified at Director	Usual Rasidanca of Decedant 10a. State 10b. County	10c. City, To	own or Location					10d. Inside City Limits
vith the Ma tor Zharf a be notified Director	Maryland N/A		Baltimo					
Direction of the	10e. Street and Number		10f. Z	p Code			10g. Citizen of Wh	
ath man	5313 Wright Avenue			2120			u. s. 1	
22-0020 72 hours after death with the Maryla natural; or items 23e or 28e4 shot dical Examiner, must be notified at eted by Funeral Director	1 Nevar Married 2 Married 1 H	s Decedent Ever in U,S. ned Forces? Yas 2 X No as, Giva ar or Datas:	13. Was Dece		ispanic Origin? (in, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	Specify:	- American Indian, Whita, atc. White
d within 72 hours at giene, or than 'natural', or the Medical Exam.	15. Decedent's Education		Sa. Decedent's Use	al Occup	ation		16b. Kind of Bus	
ad within 72 ho ad within 72 ho ygjene. we than 'naturn it, the Medical.	(Specify only highast grada comp	leted)	(Give kind of w lifa. DO NOT	ork done d	during most of wo	orking		,
i with liens. The liens of the liens.	Elementary/Secondary (0-12) Col 10th Grade	lege (1-4or 5+)		nden			Never	Worked
	17. Fathar's Name (First, Middle, Last)					ma (First, Middla,	Maiden Sumama)
of 2 should be file th and Mental Hy 7 is marked oth traumatic event	Eugeniusz S. Moldrzy	k			Sus	an Dicki	nson	
T met	19a. Informant's Name/Ralationship (Type, Prin		9b. Mailing Addres	s (Street	and Number or R	lural Routa Numbe	er, City or Town, S	tata, Zip Code)
27 to	Mrs. Susan E. Moldrzy	k (Mother)	5313 Wri	aht A	venue.	Baltimor	e. Marul	and 21205
The Hand	20a. Mathod of Disposition	20b. Place	of Disposition (Na	ma of		Data		ity or Town, Stata
wmit. Pages 1: Department of Ha moortant: if then try injury or oth-	1 X Burial 2 ☐ Cremation 3 ☐ Ramova 4 ☐ Donation 5 ☐ Other (Specify)	Trom Stata	ens Of Fo			6/11/00	Raltiman	e, Maryland
and a	21. Signature of Funaral Service Licensee	Galai	-		ss of Facility	0/11/99	baccomon	e, maryrana
D P P P P P P P P P P P P P P P P P P P	Polis Jorda	h	Schin 3331	nunek Breh	Funeral	2 Home IV Baltimo	re. Mary	land 21213
	23a. Pert1. Entar tha disaase, or complications shock, or haart failura. Vist only ona ceus	that caused tha death. Do	o not enter the mo	de of dyin	g, such as cardia	c or respiretory a	rest,	Approximate Intervat Between
Physician /Medical	Immediata Cause (Final	Glioblastoma						Onset and Death
Examiner	disaese or condition rasulting in death) a		a consequence of					1
<u> </u>		Due to (01 as	a consequence of					1
icete be executed physician and s the burist-transit	Sequentially list conditions	Dua to (or as	a consequence of	1:				
ficate be executed physician and is the burial-trensi	Sequentially list conditions, if any, laading to immadiata causa. Enter Undarlying	200 10 (01 00	a consequence or	,•				
ficete be ex physician as the burial	causa. Enter Undarlying Cause (Disease or injury that initiated evants	Due to for se	a consequence of)					
	rasulting in death) Last	545 10 (01 45 1	a consequence on					
attending for use	d							
d for	Part II. Other significant conditions contributin	e to dooth but not condition	n in the codedine		no in Dout I	22h Did	lohanon usa annt	ribute to the cause of death
the death certified by the attending letached for use a Physician/M	ratti. Other algitimeant conditions contribution	g to obain but not resulting	y ar are underlying	cause giv	ori iri ratti.	1 🗆	_	3 Probably 4 Unknow
es thet igned to be dett							29040	S_TTOORDIY 4_Officion
been s should							en autopsy med?	24b. Ware autopsy findings available prior to completion of cause of death?
he tay e has ege 2	The state of the s					10	res 2 No	1 ☐ Yas 2 ☐ No
certificate rector, peg	25. Was case refarred to medical				26 Place of De	eath (Check only o	•	15100 2510
certification in a continuation in a continuatio	axaminar? 1 Yas 2 No Hospital	1□Innationt 2□ED#	Outpationt 2D D	Oth Oth	or .			(Specific)
Physic or this			Outpatient 3 D	28c. Injur		1	dence 6 Othar now injury occurre	
Afte fune		(Month, Day Year)	Injury M		k? Yes 2∐No			
usi or Attending Physician: rs after death. rs after death. al Director: After this certific led in by the funerel director, Certification: To Be (3 Suicide 6 Could not be	Plece of Injury - At homa,	farm street lacto		The second	28f. Location (Street and Number	r or Rural Route Number,
or after	4 Homicide datamined 200.	building, etc. (Specity)	iam, on out, radio	,, 00		City or To		
To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funerel director, page. Medical Certification: To Be Com	29a. Certifier (Check only 2 Medical Examiner: On	tha basis of axamination a	ge, death occurred and/or investigation	d at the tin	ne, date end plac pinion, death occ	e, end dua to the urred at the time,	ceuse(s) end men data end plece, ar	ner as stated. nd dua to tha cause(s)
thin 2 thin 2 mple	one) and	d mannar stated.		c. License				
5.45.8	29b. Signatura and titla of certifier		2				zeu. Data signed	(Month, Day, Year)
~/	Cleer my			D	00527	+7	617	177
0	30. Name and addrass of person who complete	d cause of death (Item 23s		MSCI	500 3	altimore	MD 2	1287
State	31. Data filed (Month, Dey, Year)	32. Registrar's Signatura	1.	1				
Registrar	JUN 1 0 1999	Deneva	0.	door	Kel			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Francisco J. Mendes 2:50 AM JUNE /Medical 4a. Fecility Name (If not institution, give street end numbar)

Doctors Community Hospital 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** Prince George's Lanham If Undar 1 Yaar | If Undar 24 Hrs. 5. Sociel Sacurity Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Deys Hours M 2 F Yrs. Director 153 52 6128 Portuga1 Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits XXXIYas 2 No Prince George's Director Rowie Maryland r 28a-f s 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? e 23a or 7 3833 Eaves Lane 20716 Portuga1 Funeral 12. Was Decedent Evar In U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Maxicen, Puarto Rican, etc.) 14. Race - Amaricen Indien, Black, Whita, atc. 1 Naver Married 2 Married 1 ☐ Yes - ♀ ☑ No If Yas, Give Year or Dates: 1 ☐ Yes 2√2No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 11 Sales Retail 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surneme) and 2 should be aalth and Mental Maria da Conccicao Artur Mendes 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) of Haalth a. ut. if Itom 27 is 3833 Eaves Lane Bowie Maryland 20716 Wife Maria Mendes 20b. Place of Disposition (Name of cemetery, cremetory or other place) June 11, Date 99 20e. Method of Disposition 20c. Location - City or Town, State Pages 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramovel from State Lakemont Memorial Gardens 4 ☐ Donetion 5 ☐ Other (Specify) Davidsonville Maryland 21. Signature of Funeral Service Ligensee 22. Neme end Address of Fecility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or raspiretory errast, shock, or heart failure. List only one ceuse on each line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Final disease or condition resulting In deeth) With metastasis Examinèr poprothrombinemia 2° to liver metastasis Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Physician/Medical the Due to (or es e consequence of): use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by the e 23b. Did tobacco use contribute to the cause of death? bophlebitis, bilateral 1 Yee 2 No 3 Probably 4 Unknown p 24b. Were eutopsy findings eveileble prior to completion of ceuse of death? 24e. Wes en eutopsy parformed? Completed 2 1 No certificate 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certific 25. Was cese referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To 28e. Dete of Injury (Month, Dey Year) 27. Menger of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending 1 | Yes 2 | No Investigetion 2 Accident 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homleide To the Hospital within 24 hours e To the Funeral D 1 Certifying Phyelclen: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end placa, end due to the ceuse(s) end manner steted. Medical 29e. Certifier

State Registrar

The law requires that the deeth certificate be executed

P.O. Box 68760.

Records,

Division of Vital

Baltemore Ree. # 111. College fark, 7307 EAR-NWON. H. 31. Date filed (Month, Dey, Year) 32. Registranta Signeture

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

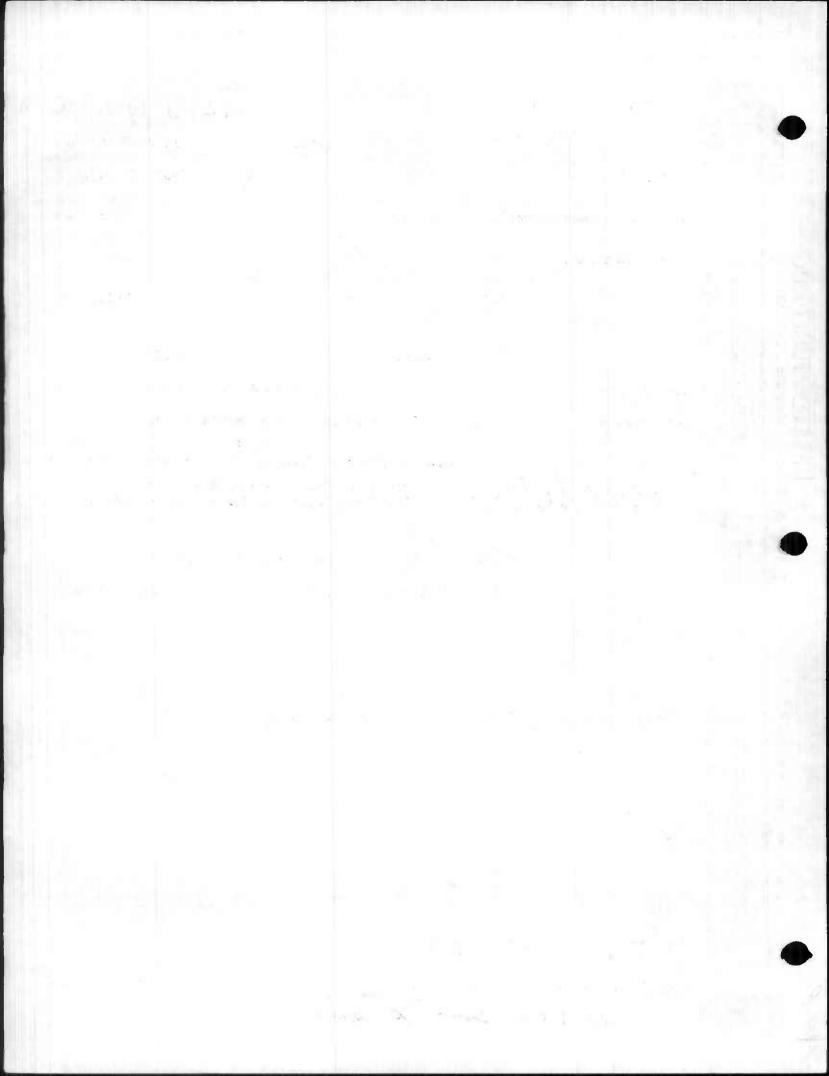
Ewon H.

29c. Licensa number

29d. Date signed (Month, Dey, Yeer)

DHMH 16 Rev 6/95

29b. Signeture and title of certifier



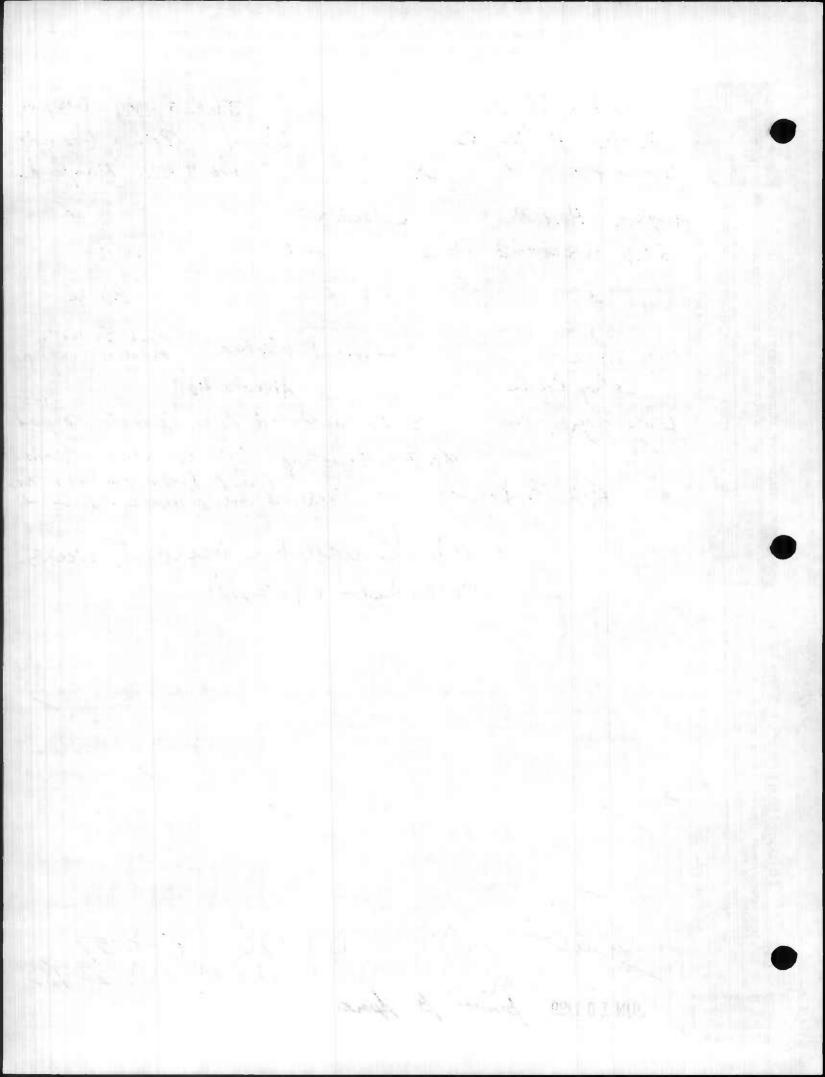
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 3. Time of Death 1. Decedant's Nama (First, Middle, Last) **Physician** 6:00 tayne YIVIO 1999 Jun /Medical 4a Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Hea aure if Undar 24 Hrs. 8. Data of Birth Min. Month, Day If Undar 1 Yaar 9. Birthplaca (State of Foraign 7. Aga (In yrs. last birthday) 5. Social Sacurity Number 6. Sax **Funeral** Days 6 Yrs. 26-4535 1 M 20 F Director Usual Residence of Decedent the Maryland 10a State 10b. Coun 10c. City, Town or Location 10d. Insida City Limits r 28a-f shov 1 Tras 2 No Howard plumbia Marylar Directo 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23e or any injury or other traumatic event, the Medical Example result be nonce. Funeral 12. Was Dacedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ⊡ No If Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Raca - Amarican Indian. 11. Marital Status 1 Navar Marriad 2 Married 1 Yas 2 No Baltimore, Maryland 21215-0020 Spacify: þ 3 Widowad 4 Divorced Completed 16a. Dacadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b, Kind of Businass/Industry 15. Dacedant's Education (Specify only highast grada complated) SOC Elementery/Secondery (0-12) Coltega (1-4or 5+) GYAd 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surnema) Be Brown ta 19a. Informant's Name/Refetionship (Type, Print) Sweetwind lace Columbia. Lewis Paun 20b. Plece of Disposition (Nema of cematary, crematory or other) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Date 1 D Burial 2 Cramation 3 Ramoval from Stata Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funaral Şarvice Licanse 212 Approximate Intarval Batween Onsat and Death 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. **Physician** /Medical Immadiata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner 0 attending physician and for use as the bunal-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Diseasa or Injury that initiated avents resulting in deeth) Lest Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consaquance of): signed by the a Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 → Onknown by 24b. Wara autopsy findings availabla prior to Completed 24a. Was an autopsy complation of causa of deeth? page 2 1 Yas 2 INO 1 ☐ Yas 2 ☐ No certificata or Attending Physicien: director 25. Was casa rafarred to madical axaminar? Be 26. Placa of Daath (Check only ona) Hospital Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Lo 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of injury (Month, Day Year) 27. Manner of Daath 28d. Dascribe how Injury occurred 28b. Time of 28c. Injury at Work? Certification: After 5 Panding invastigation 1 DNaturel 1 Yas 2 No 24 hours after death.

Funeral Director: A 2 ☐ Accident 3 ☐ Suicida 6 Could not ba Location (Street and Number or Rurel Route Number, City or Town, Stete) 28a. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Hospitai 1 Certifying Provision To the best of my knowladga, death occurred at tha tima, data and place, and dua to the cause(s) end menner es steted.
2 Medicat commerciant to basis of axamination and/or invastigation, in my opinion, daath occurred at tha time, date end place, and dua to the causa(s) 29a. Cartifiar Medicai (Check only one) within 2 To the 29b, Signature and tate of certif 29d. Data signed (Month, Day, Year)

of death (Item 23a) (Type, Print

DHMH 16 Rev 6/95

State Registrar



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Elizabeth C. Carr Payne June 08 1999 7:00pm /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Genesis Elder Care- Heritage Dundalk n/a If Undar 24 Hrs. 7. Age (In yrs. last birthday) If Under 1 Yaar 8. Date of Birth (Month, Day, Birthplace (State or Foreign Country) Funeral (Month, Day, Year) 9-16-1915 Days Hours 1□ M 21 F 488-18-2843 83 Missouri Director Usual Residence of Decedent 10a. Stata 10b. County 10d. Inside City Limits ahow 10c. City. Town or Location MD Baltimore 1 X Yes 2 No Director 284-1 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ð 207 S. 234 Highland Avenue 21224 USA Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarlo Rican, atc.) Heme! 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, 11. Marital Status Black, Whita, atc 1 Yes 2 No 1 ☐ Nevar Married 2K Married "natural", or 1 ☐ Yes 2 No Specify. American Indian p 3 Widowed 4 Divorced Yaar or Datas: Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry ulth end Mental Hygiene. 27 is merked other than "I r traumatic avant, me Mex Councilman's Elementary/Secondary (0-12) College (1-4or 5+) Waitress Restuarant 10th permit. Pages 1 and 2 should be file.
Depertment of Health and Mental Hyg important: if item 27 is marked other any Injury or other traumest. 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Sumame) Be Ellahue Pullen (Unk) Arto 19a. Informant's Name/Relationship (Type, Print) daughter 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 207 S. Highland Ave., Baltimore, Md. 21224 Estell Wiencke 20b. Placa of Disposition (Nama of 20a. Method of Disposition Date 20c. Location - City or Town, State cemetery, crematory or other place) 1 ☐ Burlat 2 ☑ Cramation 3 ☐ Removal from Stata 10/99 Baltimore, Maryland Greenmount 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licansee 22. Name and Address of Facility Joseph N. Zannino Jr. Funeral Hm 263 S. Conkling St., Baltimore, Md. 21224 arca Janeno 23a. Part1. Enter the disease, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition rasulting in death) ilulanown Examiner FAILURE Examiner Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequanca of) 150 un anoun Physician/Medical the Due to (or as a consequence of): 129/99 The Minimum of the same of death? USB Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. igned by the 4 Unknown CENTRICATION APPROVED BY þ 24b. Wera autopsy tindings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate 25. Was case referred to medical Be 26. Placa of Death (Check only one) Other: Nursing Home 5 Rasidance 6 Othar (Specify) Certification: To 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Affer 1 | Matural 2 | Accident 5 Pending investigation 6 ITYM 1 Yes 2 HNo Suns site Retu - 29-99 24 hours after deat Funeral Diractor: 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 7232 German thu Bannate a 44 DURSING Home 29a. Certifier 1 Certifying Physician: To tha best of my knowledge, death occurred at tha tima, date and place, and due to the causa(s) and manner as stated. Medical completely (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the tima, dale and placa, and dua to the cause(s) and manner stated. within 2 To the

State

DHMH 16 Rev 6/95

72 hours after

21215-0020

Baitimore, Maryland

Box 68760,

P.O.

Records.

of Vital

Division

Attending Physician:

6

Hospital

To the

death.

Registrar

31. Data filad (Month, Day, Year)

29b. Signatura and title of certifie

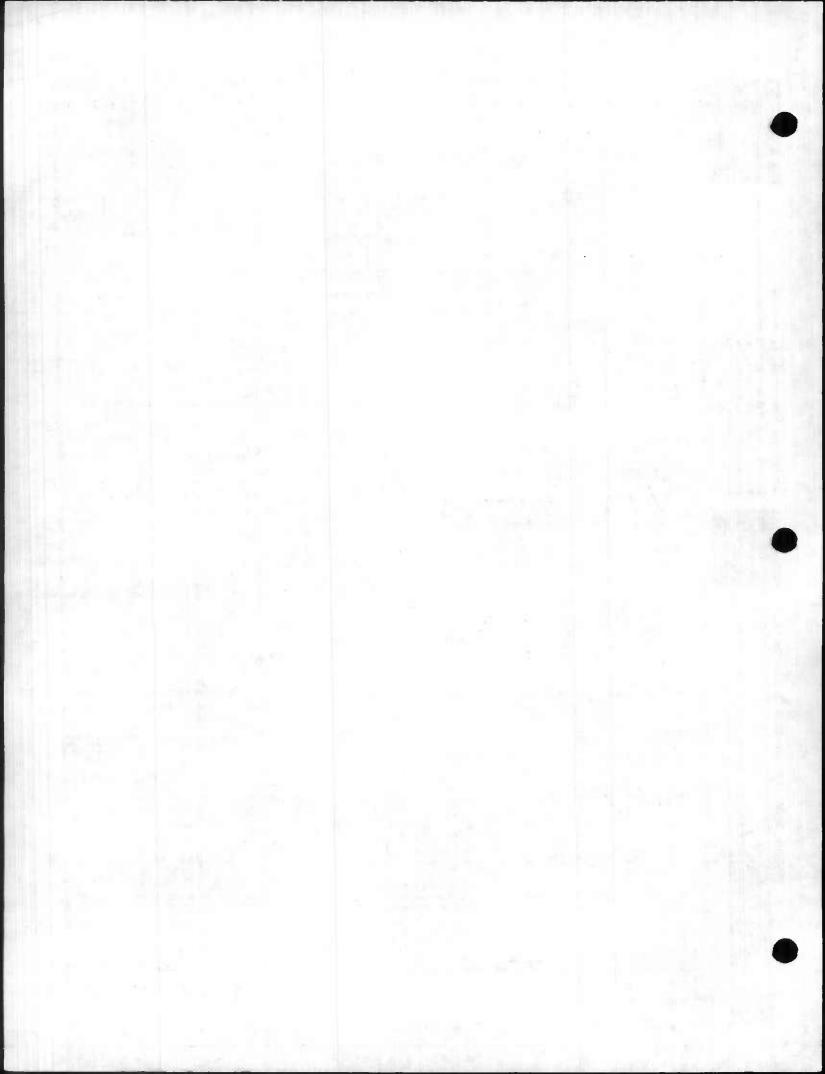
32. Registrar's Signature

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

ORIGINAL

29c. License number

29d. Date signed (Month, Day, Year)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene | 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Tima of Death Month Anthony 12:20 pm 01 4a Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Affans Medical Center BRITIMORE DALTIMORE VETERANS 7. Aga (In yrs. lest birthday) If Under 1 Yaar If Undar 24 Hrs. 5. Social Security Number 6. Sax 1 M 2 F 8. Date of Birth (Month, Dey, Yeer) Birthplece (Stete or Foreign Country) Months Days Hours Min 218-22-7886 Yrs. 71 MD. Usuel Residence of Decedent 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits MD. N/A BALTIMORE Was 2□No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5536 MIDWOOD AVE. 21212 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Bleck, White, etc. 1 Never Married 2 Married 1 Yas 2 No Specify: Specify: BLACK 3 ☑ Widowed 4 ☐ Divorced 16b. Kind of Business/Industry 15. Decedent's Education 16e. Decadent's Usual Occupation (Specify only highest grede completed) (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) DRIVER HOTEL 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fathar's Nama (First, Middle, Last) VERNON PORTER LILLIAN NEAL 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) VALERIE CORNISH(COUSIN) 5536 MIDWOOD AVE. BALTIMORE, MARYLAND 21212 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) METRO CREMATORY 6-10-99 BALTIMORE, MARYLAND 21. Signature of Funeral Service License 22. Name and Address of Facility PHILLIPS FUNERAL HOME, P.A. 1721-27 n. MONROE ST. BALTIMORE, MARYLAND 21217 23a. Part1. Enter the disaese, or complications that caused the death. Do not enter tha moda of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximate Intarval Betwaen Onset end Death Immediata Causa (Final disease or condition resulting in death) mesentenic ischemia ONE HOUR gastric outlet obstruction Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or as e consequence of) Due to (or as a consequence of): Part II. Other significent conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 XNo 3 Probably 4 Unknown 24b. Were autopsy findings eveileble prior to completion of causa of death? 24a. Was an autopsy 1 ☐ Yes 2 No 1 XYes 2 No 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Minpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28c. Injury et Work? 5 Pending Investigation 1 Matural 1 Yes 2 No 2 Accident 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

Division of Vital Records, P.O. Box 68760

Physician

/Medical

Examiner

Funeral

Director

ral', or items 23a or 28a-f show Examinar must be notified at

"natural".

se filed within 7 al Hygiena.

d 2 should be find he and Mental H

at of Health

important: h any injury o

Physician /Medical

Examiner

physician end s the burial-transit

88

ed by the al

signed by t

peed

this

After

Examiner

Physician/Medical

þ

Completed

Be

To

edicai

29a. Certifier

29b. Signature and title of certifie

Pages nent or

traumatic event, the Medical

Director

Funeral

þ

Completed

Be

the Maryland

72 hours efter

Baltimore, Maryland 21215-0020

i or Attending F after death. Director: After To the Hospital or Atterwithin 24 hours after des To the Funeral Directo completely filled in by th

Registrar

MO

and manner stated.

30. Nama and address of person who completed cause of death (Item 23e) (Type, Print)

Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and manner es steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s)

29c. License number

29d. Date signed (Month, Dey, Year)

5 Greene St NJ EO9 Ballinue, MD

and the same as a second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Day 5:45 M GERALD 04 DALMER 06 99 4b. City. Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death LEVINDALE HEBREW GERIATRIC CENTER BALTIMORE CITY If Under 1 Year 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 11XM 20 F Months Deys Hours Yrs. DEC 31 1931 VIRGÍNIA 67 212-28-7881 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits XXYes 2 No MARYLAND BALTIMORE CITY N/A 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 14 BROOKSHIRE DRIVE 21136 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ②ONo If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14 Rece - American Indian Bleck, White, etc. 1 □ Never Married 2 □ Married 1 Yes 20XNo Specify Specify: BLACK 3 ☐ Widowed 4 ☒ Divorced 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) TRADE 12th grade LONGSHOREMAN 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Neme (First, Middle, Last) NANCY GREEN LLOYD PALMER 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Stephanie Palmer/Daughter 14 Brookshire Drive, Baltimore, Maryland 21136 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 X Kurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) WOODLAWN CEMETERY 6-9=99 WOODLAWN, MARYLAND 22. Name and Address of Facility WILLIAM C BROWN COMMUNITY FUNERAL HOME PA 1206 W NORTH AVENUE 820 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdlac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in death) END STAGE RENAL DIST ASE 2 YE ARS Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as e consequence of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Donknown PERIPHERAL VASULAR DISEASE 24b. Were eutopsy findings available prior to 24a. Was an autopsy ACQUIRED MAUNODEFICIENCY SYNDRONE perform completion of ceuse of deeth? 1 Yes 2 No 1 Yes 2 To 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐mpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28c. Injury at Work? 1 Matural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of exemination end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. (Check only one) 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar

Physician

/Medical

Examiner

Directo

Funeral

g

Completed

Be

2

Examiner

Physician/Medical

à

Completed

Be

9

Certification:

Medical

98

ed by the a

signed by

page 2 s hes

certificate

this

After or Attending

s after death.

Hospital 24 hours

To the P

funeral

the

3

filled in

completely

Funeral

Director

?? Is marked other than "natural", or Nems 23a or traumstic event, the Wed cal Examiner must be a

permit. Pages 1 end 2 sh Department of Health and Important: If Item 27 Is m any Injury or other traum page.

Physician /Medical

Examiner

death certificate be executed attending physician and for use as the buriel-trans

Box 68760.

P.O.

Division of Vital Records.

2 should be filed within 72 hours after death and Mental Hygiene. s marked other than "natural", or items 23

altimore, Maryland 21215-0020

the Maryland r 28a-f show

with

31. Dete filed (Month, Day, Year)

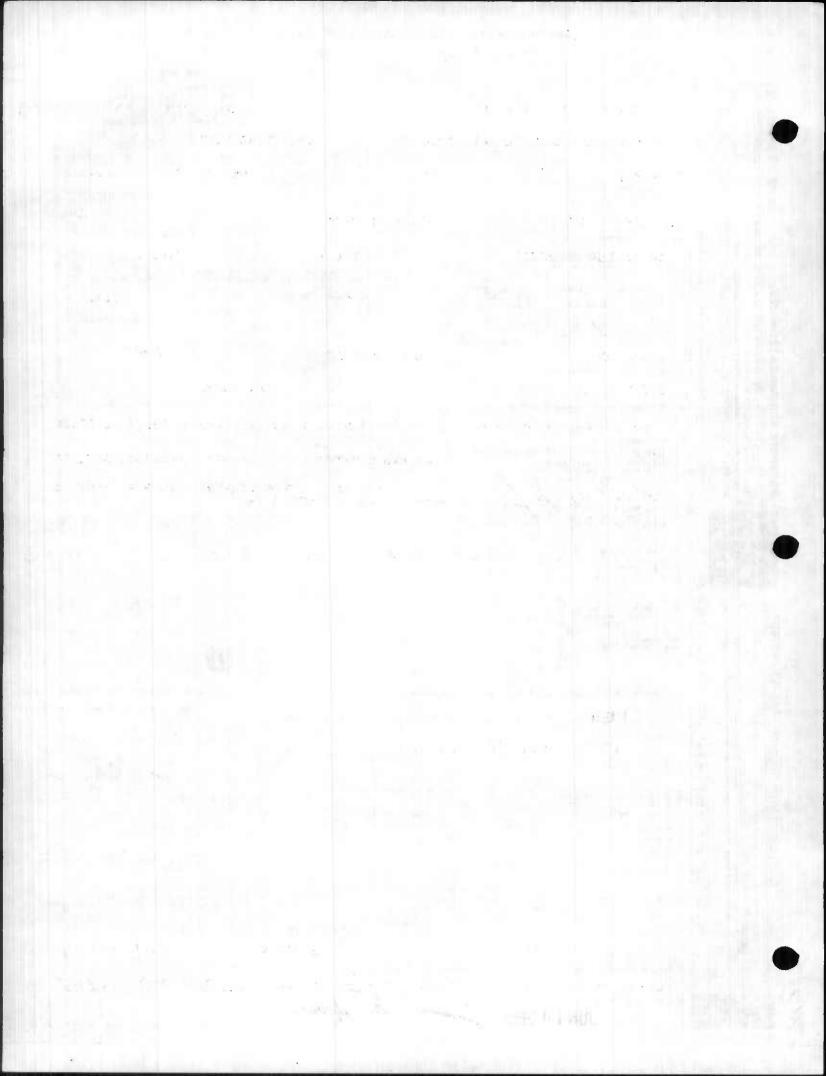
MATHE 32. Registra s Signature JUN 1 0 1999 🕨

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Math

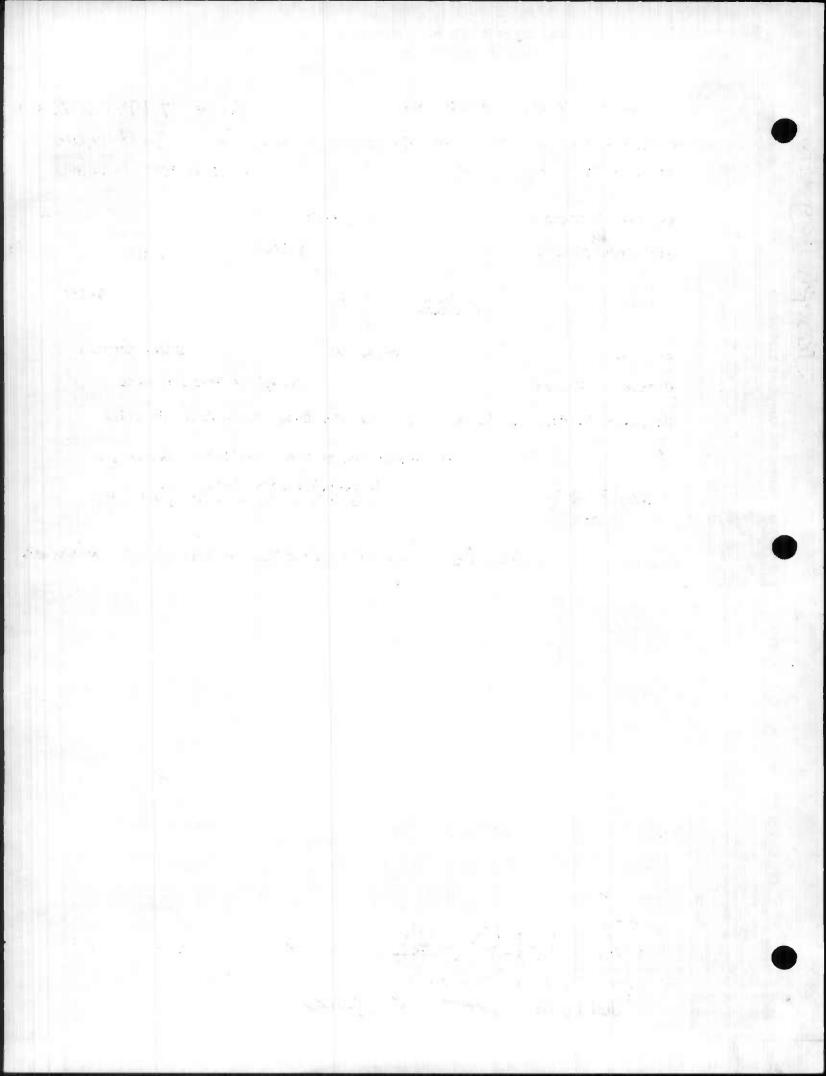
West Berverlere Brut mo

050164



Jaseph Roguski

	Please Type or State of	of Maryland / De		Health and Me	-	9 18583
	1. Decedent's Name (First, Middle, Last)			2.	Deta of Deeth Month Day	3. Time of Death
Physician /Medical	Joseph Stanley	Roguski, Sr.		J	une 7	1999 6:16 9M
Examiner	4a Fecility Name (If not institution, giva street and no			4b. City, Town, or Locat	4	unty of Deeth
	Franklin Square H		enter	KOSEda	le B.	
Funeral	5. Social Sacurity Number 6. Sex 1 № M 2 □ F	7. Age (In yrs. last birthde	Months Dey	s Hours Min.	Date of Birth (Month, Dey, Year) UCh 15, 192	9. Birthplece (State or Foreign Gountry) Maryland
Director	Usuel Residence of Decedent	,,,		IVIC	occn 13,172	, margeana
inter with 72 hours are locan with the meryend ther than "natural", or items 23a or 28a-f show out, the Medical Examinat he notified at e. Completed by Funeral Director	10a. Stete 10b. County	10c. City, Town or				10d. inside City Limits
or 28a-f shows a notified at Director	Maryland Baltimore		Perry H	all		1 □ Yas 2X No
or 28	10e. Street and Number		10f. Zip Coda	21128		of Whet Country?
rai	4431 Medolyn Road					S.A.
Funeral Director	11. Maritel Status 12. Was Dec	sedent Ever in U,S. 1 orces?	 Was Decedent of If Yes, specify Cu 	Hispenic Origin? (Specifi Iban, Mexican, Puerto Ric	y Yas or No- en, etc.)	Race - Amaricen Indien, Bleck, White, etc.
by	744.01	computer	1□ Yes 2XN			ecity: White
lete edea	15. Decedent's Education (Spacify only highest grede completed	(G	cedent's Usuel Occ ve kind of work don NOT use rati	upation a during most of working red)	16b. Kind (of Business/Industry
rt, the Medical I	Elamantary/Secondary (0-12) Collage 8th Grade	1-40r 5+1	eelworker		Stee	l Company
Be C	17. Fathar's Neme (First, Middle, Last)				irst, Middle, Meiden Su	
To Be	Waclaw Roguski			Josephin	e Powswiatu	aska
5	19a. Informant's Neme/Raietionship (Type, Print)			et end Number or Rural F		
	Mrs. Anne V. Roguski	. 0 -		in Road, Per		
	20e. Method of Disposition 1 ☒ Burial 2 ☐ Cramation 3 ☐ Removal from		sposition (Name of remetory or other p			ion - City or Town, State
	4 ☐ Donation 5 ☐ Other (Specify)	St. Jos	eph Churc		11/99 Balti	more, mu
ouce.	21. Signature of Funerei Service Licensee		Schumur 9705 Be	les Funeral Lair Rd., B	Home, Inc. altimore. M	D 21236
100	23a. Part1. Enter the disease if of mplications that shock, or heart failure. List only one cause on	ceusad the death. Do not each lina.				Approximate Interval Betwaen
lcian						Onsat end Deeth
dical niner	Immediate Ceuse (Final disease or condition resulting In daath)	te m	10 CAR	PINZ-1	whart	on minutes
	resulting in quality	Due to (or as e con	quence of):			
Examiner	b					
Exa	Sequantially list conditions, if any, leading to immediate causa. Entar Undarlying	Due to (or as a con	sequance of):			
	Ceuse (Disease or injury c	Dua to (or as a cons	sequence of):			
Physician/Medica	resulting in death) Lest		4			
an/Ne	d					I
SC	Part II. Other significent conditions contributing to	leeth but not resulting in the	underlying cause	givan in Part I.	23b. Did tobacco us	contribute to the cause of death?
detached Physic					1 Yes 2	No 3 Probably 4 Unknown
2 2					240 Man on autor	24b. Were eutopsy findings
Completed					24a. Wes en eutopsy performed?	evailable prior to completion of causa
dm						of daath?
	OF Was seen referred to				1 □ Yes 2401	lo 1 Yas 2 No
o Be	25. Was case referred to medical axaminar? 1 Yes 2 No Hospital:	inpatient 2 ER/Outpa	tient 3 DOA	26. Plece of Deeth (6	Check only ona) 5 ☐ Residence 8 ☐	Other (Specify)
-	27. Manner of Daath 28a. Date	of Injury 28b. Time	of 28c. In		d. Describe how injury o	
atlor	1 Natural 5 Pending (Mon 2 Accidant investigation	nth, Day Year) Injur		/ork? □ Yes 2 □ No		
HICE	3 Suicide 6 Could not be 28e. Place	e of Injury - At home, ferm, ling, atc. (Specify)	street, factory, office	28	Location (Street end A City or Town, Stete)	lumber or Rurel Route Number,
Certification:	Duik	mig, atc. (Specify)	-Til-Yi			
edical	29a. Certifier (Check only 2 Medical Examiner: On the I	e best of my knowladga, de	eth occurred at tha	tima, data and place, end	due to the cause(s) an	d mannar es statad.
	one) and ma	nner stated.				
E CO	29b. Signetura and title of certifier	1 11	29c. Lica	inse number	29d. Data s	ignad (Month, Day, Year)
,	/ceul/) = W	- D	28126	5 6-	8-77
/	30. Name end addrass of person who complated cat Dr. Robert Duncan, 615	se of death (Itam 23a) (Typ	Pd Roll	Air, MD 2	1014	
			Lu., bet	MUL, MU Z		
State	31. Dete filed (Month Day, Year) 1999 32.	Registrar's Signature	1. door	Kal		

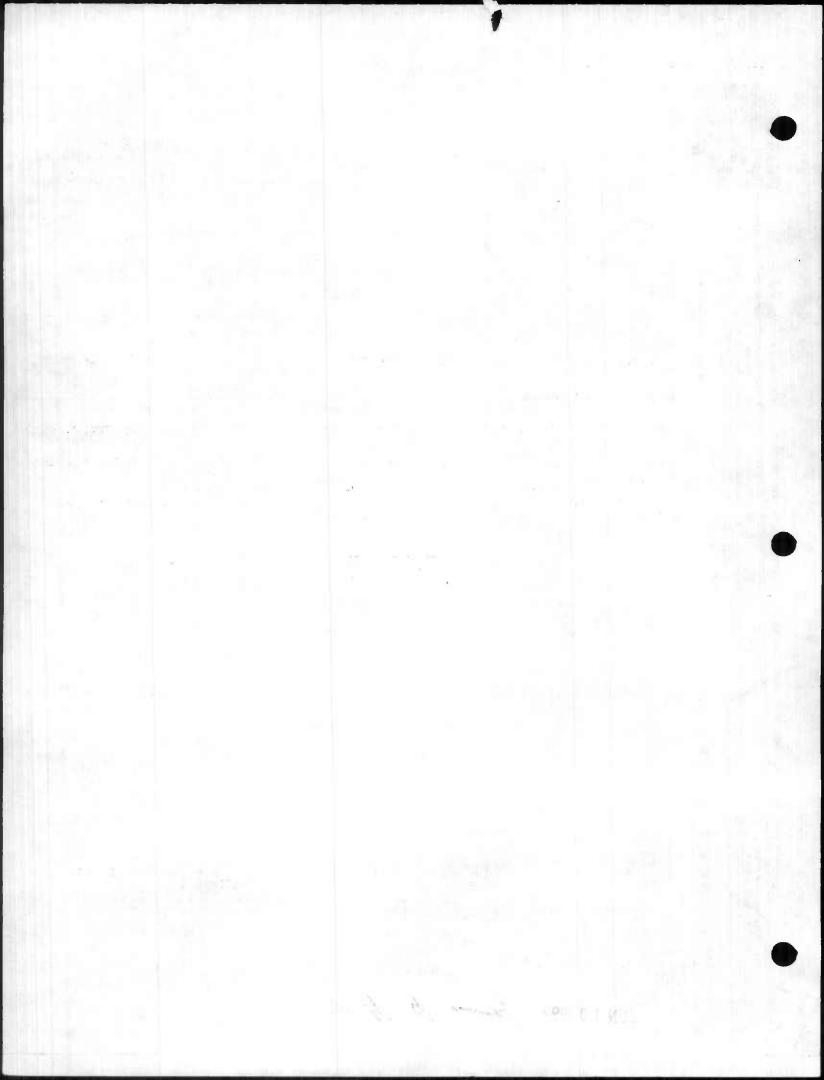


Danny Roche

State of Maryland / Department of Health and Mental Hygiene ITEMS: #23 PART I, 27, 28A-FG PER MEO G772 6-16-99 WR. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Year Day **Physician** DANNY RICHARD ROCHE June 08, 1999 6:35 A.M. /Medical 4a Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Northwest Hospital Center Randallstown 7. Aga (In yrs. last birthday) If Under 1 Year 6. Sex 1 → M 2 ☐ F If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) Days Hours 38 Vrs 217-88-4805 JAN 1,1961 MARYLAND Usual Rasidence of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1□ Yes 2√□ No Maryland Baltimore Baltimore 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 6917 Richarts Avenue 21244 U.S.A. Funeral 14. Race - American Indian, 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No. If Yas, specify Cuban, Mexican, Puerto Rican, atc.) Black, Whita, atc. 1 Yas 2 No If Yas, Give Yeer or Detes: Nevar Married 2 Married 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada completed) Elementery/Secondary (0-12) Collega (1-4or 5+) 5th Grade Self-Employed Carpenter 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be OL Ameila Spindle Charles Joseph Roche 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Ameila M. Roelecke (Mother) 6917 Richarts Avenue - BAltimore, Maryland 21244 20b. Place of Disposition (Name of cematary, cremetory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata Date 1 ☑ Buriel 2 ☐ Cramation 3 ☐ Ramovel from Stete 6/12/99 Glen Burnie, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) Glen Haven Cemetery 21. Signature of Funaral Sarvice Licensee 22. Nama and Address of Facility Hubbard Funeral Home, Inc. Thomas 9 4107 Wilkens Avenue-Baltimore, Maryland Juanita 21229 23a. Part 1 Entar tha disaase, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or haart tailura. List only one ceuse on each line. Approximata Intarval Between Onset end Death Immediata Causa (Final disease or condition rasulting in death) NARCOTIC INTOXICATION Due to (or es e consequence of): Examine The lew requires that the death certificate be executed Sequentially list conditions, if any, laading to immediata causa. Entar Underlying Ceuse (Diseese or Injury that initieted evants resulting in daath) Last Due to (or as a consequence of) 68760 Physician/Medical Dua to (or as a consequence of) Box (USB P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Records. 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? Noves 2□No page Yas 2□ No of Vital Attending Physician: funeral director Be 25. Was casa rafarred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) Certification: To After this 27. Mannar of Death 28b. Tima of Injury 28c. Injury at Work? 28d. Describe how injury occurred Division 5 Panding investigation 1 Natural 1 ☐ Yas 2 ☒ No UNKNOWN death. 2 Accident 6-8-99 after death UNKNOWN 6)(X) Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 6917 RICHARTS AVE. 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) à 4 Homicida 6 BALTIMORE CO., MD HOME 24 hours edical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. within 24 hor To the Fune completely fi Medical Examiner: On the basis of axaminetion and/or invastigation, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) and mannar statad. (Check on 4 29b. Signal 29c. License number 29d. Data signed (Month, Day, Year) O.C.M.E. June 09, 1999 30. Name end eddress of person who complated causa of death (Item 23a) (Type, Print) MO 111 Penn Street, Baltimore, Maryland 21201 State

DHMH 16 Rev 6/95

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month :00 AM MARIE 999 INNE 4b. City, Town, or Location of Death 4a Facility Name (if not institution, give street and number) 4c. County of Death If Under 24 Hrs. BAI TIMORE MARIS 105P1C If Under 1 Year 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Days 1 M 2 F Months Hours Yrs 220-36-3829 ENGLAND July 9 Usual Residence of Decedent 10d. Inside City Limits 10a State 10b. County 10c. City, Town or Location 1 Yes 2 No BALTIMORE 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 21213 ENGLAND AVE. 3444ELMLEY 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 12. Wes Decedent Ever in U.S. Armed Forces? 11 Marital Status 1 Yes 2 No 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: WHITE 3 XWidowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) HOME HOMEMAKER 12 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) SMITH UNKNOWN UNKNOWN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) SON SCHOLLIAN, JR PRIANDO AVE. BALTMORE Md. 21234 ARNOLD 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) Date 20c. Location - City or Town, State JUNE Burial 2 Cremation 3 Removal from State BALTIMORE MARYLAND MORELAND MEMORIAL 4 ☐ Donetion 5 ☐ Other (Specify) 51999 21. Signature of Famoral Service Licensee 22. Name end Address of Fecility EVANO FUNERAL CHAPEL 8800 HARFORD ROAD BALTIMORE, Md 21234 Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death Immediate Cause (Final diseese or condition resulting in death) RIVICA Due to (or es a consequence of): Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury thet initieted events resulting In death) Last Due to (or as e consequence of) Due to (or es e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medicel examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Nother (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? 1 Netural 1 Tes 2 No 2 Accident

Box 68760 Division of Vital Records, P.O.

Attending

ò hours

death.

after death Director:

within 2 To the To the

E

Examine Physician/Medical by Completed Be Certification: To

Physician

/Medical

Examiner

Funeral

Director

28a-f ahow

"natural", or items 23s or 28s-f show roles! Examiner must be notified at

the Medical

Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. Int: If item 27 is marked other than "I ury or other traumatic avent, the Mark

permit. Page Department of Important: If any Injury or page.

Physician /Medical

Examiner

Director

Funeral

p

Completed

Be

the Maryland

72 hours after

Baltimore, Maryland 21215-0020

5 Pending investigation

6 Could not be determined

28e. Placa of Injury - At home, tarm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certified

3 ☐ Suicide

29e. Certifier

4 Homicide

29c. License number

29d. Date signed (Month, Day, Year)

alley Rd. Timonium, MD 21093

Name and address of person who completed cause of death (Item 23a) (Type, Print)

ahmood

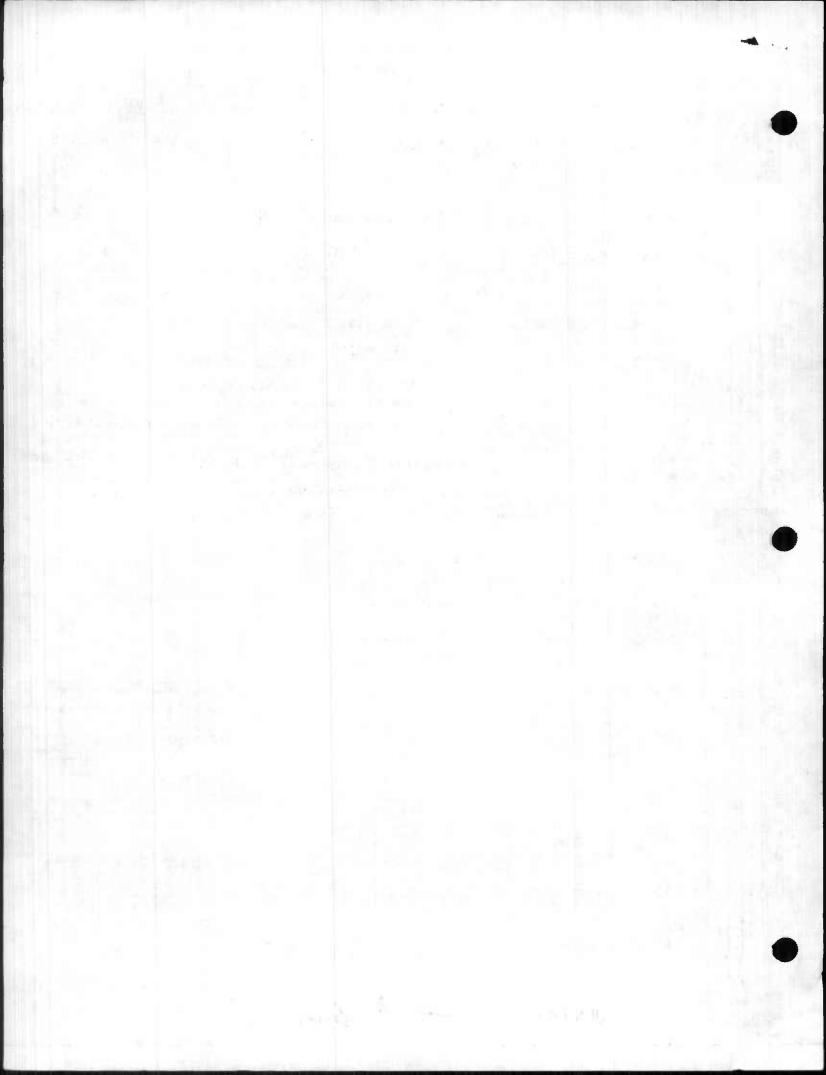
31. Date filed (Month, Day, Year) State Registrar

Medical

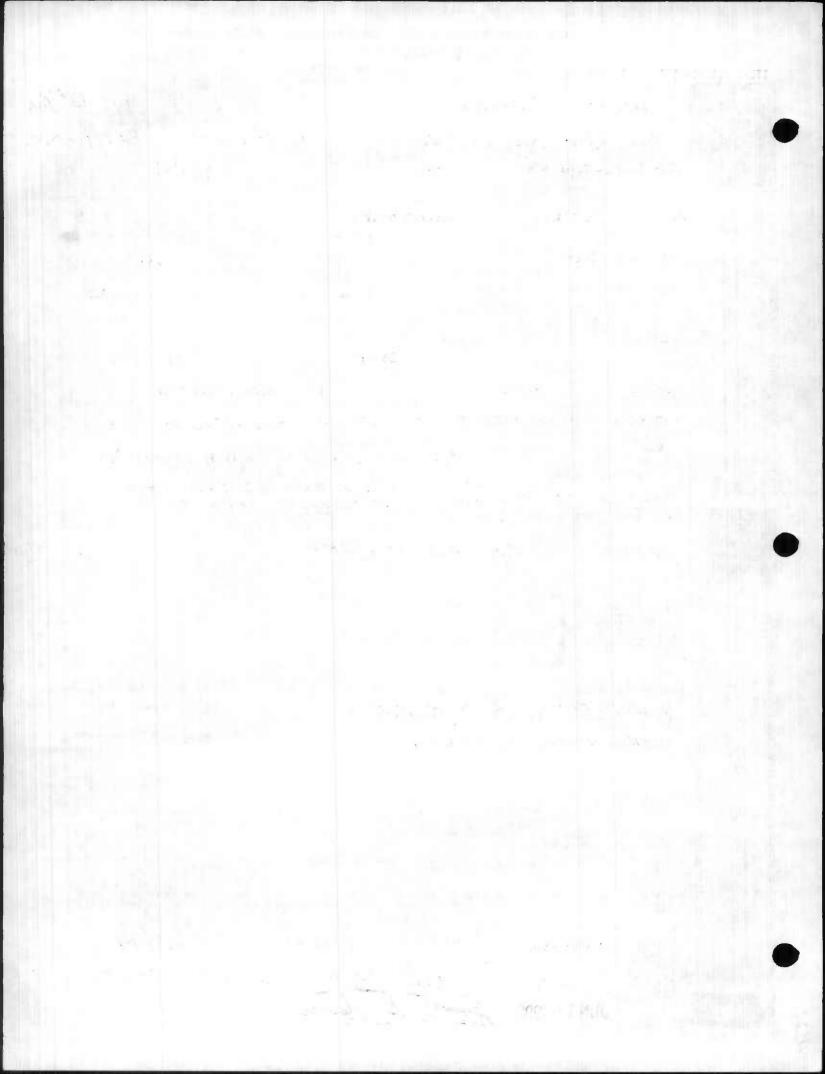
JUN 1 0 1999 >

32. Registrar's Signature

lane



	1. Decedent's Name (First, Middle	, Last)				2. Dete of Dea			3. Time of Death	
Physician /Medical	Horace	- Simm			4. Cit. Tour sale	Month	Say	Year 99	12 Am	
Examiner	4a Facility Name (If not institution	give street end number	5 Can	Les	4b. City, Town, or Lo	Las PAPO	4c. County	20 H	ilan N ho	
Funeral Director	5. Social Security Number 229 1 16 -8574	6. Sex 7. 12 M 2 F	Age (In yrs. last birth	nday) If Under 1 Year Months Deys	0.1	8. Date of Birth (Month, Day	2/2/	9. Birthplace Country)	e (State or Foreign VA	
>	Usual Residence of Decedent 10a. State 10b. County		10c. City, Town	or Location		1		104	inside City Limits	
f show	MD BALTI	MORE		STATION				100.	1X Yes 2 No	
or 28a-1 sh be notified Director	10e. Street and Number			10f. Zip Code		1	Og. Citizen of V	/het Country?	?	
23a or	526 MAIN STREE	Г		21	222	-	USA			
bi, or items Examiner m by Funer	11. Maritel Status 1 Never Married 2 Marr 3 Widowed 4 Divorced	12. Was Deceder Armed Force ed 1 Yes 25 If Yes, Give Yeer or Date:	s? No	13. Was Decedent of I If Yes, specify Cub 1 ☐ Yes 2 No	Hispanic Origin? (Spean, Mexican, Puerto	eclfy Yes or No- Rican, etc.)	14. Hac Blac	e - American k, White, etc. BLACK		
ther than "nature out, the Madical Completed	15. Deceden (Specify only highes Elementary/Secondery (0-12)	's Education t grade completed) College (1-4c		Decedent's Usual Occu Give kind of work done life. DO NOT use retire	during most of work	ing	16b. Kind of Bu	siness/Indust	try	
	17. Father's Name (First, Middle,	Last)		LABORER	18. Mother's Name	e (First, Middle,	BETH S Maiden Sumem	TEEL		
	CHARLES	SIMMS			BETS	SIE JOH	INSON			
numeric TO	19a. informant's Name/Relations			Malling Address (Street				State, Zip Co	ode)	
n 27 her th	BESSIE SIMMS B	ROWN/ DAUGH		20 SHERWOO	D AVENUE,					
tant: If itse jury or off	20e. Method of Disposition 1 Burial 2 □ Cremation 4 □ Donetion 5 □ Other (S)	pecify)	te cemeter)	Disposition (Name of crematory or other pla	Cometery 6	Date 12/99	20c. Location -	MD.	, State	
any in	1. Signature of Funeral Service	icensee An	ton	JAMES A. I	MORTON & S	SONS F.H		1.7		
	23 Fart1. Enter the disease, or shock, or heart failure. List	complications that caus only one cause on each	sed the death. Do not line.	ot enter the mode of dyi	ng, such es cardiac	or respiratory en	est,	Int	oproximate terval Between nset and Deeth	
sician edical aminer	Immediate Ceuse (Final disease or condition resulting in death)	a. MULT	TIPLE	MYELOM	A				3 MONTH	
اةِ السَّادِ	Mary and the		Due to (or as e c	onsequence of):						
burial-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	b	Due to (or as a c	onsequence of):				1		
physis the edic	Ceuse (Disease of Injury that initiated events resulting in death) Last	c	Due to (or as e co	onsequence of):				1		
forus						ant Bida		1		
by me tached	Part II. Other significant condition	ns contributing to death	Dut not resulting In	the underlying cause gi	ven in Part I.	23b. Did to	. /		e cause of death?	
be det	HHEKISCER	410 2	MYPORA	DISIVE			200110		,	
spen s should eted	CAPARO-XAS	cular c	WISEASE			24a. Was a perfor	an autopsy med?	eveila	autopsy findings able prior to eletion of cause eth?	
se ha						1□ Y	es 2 TM	1 🗆 Y	′es 2□ No	
director, pega 2 s	25. Wes case referred to medical examiner?				26. Place of Deat	h (Check only or	ne)	1		
frer this	1 Yes 2 No 27. Menner of Death 1 Natural 5 Pendin 2 Accident investig	28a. Date of in (Month, in	1 Linpatient 2 Lien/Outpatient 3 Li DOA 4 Librursing Horr					me 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred		
with Funeral Director. After the suppletaly filled in by the funeral Medical Certification:	3 Suicide 6 Could determ	ot bo	Injury - At home, far etc. (Specify)	m, street, factory, office				er or Rural R	loute Number,	
To the Funeral Director. A completely filled in by the funeral Medical Certification			of examination and	death occurred at the ti /or investigation, in my						
Toth	29b. Signature and title of certifie	an C	LMD	290 Licen	se number		6/8/9	d (Month, De	y, Year)	
	77.	//								

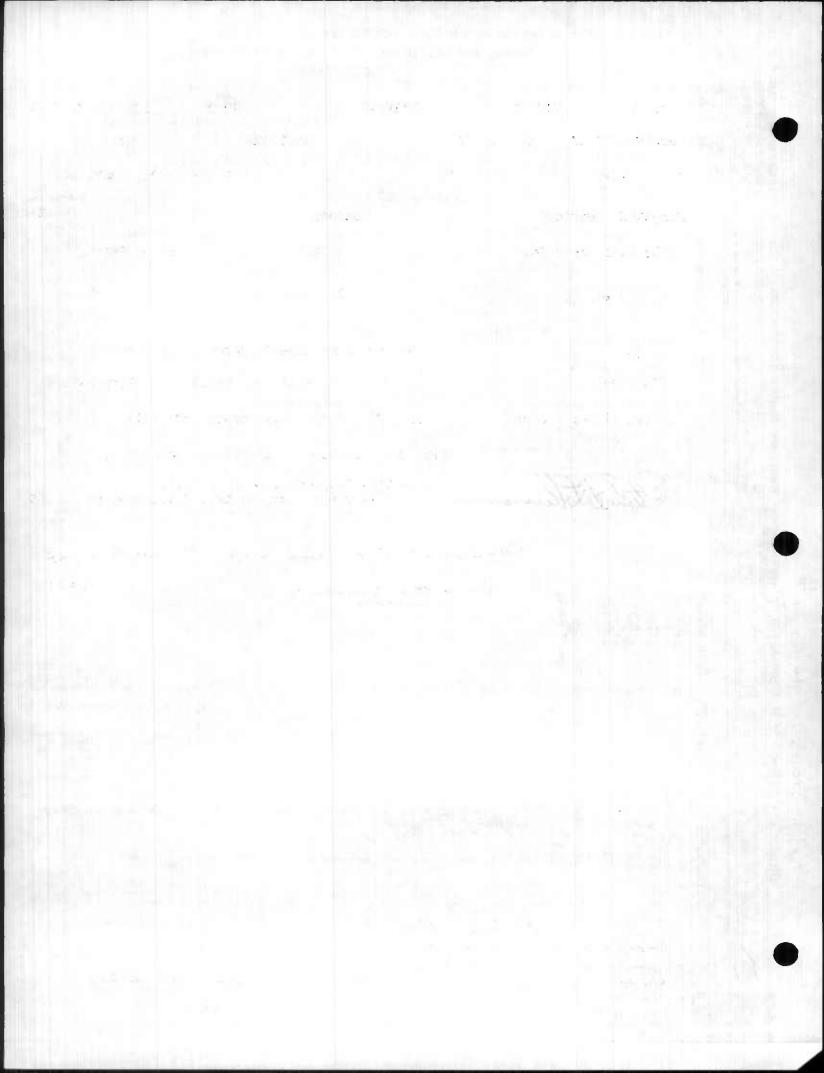


AH



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiené 9 1858

	1. Decedent's Name	(First, Middle, Li	ast)					2. Dete of De			3. Time of Death
Physician	RALPH		RNOLD		STEVENS			Month JUNE	6 1	Yaar 999	7:26 PM
/Medical Examiner	4e Facility Neme (If	not institution, gi	va street and n	umber)			4b. City, Town, or L			ty of Death	7.20 211
Examine:	JOSEPH R	RICHEY HO	OUSE HO	SPICE			BALTIMO	RE		N/A	
Funeral	5. Social Security Nu	umber 6.	Sex	7. Age (In yrs.	last birthday) If Un	der 1 Yaar		8. Date of Bir (Month, Da	th V Year)	9. Birth	place (State or Foreign
Director	216 66 63		1X M 2□ F	43	Yrs.			May 4	, 1956		yland
3	Usuel Residence of 10e. Stete	Decedent 10b. County		10c C	ty, Town or Location					1	10d. Inside City Limits
death with the maryend time 23e or 28e-f show trimet be notified at all neral Director	Maryland	Harfo	rd		,,	Stree	et.				1 ☐ Yes 2 No
28a-	10e. Street and Num				101	Zip Coda			10g. Citizen of	Whet Cour	ntry?
r News 23s or 28s-fs	3553 Mil		Rd.				21154		Unite		
ms 22	11. Merital Status		12. Was Da	cedant Evar in U	I,S. 13. Was De		Hispenic Origin? (Speen, Mexican, Puerto	pecify Yes or No		ce - Americ	can Indian,
r items	1 Never Marrie	ed 2 Married	Armed F	orces? 2 X No live				o Rican, etc.)		eck, White,	
by by	3 ☐ Widowed 4	4XDivorced	If Yes, G Year or	live Dates:	1 Li Ye	2 (ALNo	Specify:		Speci	ity:	White
t, the Medical	/Speci	15. Decedent's E	ducation	0	16e. Decedent's U	suel Occup	pation during most of worked)	kina	16b. Kind of E	Business/In	ndustry
r than " the Mo	Elementary/Secon	T		(1-4or 5+)					0		
Contract	10				Laborer	/ Ma	achine Ope			truct	ion
d out	17. Father's Neme (I		t)				18. Mother's Nem	ne (First, Middle Mari			enstaff
th end Men 7 is marke traumatic	,	•	PP PP		405 44 111	(0:					
Is r	19a. Informent's Nat Evelyn K						end Number or Ru			n, Stete, Zıp 154	p Code)
of Health Item 27 I	20a. Method of Disp		Ault	20h	Plece of Disposition (sell Ru.,	Dete Dete	20c. Location		own State
o T o	1 ☐ Burial 24	Cremetion 3		State	cemetery, crematory	or other pla		8/99	Balti		
ortant: Injury		5 Other (Spec	ify)	GI				0/ 99	Daiti	more,	רווי
Department of Important: If any Injury or ones.	21. Signature of Fug	QV.47	900		CAFA	Step	ess of Fecility ohen D. La	ohrmann	P.A.		
3240	Tust	4D Xota	wa	-	8717	Gree	en Pasture	oe Dr	Pal+im	ore.	MD 21286
	23a Part1 Fater th	a disease or cor	nnlications that	caused the dee						0207	
Physician	shock, or heer	t failure. List only	y one ceuse on	each line.	th. Do not enter the r	node of dyl	ing, such es cardiac	or respiratory a	rrest,		Approximata Intervel Between Onset end Death
/Medical	Immediate Cause (F	t failure. List only	y one ceuse on	each line.	th. Do not enter the r	HE C	ing, such es cardiac	or respiratory a	rrest,		Approximata Intervel Between Onset end Death
Medical xaminer	shock, or heer	t failure. List only	y one ceuse on	PCINO Due to (th. Do not enter the r	HE C	ing, such es cardiac	or respiratory a	rrest,		Approximata Intervel Between Onset end Death
Medical caminer	shock, or heed Immediate Cause (F disease or condition resulting in death)	Final	y one ceuse on	PCINO Due to (th. Do not enter the r or 9 OF 7 or es e consequence NSK 5 50	THE Col):	ing, such es cardiac	or respiratory a	rrest,		Approximata Intervel Between
Medical xaminer	shock, or heed Immediate Cause (F disease or condition resulting in death)	Final	y one ceuse on	PCINO Due to (th. Do not enter the r	THE Col):	ing, such es cardiac	or respiratory a	rrest,		Approximata Intervel Between Onset end Death
/Medical Examiner	shock, or heed Immediate Cause (F disease or condition resulting in death) Sequentially list con if eny, leeding to impace in cause. Enter Under Cause (Disease or lithet initieted events	final nditions, mediate thing	y one ceuse on	Due to (th. Do not enter the r	INE Cool):	ing, such es cardiac	or respiratory a	rrest,		Approximata Intervel Between Onset end Death
physician end market the burial-transit as the burial-transit and called Examiner	shock, or heed Immediate Cause (F disease or condition resulting in death) Sequentially list con if eny, leeding to im- cause. Enter Under Cause (Disease or the	final nditions, mediate trying injury	y one ceuse on	Due to (th. Do not enter the r or 9 OF 7 or es e consequence NSK 5 50	INE Cool):	ing, such es cardiac	or respiratory a	rrest,		Approximata Intervel Between Onset end Death
physician end ss the burial-transit authority as the burial-transit action and selected Examiner	shock, or heed Immediate Cause (F disease or condition resulting in death) Sequentially list con if eny, leeding to impace in cause. Enter Under Cause (Disease or lithet initieted events	final nditions, mediate trying injury	y one ceuse on	Due to (th. Do not enter the r	INE Cool):	ing, such es cardiac	or respiratory a	rrest,		Approximata Intervel Between Onset end Death
physician end ss the burial-transit as the burial-transit edical Examiner	shock, or heed Immediate Cause (F disease or condition resulting in death) Sequentially list conif eny, leeding to impace. Enter Under Cause (Disease or I that initiated events resulting in death) L	final nditions, mediate tying njury	e. CA b	Due to (th. Do not enter the research of the consequence or as a consequence or as a consequence	THE Cool):	olod in	or respiratory a	METAS 7	ASE3	Approximata Intervel Between Onset end Death
Medical xaminer	shock, or heed Immediate Cause (F disease or condition resulting in death) Sequentially list conif eny, leeding to impace. Enter Under Cause (Disease or I that initiated events resulting in death) L	final nditions, mediate tying njury	e. CA b	Due to (th. Do not enter the r	THE Cool):	olod in	774	METAS 7	ontribute t	Approximate Intervel Between Onset end Death VERS VERS
/Medical Examiner	shock, or heed Immediate Cause (F disease or condition resulting in death) Sequentially list conif eny, leeding to impace. Enter Under Cause (Disease or I that initiated events resulting in death) L	final nditions, mediate tying njury	e. CA b	Due to (th. Do not enter the research of the consequence or as a consequence or as a consequence	THE Cool):	olod in	774	METAS 7	ontribute t	Approximate Intervel Between Onset end Death VERS VERS to the cause of death?
igned by the attending physician end per datached for use as the bunal-transit and by Physician/Medical Examiner	shock, or heed Immediate Cause (F disease or condition resulting in death) Sequentially list conif eny, leeding to impace. Enter Under Cause (Disease or I that initiated events resulting in death) L	final nditions, mediate tying njury	e. CA b	Due to (th. Do not enter the research of the consequence or as a consequence or as a consequence	THE Cool):	olod in	23b. Did	ME7AS 7 tobacco use c Yes 2□ No	ontribute t 3 Pro	Approximate Intervel Between Onset end Death Onset end Death Onset end Death Onset end Death? JEPRS To the cause of death? Obably 4 Donknown Vere eutopsy findings valiable prior to
been signed by the attending physician end should be datached for use as the burial-transit and letted by Physician/Medical Examiner	shock, or heed Immediate Cause (F disease or condition resulting in death) Sequentially list conif eny, leeding to impace. Enter Under Cause (Disease or I that initiated events resulting in death) L	final nditions, mediate tying njury	e. CA b	Due to (th. Do not enter the research of the consequence or as a consequence or as a consequence	THE Cool):	olod in	23b. Did	ME7AS 7	ontribute t 3 Pro	Approximate Intervel Between Onset end Death FPRS TEDRS to the cause of death? beably 4 Onknown
been signed by the attending physician end should be datached for usa as the burial-transit augmentation of the standard physician/Medical Examiner	shock, or heed Immediate Cause (F disease or condition resulting in death) Sequentially list conif eny, leeding to impace. Enter Under Cause (Disease or I that initiated events resulting in death) L	final nditions, mediate tying njury	e. CA b	Due to (th. Do not enter the research of the consequence or as a consequence or as a consequence	THE Cool):	olod in	23b. Did	ME7AS 7 tobacco use c Yes 2□ No	ontribute t 3 Pro	Approximate Intervel Between Onset end Death Onset end Death Onset end Death Onset end Death? JEPRS to the cause of death? Death? Obably 4 Onknown Vere eutopsy findings valiable prior to ompletion of cause
ate has been signed by the attending physician end page 2 should be detached for use as the burial-transit and page 2 should be the physician was the burial-transit and page 2 should be the physician was the purial-transit and physician was the purial-transit and physician was the purial-transit and physician was the property of the physician was the p	shock, or heed Immediate Cause (F disease or condition resulting in death) Sequentially tist con if eny, leeding to impace. Enter Under Cause (Disease or the initiated events resulting in deeth) L. Part II. Other significations.	ritaliure. List only Final nditions, mediete rlying njury est	e. CA b	Due to (th. Do not enter the research of the consequence or as a consequence or as a consequence	THE Cool):	olod in	23b. Did 1 = 24e. Was period	tobacco use c Yes 2 No	ontribute t 3 Pro	Approximate Intervel Between Onset end Death Onset end Death Onset end Death Onset end Death?
ste has been signed by the attending physician end page 2 should be datached for usa as the burial-transit	shock, or heed Immediate Cause (F disease or condition resulting in death) Sequentially list con if eny, leading to imicause. Enter Under Cause (Disease or I that initieted events resulting in death) L Part II. Other significations	rest conditions	e	Due to (c) Due to (c) Due to (c)	th. Do not enter the research. Do not enter the research of each consequence or as e consequence sulting in the underlying in the underlyi	THE Cool): ANDROOF): only:	iven in Part I.	23b. Did 1 = 24e. Was period	tobacco use c Yes 2 No sen eutopsy omad? Yes 2 No one)	ontribute t 3 Pro	Approximate Intervel Between Onset end Death O
nis certificate has been signed by the attending physician end mine and in director, page 2 should be detached for use as the burial-transit and considered by Physician/Medical Examiner	shock, or heef Immediate Cause (F disease or condition resulting in death) Sequentially list con if eny, leading to imicause. Enter Under Cause (Disease or lither initieted events resulting in death) L Part II. Other signification 25. Wes case referrexaminer? 1	reditions, mediate elying njury est	e	Due to (Due to (Due to	th. Do not enter the research. Do not enter the research of the consequence or as a consequence or as a consequence sulting in the underlying line of the consequence	THE Cool): ON DR of): On DR of): DOA OT	iven in Part I. 26. Place of Deather:	23b. Did 1 24e. Was perfect the (Check only) tome 5 Pes	tobacco use c Yes 2 No sen eutopsy omad? Yes 2 No one)	ontribute t 3 □ Pro	Approximate Intervel Between Onset end Death O
if the this cartificate has been signed by the attending physician end manal director, page 2 should be datached for usa as the burial-transit and on: To Be Completed by Physician/Medical Examiner	Immediate Cause (F disease or condition resulting in death) Sequentially list confi eny, leeding to impace. Enter Under Cause (Disease or the initiated events resulting in death) L Part II. Other signification of the initiated events resulting in death) L 25. Wes case referrexaminer? 1 Yes 2	ed to medical	e	Due to (c) Due to (c) Due to (c) Due to (c)	th. Do not enter the research. Do not enter the research of each consequence or as e consequence or as e consequence sulting in the underlying in the underl	inde of dyl interior (interior of): Only:	iven in Part I. 26. Place of Deather:	23b. Did 1 □ 24e. Was perfet 1 □ ath (Check only) lome 5 □ Res 28d. Describe	tobacco use c Yes 2 No sen eutopsy ormed? Yes 2 No one) idence 6 00 how injury occu	ontribute t 3 Pro 24b. Was as of the contribute there (Special contribute the co	Approximate Intervel Between Onset end Death D
ther this certificate has been signed by the attending physician end unaral director, page 2 should be detached for use as the burial-transit and on: To Be Completed by Physician/Medical Examiner	shock, or heef Immediate Cause (F disease or condition resulting in death) Sequentially list con if eny, leeding to im cause. Enter Under Cause (Disease or I that initiated events resulting in death) L. Part II. Other signification 25. Wes case referre examiner? 1 Yes 2	ed to medical	e	Due to (CARD)	th. Do not enter the research. Do not enter the research. The research of the consequence	DOA Other Land Control of the Contro	iven in Part I. 26. Place of Deather: 4 \(\) Nursing H	23b, Did 1 24e, Was perfect the Check only lome 5 Res 28d, Describe	tobacco use c Yes 2 No sen eutopsy ormed? Yes 2 No one) idence 6 00 how injury occu	ontribute t 3 Pro 24b. Was as of the contribute there (Special contribute the co	Approximate Intervel Between Onset end Death O
ther this certificate has been signed by the attending physician end uneral director, page 2 should be datached for usa as the burial-transit and on: To Be Completed by Physician/Medical Examiner	shock, or heef Immediate Cause (F disease or condition resulting in death) Sequentially list con if eny, leeding to im- cause. Enter Under Cause (Disease or it thet initieted events resulting in deeth) L Part II. Other signific 25. Wes case referrexaminer? 1 Yes 2 2 27. Mannar of Deeth 1 Neturet 2 Accident 3 Suicide	ed to medical Solutions Pending investigate 6 Could not	e	Due to (CARD)	th. Do not enter the research. Do not enter the research. To or es e consequence or as e consequence or as e consequence sulting in the underlying line the underlying line of injury.	DOA Other Land Control of the Contro	iven in Part I. 26. Place of Deather: 4 \(\) Nursing H	23b, Did 1 24e, Was perfect the Check only lome 5 Res 28d, Describe	tobacco use c Yes 2 No sen eutopsy ormad? Yes 2 No one) idence 6 00 how injury occu	ontribute t 3 Pro 24b. Was as of the contribute there (Special contribute the co	Approximate Intervel Between Onset end Death D
ifer this certificate has been signed by the attending physician end unaral director, page 2 should be datached for usa as the burial-transit on: To Be Completed by Physician/Medical Examiner	shock, or heen shock, or heen limmediate Cause (F disease or condition resulting in death) Sequentially list configure. Sequentially list configure. Enter Under Cause (Disease or I that initiated events resulting in death) L Part II. Other signification of the sequence of the sequenc	ed to medical Solutions Pending investigatic Certifying P	b	Due to (Due to (Due to (Due to (th. Do not enter the rest. POF 7 or es e consequence or as e consequence or as e consequence sulting in the underlying DER/Outpatient 3 28b. Time of Injury Moome, farm, street, factory	inde of dyl inde o	iven in Part I. 26. Place of Deather: 4 Nursing Hary et ork? Yes 2 No	23b. Did 1	tobacco use c Yes 2 No sen eutopsy ormad? Yes 2 No one) idence 6 No how injury occu (Street and Nun wn, State)	ontribute t 3 Pro 24b. Way ox of 1 ther (Specialred	Approximate Intervel Between Onset end Death D
ther this certificate has been signed by the attending physician end in a unit in a un	shock, or heed shock, or heed limmediate Cause (F disease or condition resulting in death) Sequentially fist confi eny, leeding to impace. Enter Under Cause (Disease or the initial death) L. Part II. Other signification of the initial death of the initial dea	ed to medical No Pending investigation of determined to medical Could not determined to medical support to the could not determined to medical support to the could not determined to the could not	b. c. d. Hospitel: 1 28a. Date (Moon be built buil	Due to (Due to (Due to (Due to (th. Do not enter the research. Do not enter the research of the consequence or as a consequence or a conseque	DOA Otherstory, office	iven in Part I. 26. Place of Deather: 4 Nursing Hung et open in Part I.	23b. Did 1	tobacco use c Yes 2 No sen eutopsy ormad? Yes 2 No one) idence 6 20 how injury occur (Street and Num wm, State) cause(s) end in date end place	ontribute t 3 Pro 24b. Was as of the contribute of the contribut	Approximate Intervel Between Onset end Death Death Onset end D
ifer this certificate has been signed by the attending physician end unaral director, page 2 should be datached for usa as the burial-transit on: To Be Completed by Physician/Medical Examiner	shock, or heen shock, or heen limmediate Cause (F disease or condition resulting in death) Sequentially list configure. Sequentially list configure. Enter Under Cause (Disease or I that initiated events resulting in death) L Part II. Other signification of the sequence of the sequenc	ed to medical No Pending investigation of determined to medical Could not determined to medical support to the could not determined to medical support to the could not determined to the could not	b. c. d. Hospitel: 1 28a. Date (Moon be built buil	Due to (Due to (Due to (Due to (th. Do not enter the research. Do not enter the research of the consequence or as e co	DOA Ot 28c. Injunction, in my 29c. Licen	iven in Part I. 26. Place of Deather: 4 Nursing Harry et ork? Yes 2 No	23b. Did 1	tobacco use c Yes 2 No sen eutopsy ormad? Yes 2 No one) idence 6 No how injury occu (Street and Nun wn, State)	ontribute t 3 Pro 24b. Was as of the contribute of the contribut	Approximate Intervel Between Onset end Death Death Onset end D
ther this cartificate has been signed by the attending physician end mappen and interestor, page 2 should be datached for use as the burial-transit and on: To Be Completed by Physician/Medical Examiner	shock, or heed shock, or heed limmediate Cause (F disease or condition resulting in death) Sequentially fist confi eny, leeding to impace. Enter Under Cause (Disease or the initial death) L. Part II. Other signification of the initial death of the initial dea	ed to medical No Pending investigation of determined to medical Could not determined to medical support to the could not determined to medical support to the could not determined to the could not	b. c. d. Hospitel: 1 28a. Date (Moon be built buil	Due to (Due to (Due to (Due to (th. Do not enter the research. Do not enter the research of the consequence or as e co	DOA Ot 28c. Injunction, in my 29c. Licen	iven in Part I. 26. Place of Deather: 4 Nursing Harry et ork? Yes 2 No	23b. Did 1	tobacco use c Yes 2 No sen eutopsy ormad? Yes 2 No one) idence 6 20 how injury occur (Street and Num wm, State) cause(s) end in date end place	ontribute t 3 Pro 24b. Was as of the contribute of the contribut	Approximate Intervel Between Onset end Death Death Onset end D
tanding projections. The law requires that the obtain controlled by absoluted to support the function of the f	shock, or heed shock, or heed limmediate Cause (F disease or condition resulting in death) Sequentially fist confi eny, leeding to impace. Enter Under Cause (Disease or the initial death) L. Part II. Other signification of the initial death of the initial dea	ed to medical No Pending investigation of Could not determined Certifying P2 Medical Exa	Hospitel: 1 Contributing to a 28a. Plechalt (Mo palmer. On the palmer.	Due to (Due to (Due to (Due to (th. Do not enter the research. Do not enter the research of the consequence or as e co	DOA Ot 28c. Injunction, in my 29c. Licen	iven in Part I. 26. Place of Deather: 4 Nursing Hung et open in Part I.	23b. Did 1	tobacco use c Yes 2 No sen eutopsy ormad? Yes 2 No one) idence 6 20 how injury occu (Street and Num wn, State) cause(s) end n date end place 29d. Date sign	ontribute t 3 Pro 24b. Was as of the contribute of the contribut	Approximate Intervel Between Onset end Death Onset end Death? JEPRS to the cause of death? Obably 4 Onknown Vere eutopsy findings valiable prior to ompletion of causa if deeth? Yes 2 No ify) HSSPICE ral Route Number, steted. to the cause(s) Day, Year)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death SelmaRasiStein Day Physician Month 7:15 AM June 1999 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Reisterstoum uture care Cherrywood Baltimore If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 10 M 20 F 74 Yrs 218-12-7431 Director APR.25,1925 MD Usual Residence of Decedent death with the Maryland 10a State 10b. County -10c. City. Town or Location 10d. Inside City Limits r than "natural", or hame 23e or 28e-f sho 1X Yes 2 No Director MD N/A BALTIMORE 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3809 CLARKS LANE #207 U.S.A. 21215 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, pemit. Pages 1 and 2 ahould be filed within 72 hours after to Department of Health and Mentel Hygiene. Important: if Nem 27 le marked other than "naturel", or het any injury or other traumatic event, tra Medical Examina and injury or other traumatic event, traumatic event, traumatic examinations. Black, White, etc. 1 Never Married 2 Married Baitimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry ntary/Secondary (0-12) College (1-4or 5+) 12 HOUSEWIFE OWN HOME 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) 8 SIMON B. **HACKERMAN ESTHER** LEWIS 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) CANTOR ALFRED STEIN / HUSBAND 3809 CLARKS LANE #207 - BALTIMORE, MD 21215 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 6/6/99 ARLINGTON CHIZUK AMUNO BALTIMORE, MD 5 Other (Specify) 4 Don 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 ed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Physician cardiavasula, discar Immediate Cause (Finel disease or condition resulting in death) /Medical Examiner Examiner attending physician and for use as the burial-transit The lew requires that the death cartificate be assouted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of): P.O. Box 68760. Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of): been signed by the signal should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. À Be Completed 24b. Were autopsy tindings available prior to 24a. Wes en eutopsy performed? completion of cause of death? 1 Yes 2 10 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attanding Physician: '24 hours after daeth.
Funeral Director: After this certifica director, 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Munsing Home 5 Residence 6 Other (Specify) 217 No Certification: To 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manng of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 (Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) à 4 ☐ Homicide To the Hospital or A within 24 hours after To the Funeral Director completely filled in b edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) and manner stated. 29b. Signature and title of contillier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 21136 Reister Jours HAROLA 25 31. Date filed (Month, Day, Year) JUN 1 0 32. Registrer's 6ignature State

DHMH 16 Rev 6/95

Registrar

SECTION DE LANGE

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** Charlotte Woodruff Skinner 1999 JUNE 6 /Medical 4b. City, Town, or Location of Deeth 4a. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. Hours Min. 6. Date of Birth (Month, Dey, Year) Sept. 24,1905 9. Birthplace (Stete or f. Country) Connecticut 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Hours 1 M 2 F 216-30-6329 93 Director Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland N/A Baltimore Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? b 830 W. 40th St. 21211 United States "natural", or items 23a Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Detes: Race - American Indien, Bleck, White, etc. Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Marital Status 1 Never Merried 2 Married 1 ☐ Yes 2 X No white þ 3 N Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) homemaker own home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be 2 should be t and Mental I marked Albert Cook Woodruff Charlotte Crandal 19e. fnforment's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Appartment of Health Robert S. Skinner, Jr./son 614 Hastings Rd. Towson, MD 21286 20a. Method of Disposition 1 ☑ Burial 2 □ Cremation 3 □ Removel from State 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Dete 4 ☐ Donation 5 ☐ Other (Specify) 6/9/99 Druid Ridge Cemetery Pikesville, Maryland 21. Signeture of Funeral Service Licenses 22. Name and Address of Facility Mitchell-Wiedefeld Funeral Home, Inc 6500 York Rd. Baltimore, MD 21212 11. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, ock, or heart feilure. List only one cause on each line. Approximete Intervel Betw Onset and D **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

/Medical Examiner

physician end the burial-transit

signed by to

page 2

in by

Medical

• Funeral Di

To the Hosp within 24 ho To the Fune completely fi

certificate

Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica

Box 68760.

Records, P.O.

Division of Vital

þ Be

Physician/Medical Completed Certification: To

Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Lest 25. Was cese referred to medical examiner?

5 Pending investigation

6 Could not be determined

1 Yes 210 No

27. Manner of Deeth

1 Naturel

2 Accident

3 Sulcide

29a. Certifier

4 Homicide

29b. Signature and title of badi

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

1 Anpatient

28e. Date of Injury (Month, Dey Year)

2 ☐ ER/Outpetient 3 ☐ DOA

28b. Time of fnjury

Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24a. Wes en eutopsy performed?

24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No

hour

1601

2:00pm

1XX Yes 2 No

26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work?

28d. Describe how injury occurred 1 Yes 2 No

Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Date signed (Month, Day, Year)

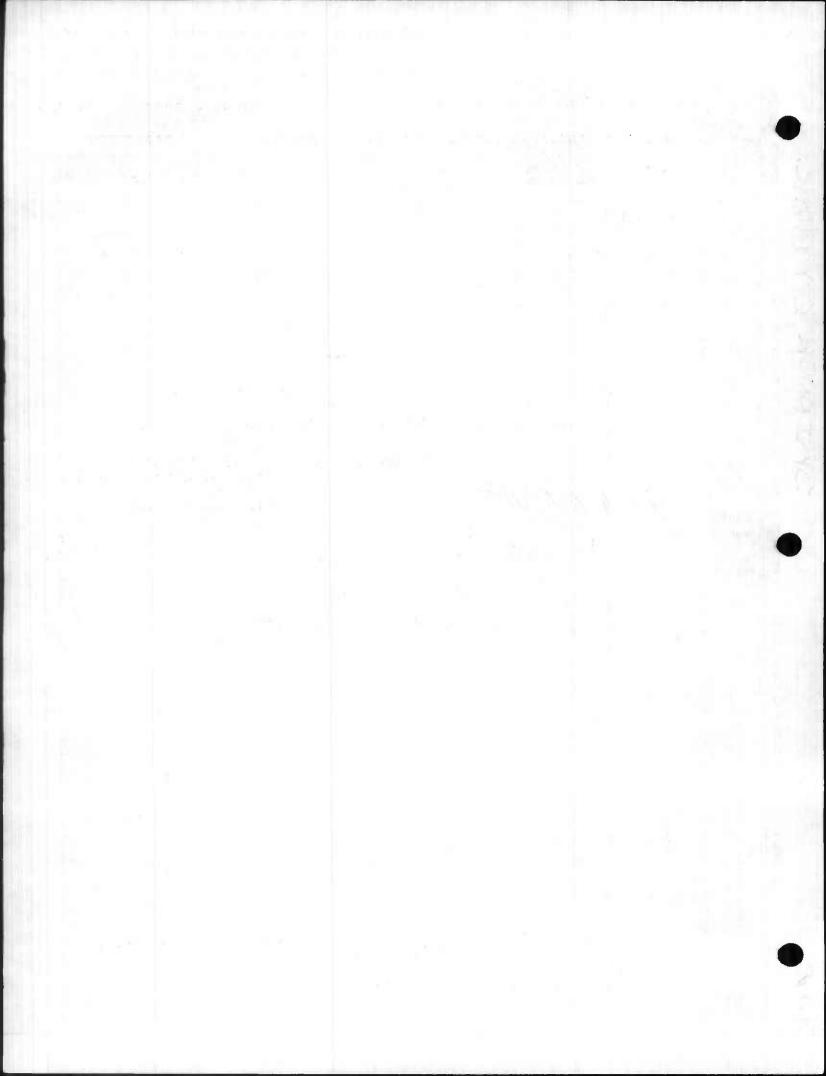
10 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end manner stated.

who completed gause of death (Item 23e)

31. Dete filed (Month, Dey, Year)

32. Registrer's Signature

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

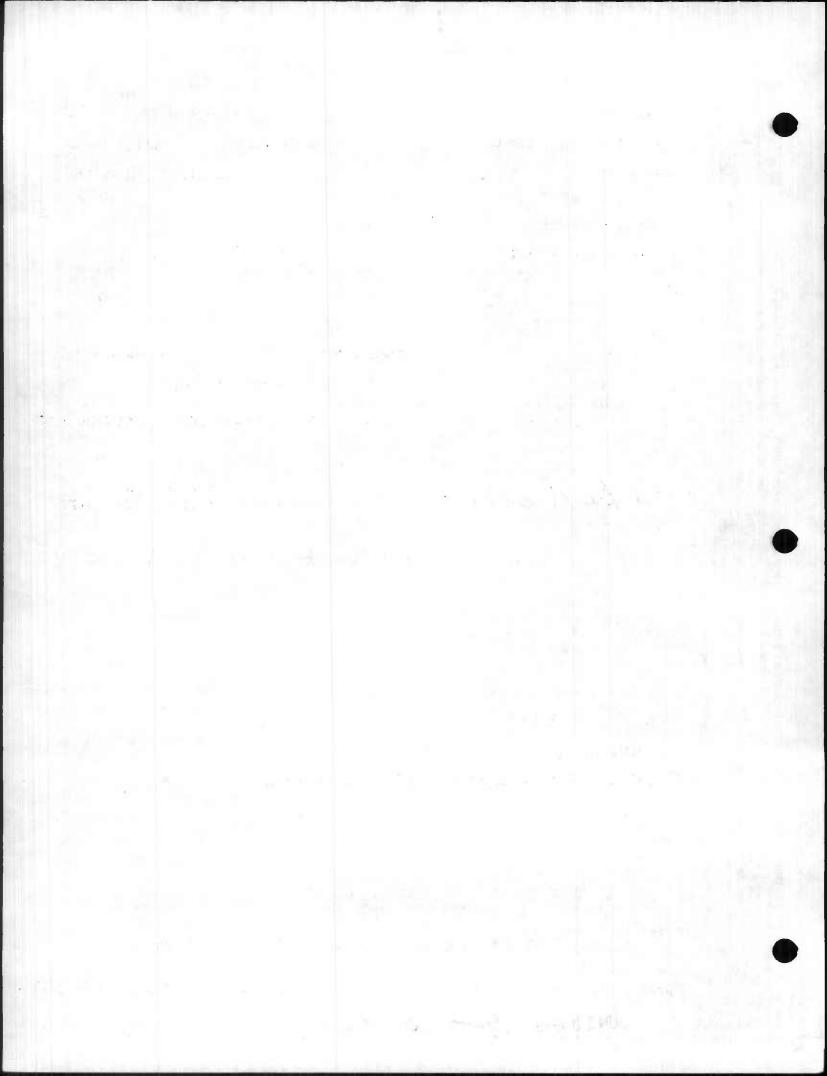
State of Maryland / Department of Health and Mental Hygiene Q

			Cer	tificate of	Death	Re	g. No.					
	1. Decedent's Name (First, Middle, Last	1)				2. Dete of Death	1	3. Time of Deeth				
Physician /Medical	ELIZABETH MA	ARY SCHMT	ፐ ፐ			JUNE 5	Dey 1999	7:15 P.1				
Examiner	4a Facility Name (If not institution, give				4b. City, Town, or Lo		4c. County	of Death				
	St. Martins Home	e for the age	d		Catonsvi	11e	Ra	ltimore Co.				
Funeral	5. Social Security Number 6. Se	7. Age (in yrs	last birthday)	If Under 1 Year Months Days		8. Dete of Birth (Month, Dey,	Veerl	Birthplace (State or Foreign Country)				
Director	216-14-0276	□M 25kF 87	Yrs.	MORETS Days		APRIL 10						
2	Usual Residence of Decedent											
how the	10a. State 10b. County	10c. C	ity, Town or Loc	cation				10d. fnside City Limits				
cto die	MARYLAND BALTIMOR	RE	CATONS	VILLE				1 ☐ Yes 2 🛣 No				
death with the Maryland ms 23s or 28s-f show Linest be notified at	10e. Street and Number			10f. Zip Code		10	g. Citizen of V	Whet Country?				
\$ 50 E	601 MAIDEN CHOICE	LANE			21228		U.S	.A.				
fractoath v	11. Maritel Status	12. Was Decedent Ever in U Armed Forces?	J,S. 13. V	Vas Decedent of H	lispanic Origin? (Spann, Mexican, Puerto	ecity Yes or No- Rican, etc.)		e - American Indien, ck, White, etc.				
by	1 Never Married 2 Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes:		☐ Yes 2 No		,		WHITE				
	15. Decedent's Edu (Specify only highest grad	le completed)	(Give I	ent's Usuel Occup kind of work done OO NOT use retire	during most of work.	ing 1	6b. Kind of Bu	usiness/Industry				
	Elementary/Secondary (0-12) 8TH GRADE	College (1-4or 5+)	TYP	TST & FT	LE CLERK		TNS	URANCE				
	17. Fether's Neme (First, Middle, Last)		1 -11	101 0 11	18. Mother's Neme	e (First, Middle, M						
Mental Mental To B	ADAM SCHMITT				FRANCE	S WALDHA	USER					
d 2 should be file th and Mental Hy 7 Is marked othe traumatic avent To Be (19e. Informent's Neme/Reletionship (T)	vpe. Print)	19b. Mailin	a Address (Street	and Number or Run			Stete, Zip Code)				
and 2 paith a n 27 la er trau	MOTHER MARGUERITE	KEMP						MARYLAND 21228				
-755	20a. Method of Disposition	20b.	Place of Dispos	sition (Name of	1			City or Town, Stete				
semit. Pages 1 ar Separtmant of Hes mportant: if itsm iny injury or othe MGS.	1 Burial 2 Cremetion 3 F	demovel from State		etory or other ple	1	10/00 7	4.7. TT T. 1.0.1	N. W. DVII 1 ND				
semit. Pages I and Separtment of Health mportant: if Itam 27 ny Injury or other tr anse.	4 Donation 5 Other (Specify)	7110		REDEEME		/9/99 B	ALT LMO	RE, MARYLAND				
permit. Pages Department of b Important: if its any injury or of phose.	21. Signature of Funeral Service Licensee 22. Name end Address of Fecility 4107 Wilkens Avenue											
	23a. Per Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, and or heart failure. List only one cause on each line.											
Physician /Medical Examiner	fmmediete Cause (Finel disease or condition resulting in death)	. WELL -		ERENT				Intervel Between Onset end Death				
assouted n and tel-transit Examiner												
ceta be assouted physician and s the burial-transit	Sequentially list conditions,	Due to (or es e consequ	ience of):								
ficate be ave physician a se the burlai- edical Ex	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events											
licata be physicia is the bu	thet initiated events resulting in death) Last	C. Due to (or es a consequ	ience of):								
attending planus as to clan/Mec		X = I										
attendi for use		d										
d by the attend letached for us.	Part II. Other significant conditions con	ntributing to death but not re-	sulting in the un	derlying cause giv	ven in Pert I.	23b. Did tol	Dacco uss co	ntribute to the cause of death?				
hat the dead by the detached	01011- 0-0	. 45				1 🗆 Ye	2 2 No	3 Probably 4 Unknown				
signed d be del	RIGHT STR	ORE		-								
The law requires that the death certificate be executed the has been signed by the attending physician and page 2 should be detached for use as the burial-transit completed by Physician/Medical Examir	PNEUMONIA	, 41	POTH	YROLD	MZIC	24a. Wes er perform		24b. Were eutopsy findings evaileble prior to completion of cause of deeth?				
	ACUTE ON	CHRONIC	e RE	NAL F	AILURE	1 □ Ye	s 2 50 No	1 Yes 2 No				
ysician: The scarificate director, par	25. Wes case referred to medical examiner?				26. Place of Deet	h (Check only one	9)					
Physician: this cartific ral director.	TE TES ZENO	Hospitel: 1 Inpatient 2	ER/Outpatient	3LI DON		me 5 Reside						
After fune	27. Manner of Death 1 Netural 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Day Year)	28b. Time of fnjury	M 1	ry et rk? Yes 2 □ No	28d. Describe ho	w injury occur	red				
T	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injury - At h building, etc. (Speci	nome, farm, stre ify)	et, tectory, office		28f. Location (Str City or Town,	eet and Numb , State)	per or Rural Route Number,				
To the Hospital or Attandamin 24 hours after death of the Funeral Disector: completely filled in by the Medical Certifical		sician: To the best of my kni ner: On the basis of examin- end menner steted.										
Me the	29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Year)											
- > - 0	Kawal	le Lam no		DI	8362	J	une,	6,1999				
	30 Name and address of access up	emploted cause of death fits	m 22e) /T 5		- 00-							
	30. Name and address of person who co				OTT	0 P 3		1 1 01000				
	Dr. Komal Dang	3455 32 Registrer's Sign		Avenue	SUITE 30	νο, Balti	lmore,	Maryland 21229				

DHMH 16 Rev 6/95

Registrar

JUN 1 0 1999 Bener & Sparks



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 8592 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day JOHN SMOLAK 3 1999 5:15 p.m. June 4e Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth BALTIMORE N/A CHURCH HOME HOSPITAL If Under 1 Year If Under 24 Hrs. 6. Sex 1 M M 2□ F 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year, 9. Birthplace (State or Foreign Months Deys 85 UKRAINE 215-28-7334 Jan. 1,1914 Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1XXYes 2 □ No MD. N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 733 S. CURLEY STREET 21224 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Merried 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) LABORER MONARCH RUBBER CO. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) OLEKSA SMOLAK MALANKA ZAZULAK 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) ANNA SMOLAK/WIFE 733 S. CURLEY STREET, BALTIMORE, MD. 21224 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1XX Burial 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) MICHAEL'S UKRAINIAN 6/7/99 BALTIMORE, MD. 21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility LILLY & ZEILER INC. FUNERAL HOME 1901 EASTERN AVENUE, BALTIMORE, MD. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart leilure. List only one cause on each line. Approximete Interval Between Onset end Death Immediate Ceuse (Finel Acute myocardial infarction hours diseese or condition resulting in death) Due to (or es e consequence of) Diabetes mellitus years Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or es a consequence of): Due to (or es e consequence of) Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably XX Unknown Infected decubitus ulcers 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? Diabetes mellitus 1 ☐ Yes 2 € 1 ☐ Yes 25 No 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Minpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Panding Investigation (XXXIIII) 1 Yes 2 No 2 Accident 6 ☐ Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

that the death certificate be assecuted Box 68760, P.O. Records. Division of Vital Attending Physician: **Physician**

/Medical

Examiner

Funeral

Director

show

288-1

23s or

Barras

'natural', or

permit. Pages 1 and 2 should be lile.
Department of Neatth and Mental Hyp important: if liem 27 is marked other any Injury or other traument once.

Physician /Medical

Examiner

physician and s the burial-transit

USB

be det

certificate has b director, page 2 s

funeral director,

filled in by

this

death.

6 Hospital

24 hours after deat Funeral Director:

within 2 å ‡

Examiner

Physician/Medical

à

Completed

Be

Certification: To

edicai

State

Registrar

29a. Certifier (Check only one)

29b. Signature and title of certillec.

31. Dete filed (Month, Dey, Year)

JUN 1 0 1999

72 hours after

Baltimore, Maryland 21215-0020

Director

Funeral

à

Completed

Be

DHMH 16 Rev 6/95

32. Registrer's Signeture

~W

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

ORIGINAL

Gracito V. Patricio, M.D.P.A., 703 S. Clinton Street, Baltimore, Md.

XXCertifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end manner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted.

29c. License number

D08358

29d. Date signed (Month, Day, Year)

6/10/99

Electrical St. Transfer of the

ORIGINAL

Will Proper grade and the second and the form

description of the state of the second section of the section of th

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death Month Day 8:15 A.M. Terru 99 06 aphae 04 4a Facility Name (If not institution, give street and númber) 4b. City, Town, or Location of Death 4c. County of Deeth CENTER BALTIMORE GREENSPRING NURSING If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) If Under 1 Year 5. Social Security Number Birthplace (State or Foreign Country) Days 10XM 2□ F Months 216-34-6956 59 09/10/1939 Maryland Usuat Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 X Yes 2 No Maryland Baltimore 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 149 South East Avenue 21224 U.S.A. 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. 1 Yes 2 No 1 ☐ Never Married 2 ☑ Married 1 Yes 2 No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced Year or Dates 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Construction 12 Welder 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Kassie Terry Ardella Shannon 19a. fnformant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Keith Terry / Son 149 South East Ave., Baltimore, Maryland 21224 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Ptace of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State 6/11/99 Landsdown , Md. Mr. Zion Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fecility The Derrick C. Jones Funeral Hm. 21. Signature of Funeral Service Licenses 4611 Park Heights Ave., Baltimoree, Maryland 21215 23a. Part1. Enter the disease, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) uscan Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequent Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Wes en eutopsy performed? 1 Yes 1 Yes 2 No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury at Work? 28a. Date of tnjury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 5 Pending 1 ☐ Yes 2 ☐ No investigation

The law requires that the death certificate be executed burial-transit P.O. Box 68760. physicien s the buria Physician/Medicai 88 USB ate has been signed by page 2 should be detac Records, Be Completed certificate has Division of Vital or Attending Physicien: director. Medicai Certification: To this After within 24 hours after death. To the Funeral Director: A completely filled in by

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or itema 23a or 28a-f ahow the Medical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours efter neat of Health and Mental Hygiene.
unt: if item 27 is marked other than "natural", or ite ury or other traumatic event, me Medical Esterniary or other traumatic event, me Medical Esternia.

Depertment of important: If any Injury or page.

Physician /Medical

Examiner

Examiner

by

altimore, Maryland 21215-0020

Director

Funeral

py

Completed

Be

the Maryland

death with

25. Was case reterred to medical 1 Yes 2 No 27. Manner of Death Netural 2 Accident 3 ☐ Suicide 6 Could not be 28e. Ptace of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier

(Check only one)

The Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Baltimae MD2/201 -IAQA Eutow 31. Date filed (Month, Dey, Year) 32. Registrar's Signature

State Registrar

DHMH 16 Rev 6/95

Hospital

To the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of Death Dorothea Elizabeth Walter Month Dev Year Physician June 8, 1999 8:55 PM /Medical 4a Facility Nama (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Genesis Heritage Meridian Eldercare Dundalk Baltimore If Under 24 Hrs. If Under 1 Year 5. Social Security Number Birthpiaca (State or Foraign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Days Months Hours 220-12-7083 1□M 20 F Director Jan. 6,1919 80 Maryland Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 'natural', or flams 23s or 28s-f show Dundalk 1 Yas 2000 Maryland Baltimore Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21222 7237 Martell Avenue United States Funeral 14. Race - American Indien, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify à 3 ☐ Widowed 4 ☐ Divorced Year or Detes White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Years Banking Banking Industry 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) 8e permit. Pages 1 and 2 should be Department of Health and Mental Important: If Nem 27 is marked of 2 Walter Hollor Solloway Mary L. Schlinkman 19e. Informant's Neme/Reletionship (Type, Print) Husband 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. Donald Walter 7237 Martell Avenue Dundalk, Maryland 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery 6/12/1999 Baltimore, Maryland 22. Name end Address of Fecility
Duda-Ruck Funeral Home of Dundalk, Inc. 21. Signeture of Funeral Service Licensee 7922 Wise Ave. Dundalk, Maryland 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** COLONS CARCINEDMA /Medical Immediata Cause (Final disease or condition resulting in death) Examiner Examiner ASTHEMIA physician and s the burial-transit that the deeth certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last IAL Box 68760 Physician/Medical Due to (or as e consequenca of) for use as P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by sate has been signate, page 2 should b 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was en eutopsy performed? Completed 1 🗆 Yes 2 No 1 🗆 Yes ALT No certificate or Attanding Physician: 25. Was case referred to medical exeminer? Be 26. Place of Deeth (Check only one) 1 Yes 2010 Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: Nursing Home 5 Residence 6 Other (Specify) Certification: To this 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 5 Pending investigation Netural 2 Accident death. n 24 hours after death.

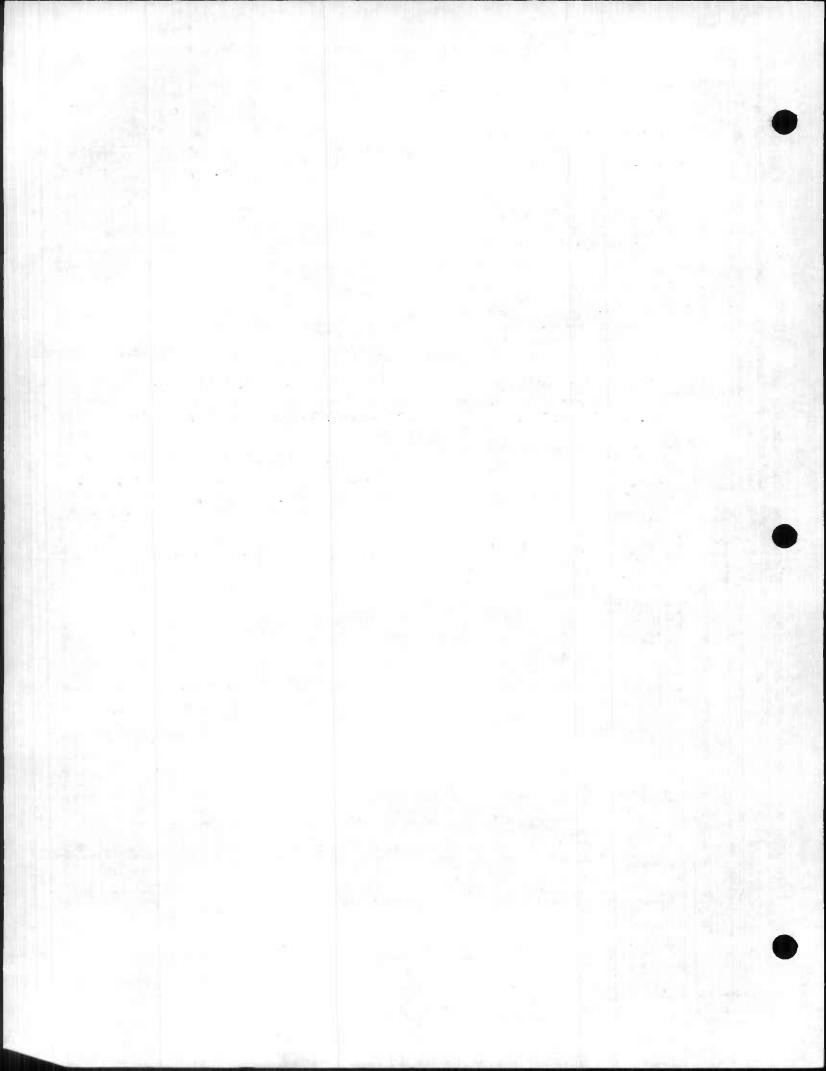
• Funeral Director: Alphetely filled in by the fu 1 Tyes 2 □ No 6 ☐ Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 ☐ Homicide Hospital To Certifying Physician: To the best of my knowledge, death occurred at tha tima, date end place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner stated. edicai 29a. Certifian (Check only one) To the within 2 29b. Signature and fittle of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30-Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) Baltinere MD 21222 Ulla Mark 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State 1 0 1999 Registrar

PHIO

DHMH 16 Rev 6/95

soulle



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death AMENDED ITEM #19a PER FH G772 6/10/99 AH Reg. No. 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Death Month Day **Physician** 0756 A.M. WATTS 07, ENRY MESHACH /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hospital Saltimore If Under 24 Hrs. 8. [)inai 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Hours Days 1 MM 20 F Months 213-26-8028 Director 04/01/1928 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location Show 10d. Inside City Limits r than "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at 1 Yes 2 No Director Maryland Baltimore 10e Street and Number 10f, Zip Code 10g. Citizen of What Country? 3813 Dolfield Avenue 21215 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? 5/25/1948 1 🖫 Yes 2 No 12-1948 It Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: Black P 3 ☐ Widowed 4 ☐ Divorced 5/6/1952 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Complet Elementary/Secondary (0-12) College (1-4or 5+) coperiment of Health and Mental Hyglen Important: if fem 27 is marked other than any lighty or other traumatic conce. 11 Laborer Public Parks 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Henson Watts Sarah Johnson 19a. Informant's Name/Relationship (Type, Print) GERALDINE 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 3813 Dolfield Ave., Baltimore, Maryland 21215 and Disposition (Name of Date 20c. Location - City or Town, State Gerldine Watts / Wife altimore. 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State Forest Vet. Cemetry 6/14/99 4 ☐ Donation 5 ☐ Other (Specify) Owings Mills, Md. 49irison 21-Signature of Funeral Service Ligensee 22. Name and Address of Facility The Derrick C. Jones Funeral Hm. 4611 Park Heights Ave., Baltimore, Maryland 21215 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause of any him. Physician /Medical Immediate Cause (Final Schenic Cardiomyopathy monthe disease or condition resulting in deeth) Examiner Coronary artery diseas Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest pue Box 68760, Diabetes mellitus Physician/Medical Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? PO signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Lactic acidosis, hypertension history, Records, þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy Peripheral ruscular disease, chronic obstructive completion of cause of death? disease 25. Was case referred to medical examiner? 1 Yes 2 No 1 ☐ Yes 2 ☑ No Division of Vital Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Inpatient 2 EP/Outpatient 3 DOA Certification: To 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of After Attending 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No death. 2 Accident offer death Director: / 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

DHMH 16 Rev 6/95

6

To the Hospital or within 24 hours eft.

To the Funeral Discompletely filled in

Medical

State Registrar 4 Homicide

(Check only one)

Dun

29b. Signature and title of certifier

31. Date filed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Dillman

Ewing MD
32. Robismys Sig

29a. Certifier

ORIGINAL

12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted.

29c. License number

2701 W Beliedere Ave Bultimore, MD 21215

29d. Date signed (Month, Day, Year)

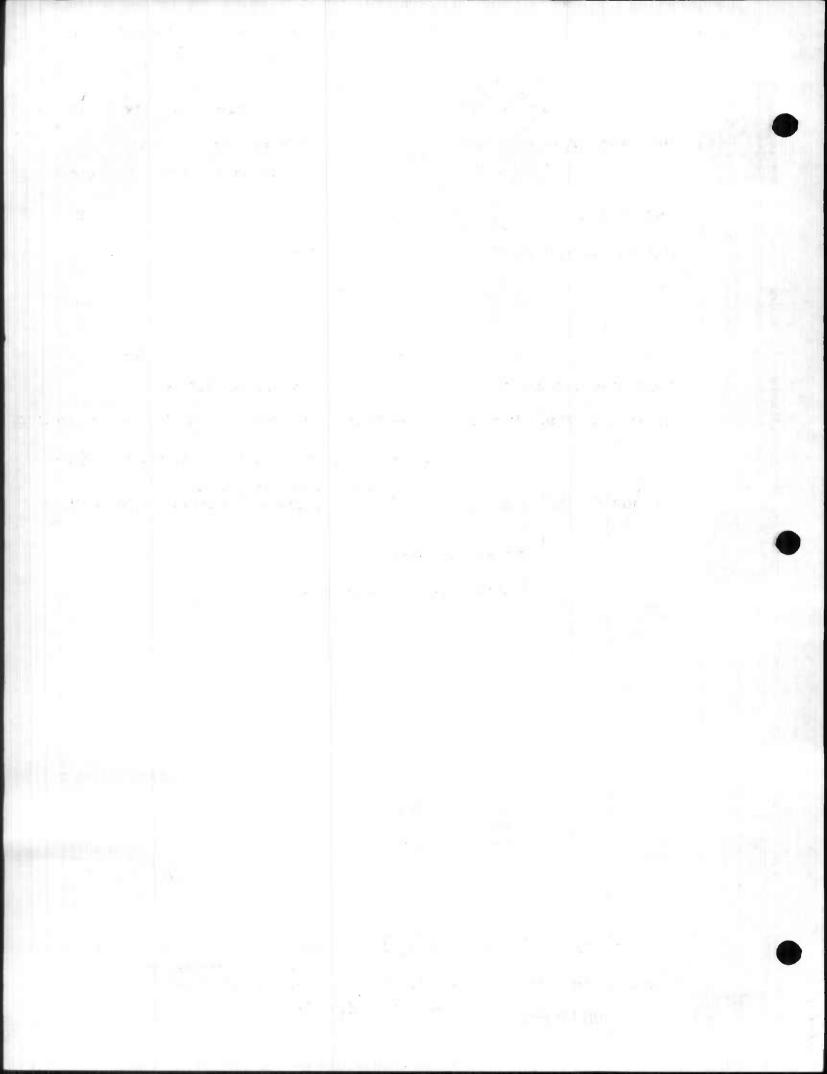
Taileteele ele usa mineriman. 19 19 a at the care in the same AND TO US ON ASSESSED IN provide a finish or a transport of the sale. with the state of A A COLOR the state of the s plant the same of way in the state of the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.
State of Maryland / Department of Health and Mental Hygiene

۱	Funera Directo	a
altimore, Maryland 21215-0020	mit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland partment of Health and Mental Hygiene. Portant: If item 27 is marked other than "natural", or items 23a or 28e-f show y injury or other traumatic event, the Medical Examiner must be notified at	

					Certifica	ate of	Death		Reg. No.		
		1. Decedent'a Name (First, Middle, Last)	V I				2. Date of De	ath		. Time of Death
Physic		Lance Willia	me					Month	Day	Yeer	
/Medi							4h City Town or	June	4		7:00 pm
Exami	Lance Williams 4e. Facility Name (If not institution, give street and number) Sinai Hospital of Baltimore 5. Social Security Number N/A Usual Residence of Decedent 10a. Stete 10b. County Maryland N/A Baltimore 4b. Ab. 7. Age (In yrs. last birthday) Yrs. 120 M 2 F 10c. City, Town or Location Baltimore		4b. City, Town, or	Location of Deal	4c. Coun	ty of Death					
				е			Baltimore			N/A	
Funeral					Month				th	9. Birthplace	(State or Fore
Director		N/A	JM ZUF	,	rs.		10	June 4		Maryla	
Mow W				10c. City, Town	or Location					10d.	Inside City Lin
13	ō	Maryland N/A		Baltim	ore						1 💢 Yes 2 🗆
284	9	10e. Street end Number		-,	10f.	Zip Code			10a Citizen of	What Country?	
natural', or items 23a or 28a-f show		1946 WEST FAYETTE	STREET				1223			S.A.	
8 23	Funeral										
P P	S	11. Marital Status	Was Decedent E Armed Forces?		If Yes, s	pecify Cub	Hispenic Origin? (S ean, Mexican, Puerl	pecify Yes or No to Rican, etc.))- 14. Ha	ice - American I ack, White, etc.	ndian,
7 1		1 Never Married 2 Married	1 ☐ Yes 2 ☒ N If Yes, Give	0	1 ☐ Yes	2 X No	Specify:		Spec	ity: -	
E	d by	3 ☐ Widowed 4 ☐ Divorced	Year or Dales:						Оросо	·/·	BLACK
iene. r than "natural", or items 23a or 28a-f show the Medical Examiner raust be notified at	Completed	15. Decedent's Edu (Specify only highest grad		16e.	Decedent's U	suel Occup	pation	rkina	16b. Kind of I	Business/Indust	ry
M. M.	ig.	Elementary/Secondary (0-12)	College (1-4or 5-	+)	iife. DO NOT	Tuse retire	during most of world)	n'ing			
giene.	5	N/A			N/A				1	N/A	
ntal Hygi od other event, I	Be	17. Father's Name (First, Middle, Last)					18. Mother's Nar	ne (First, Middle			
0 0	To B	GLENN ANTHONY WIL	LIAMS				ARTIT	A D. WIC	CKHAM		
th and Men 7 is marke traumatic	1-	19a. Informant's Name/Relationship (Ty		195	Mailing Addre	ass (Street	t and Number or Ru			State Zin Co	10)
		Arilia D. Wickham					yette St				
item 27 other tr		20a. Method of Disposition	(III CIICI)	20b. Place of			Tours De				
2 = 10 2 = 10		1 Burial 2 Cremation 3 DR	emoval from State	cemetery	, cremetory o	or other pla	,	Dete	20c. Location	- City or Town,	State
Department of Heal important: If item 2 any injury or other once.		4 ☐ Donation 5 ☐ Other (Specify)		Metro	Cremato	ory,	Inc.	6/9/99	Baltin	nore,Mar	ryland
import any inj once.		21. Signaturi of Funeral Service License	90		22. Name	and Addre	ess of Fecility				
aminer ial-transit	Examiner	Sequentially list conditions, if any, leading to immediate	Preterm	rupture	of me	embra	nes				
nding physician and use as the burial-transit	Medical	cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	D	ue to (or es e co	onsequence o	f):					
o etten	cla	Dot II Other clouidiant and illand	authoration an almost book								
signed by the etter be detached for (Physician	Pert II. Other algnificant conditions con	tributing to death but	not resulting in	the underlying	g cause giv	ven in Part I.			ontribute to the	
deta deta								1 🗆	Yes 2 No	3 Probably	y 4 Unkn
Sign	þ										
been si should	Completed							24a. Was perfo	en eutopsy rmed?	evailab	utopsy finding le prior to
S CA	pjd									of deat	tion of cause h?
	ОП							1□	Yes 2 No	1 □ Ye	s 2 No
certificate rector, pa	Bec	25. Was case referred to medical					26. Plece of Dea				
	0	examiner?	ospital:	t 2 ER/Out	nations of	DOA Oth	oor:			h //2	
年 语	 -	27. Manner of Death	143/Inpatien			DUA	4 LI Nursing In	ome 5 Resi	dence 6 ∐Ot how injury occu		
After	ior	1 X Naturat 5 ☐ Pending	28a. Date of Injury (Month, Day		ury	28c. Injus Woo	rk? Yes 2.0 No				
Director: A	ica	2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not be	N/A		/ A		100 241110		/A	han as D : 15	uda Africa
in by	Certification:	4 ☐ Homicide determined	28e. Place of Injur building, etc.	y - At home, farr (Specify)	n, streat, fact	ory, office		28f. Location (: City or To		ber or Rural Ro	ute r/umber,
ie d				N	I/A				N/A		
une ly fil	cai	29a. Certifier (Check only 2 Medical Examin	ician: To the best of	my knowledga,	death occurre	ed at the tir	me, date and place	, and due to the	ceuse(s) end m	nanner as stated	d.
plete	edicai	(Check only 2 Medical Examir	and manner state	examination end/ ed.	or investigation	on, in my d	ppinion, death occu	rred at the time,	date and piece	, and due to the	cause(s)
To the Funeral Director: After completely filled in by the fune	M	29b. Signature and title of certifier	00	/	2	29c. Licens	se number		29d. Date sign	ed (Month, Dey,	Yeer)
			1 4	_ N	7/)		0205		7.	4000	
					1	P1	2305		June 4	1, 1999	
		30. Name and address of person who co					2401 W	. Belve	dere Av	e.	
		Sharman L. Baybro	ok, MD S	Sinai Ho	spital		Balto.	, MD 2	1215		
Sta	ite	31. Date filed (Month, Day, Year)	32, Registrar	's Signature	4	1	11	-71			
			The second second		-	A 13.00	45				

DHMH 16 Rav 6/95



Please Type or Print in Biack Indelibie Ink. Assure All Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month 1.35 Am COLEMAN ELLSWORTH WEBB 07 4b. City, Town, or Location of Deeth 4a Fecility Neme (If not Institution, give street end number) 4c. County of Deeth Baltimore St Agnes health Care BALTIMORE COUNTY If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) 5. Sociel Sacurity Number 7. Age (In yrs. lest birthday) 1 🗓 M 2 🗆 F 75 Yrs APR 7 1924 MARYLAND 218-12-3225 Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2KINO MARYLAND BALTIMORE CATONSVILLE 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code 815 WINTERS LANE 21228 U.S.A. 12. Was Decedant Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Bleck, White, etc. 11. Marital Stetus 1 ⊠Xes 2 □ No If Yas, Give Yaer or Detes: 43/46 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 X No Specify: Specify: BLACK 3 X Widowed 4 □ Divorced 16e. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) VA HOSPITAL 8th grade LAB TECH 17. Fethar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) SCOLLIE E. WEBB SR ADA I WEBB 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 5931 Old Frederick Rd, Catonsville, Md 21228 Thelma I. Webb/Sister 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete 1 Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) GARRISON FOREST 6-10 OWINGS MILLS, MARYLAND 22. Name and Address of Fecility WILLIAM C BROWN COMMUNITY FUNERAL HOME PA 1206 W NORTH AVENUE 23a. Part1. Enter the disease, or complications that causad the death. Do not anter the mode of dying, such es cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death Immediata Cause (Final disease or condition resulting in deeth) End stage COPD Due to (or es e consequence of): One month Prendominas Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted avents resulting in deeth) Lest Due to (or es e consaquence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 € Unknown 24b. Were autopsy findings available prior to completion of causa of death? Cardio vascular disease 24a. Was en eutopsy performed? 2 No 1 Yes 2 No 25. Wes case referred to medicel examiner? 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Day Year) 27. Menner of Daeth 28b. Time of 28c. tnjury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

usa

Physician/Medical þ Be 70

Medical

4 Homlcide

29a. Certifier

Examine

Physician

/Medical

Examiner

Funeral

Director

"natural", or items 23a or 28a-f show

Pages 1 end 2 should be filed within 72 hours after deeth nent of Health and Mental Hygiene.
Int: If flean 27 Is marked other than 'natural', or fleme 23.
Inty or other treumatic event, the fleation Examines must you

permit. Pages Department of Important: If it any Injury or c

Physician

/Medical

Examiner

Directo

þ

Completed

or A efter Oire 24 hours

To the Vithin 2 To the Complet Registrar

M.D.

29c. License number P12595

12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axaminetion and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year)
June - 07 - 1999

30. Name and eddress of person who complated cause of deeth (Item 23a) (Type, Print) Mallah . M.D. Mustapha

Baltimore, MD 21229

32. Regis rac's Signature

31. Data filad (Month, Day, Year)

DHMH 16 Rev 6/95

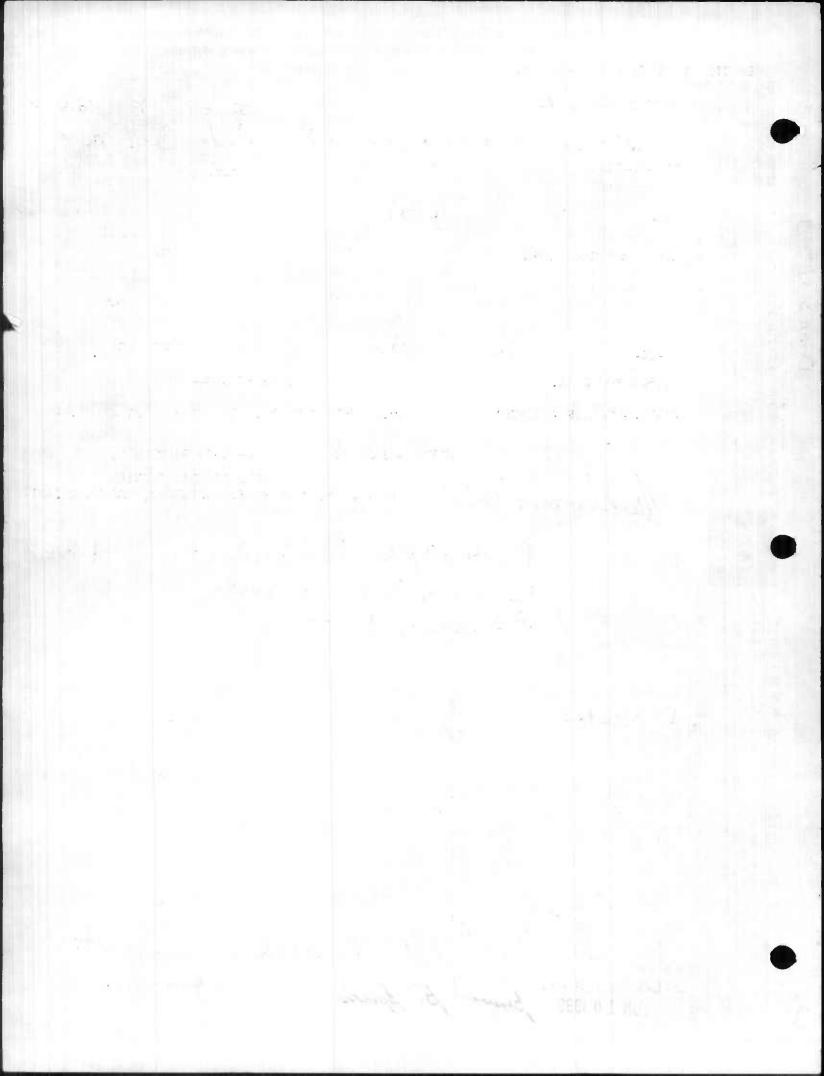
Complete and

Place Type or Print in Riack Indelible Ink	Assure All Conies Are Legible
Please Type or Print in Black Indelible Ink.	Assure All Copies Are Legible

	EM #	18 PER F.H. G773 7-8-99		(Certifica	te of L	Death	- ,	Reg. No.	1000	12.0
Physic	cian	Decedent's Name (First, Middle, Last DENNIS YOUNG, JR						2. Date of De Month	Day Day	Year 3. Time	of Death
/Med	lical	4a Fecility Name (If not institution, give					h Cihi Town o	Location of Deet	7 190	79 1d.4	199
Exam	iner		.1	0.1	1000	10	ROSO	20/0	2	4: more	
Funera Director		5. Social Security Number 213–54–2539 16. Security Number 213–54–2539		(In yrs. lest birth	Months	er 1 Year Days	If Under 24 Hrs Hours Min			9. Birthplace (State Country) MD	or Foreign
9	-	Usuel Residence of Decedent						, , , ,			No. 6 1 - 10 -
Maryler -f show	tor	MD. 10b. County N/A		BALTIN						10d. inside (2 No
or 28s	Funeral Director	10e. Street and Number				ip Code			10g. Citizen of V	Vhat Country?	
ath w	rai	3307 MONDAWMIN A				21216			USA	. Amadam tadan	
ges 1 and 2 should be filed within 72 hours efter death with the Marylend it of Haalth and Mentel Hygiena. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examine must be notified at	by Fune	11. Maritel Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Even Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:			ecify Cuba		Specify Yes or No rto Rican, etc.)	Specify	e - American Indien, ik, White, etc.	
2 hou	ted	15. Decedent's Ed	ucation	16a. D	ecedent's Us	ual Occup	ation during most of we	arkina	16b. Kind of Bu	usiness/Industry	
ithin 7	Completed	(Specify only highest green Elementary/Secondary (0-12)	College (1-4or 5+)		ife. DO NOT	use retired	numg most of wo	orking.	HAIR C	ADE	
filed with Hygiena. other than		-12-	-0-		BARBER		40. Mathada Na	ame (First, Middle,			
2 should be fi and Mentel H is marked out	To Be	17. Father's Neme (First, Middle, Last) DENNIS YOUNG SR.				12:	FLOSS	SIE REDD	RUDD		
alth and 27 is rr		19a. Informant's Name/Relationship (7 BARBARA CORBIN (S	ISTER)	196.	2019	ss (Street of GREEN	GAGE RD	• BALTIM	DRE, MAR	YLAND 212	44
Department of Haalth mportant: If Itam 27 any injury or other transfer once.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐	Removal from State		cremetory or	other pled	ca)	Date		City or Town, State	A NTT
permit. Peg Department Important: If any injury o		4 ☐ Donation 5 ☐ Other (Specify 21. Signature of Funezal Servica Lican:)	METRO		-		6-12-99 EDD FUNE		RE, MARYL	AND
Physician /Medical Examiner		23a. Party Enter the disease, or compands, or heart failure. List only of immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury	- Acute Coron	ue to (or as a co	SCOV ensequence of Artensequence of	dio ery	J Ir Dis	facc		Approxim. intervai B Onset and	etween
eath certificate be executed attanding physician end for use as the buriel-transit	Physician/Medical I	cause. Enter underlying Couse (Disease or injury that initiated events resulting in death) Last	d.	ue to (or as a co	nsequence of): C ((osis				
b death	sicie	Part ii. Other significant conditions co	ontributing to death but	not resulting in	the underlying	cause giv	en in Part i.	23b. Did	tobacco use co	ntributa to the cause	of death?
requires that the death cer seen signed by the attandin hould be datached for use		Diabetes						10	Yes 2□No	3 □ Probably 4	Unknown
aw requisite been 2 should	Completed by								an autopsy rmed?	24b. Were eutops; evellable prior completion of of deeth?	rto
The I	TO.							1 🗆	Yes 20 No	1 ☐ Yes 2	□No
ysicion: The lav is certificata has director, page 2	Be (25. Was case referred to medical examiner?						eath (Check only	one)		
5 00 0	2	1 ☐ Yes 2 No	Hospitai: 1 Inpatient				4 Nursing	Home 5 Resi			
To the Hospital or Attending Phywithin 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral	Certification:	27. Manner of Deeth 12 Natural 2 Accident 3 Suicide 5 Pending Investigation 6 Could not be			ury M		y at k? Yes 2 □ No		how injury occur	red per or Rural Route Nu	mber
To the Hospital or Atlanding within 24 hours effar death. To the Funeral Director: Affar complataly filled in by the funa	Certif	4 Homicide determined	building, efc.	(Specify)			no data and also	City or To	wn, Stete)		
Pun Fun ataly	edical		yeician: To the best of r iinar: On the basis of e and manner stete	xemination end	or Investigation	on, in my o	pinion, death occ	curred at the time,	date and place,	and due to the cause	(s)
2 C 2 7	×	29b. Signature and title of continue	11, 11	11	_	9c. Licens				d (Month, Dey, Year)	
To the Hospital of within 24 hours of To the Funeral D completely filled			1///////	MI		1 .				1000	
To the within To the compl		· year	eng	111	7 1	(D)	13/100)	June	1,1977	
To the Within To the compl		30. Name and address of person who of Dr. Gunta Whee	completed cause of deal	m (Item 23a) (T	ype, Print)	SMOL	e Driv	e Rall	June	n, 1999 mD. 212	37

State Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Day 21, 1999 Lydia E. Adelman May 7:45 A.M. 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 303 Seven Oaks Lane Lothian Anne Arundel If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 10 M 20 F Months Days 577-24-9949 75 Feb. 12, 1924 Washington, DC Usual Residence of Decedent 10e State 10b. County 10c. City. Town or Location 10d. inside City Limits 1 ☐ Yes 2 🕅 No Maryland | Anne Arundel Lothian 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 303 Seven Oaks Lane 20711 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 1 No If Yas, Give Year or Dates: 14. Race - Amarican Indian, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. 1 Never Married Married Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade complated) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) 11 Home Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Harry S. Jones Bertie (unknown) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Charles F. Adelman/ Husband 303 Seven Oaks Lane Lothian, Maryland 20711 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 5-26-99 Alexandria, Virginia 4 Donation 5 Other (Specify) Metropolitan Crematory 22. Name and Address of Facility George P. Kalas Funeral Home of Funeral/Sea 2973 Solomons Island Rd. Edgewater, MD 21037 2973 Solomons Island Rd. Edg 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failura. List only one cause on each line. Immediate Causa (Final disaase or condition rasulting in daath) few months Due to (or as a consequenca of): X10 Due to (or as a consequenca of): phy sema ue to (das a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 No 2 No 3 Probably 4 Unknown hyper cholesterolemia 24b. Wara autopsy findings availabla prior to completion of cause of death? 24a. Was an autopsy 1□ Yes 22No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one)

Physician /Medical **Examiner** physician and the buriel-transit

as USB

signed by the e

ate hes l

director

certificate

this funeral

After

24 hours after death.

To the F within 2

filled in by

or Attending Physician:

Hospital

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

Medicai

Physician

/Medical

Examiner

Directo

Funeral

þ

Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f shot traumstic event, the Wedical Examinating the notitied at

al Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy important: if item 27 is marked oths any injury or other traumatic event.

the Meryland

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or Injury that initiated events resulting in death) Last

examiner?		medical	
Manner of		Dondin	

28a. Data of Injury (Month, Day Year) investigation

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28a. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Dascribe how Injury occurred

29a. Certifier (Check only one)

2 Accident

3 Suicide

4 T Homiclda

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and mannar stated. 29d. Date signed (Month; Day, Year) 29c. License number

290. Signature and title of Conflier

28f. Location (Streat and Number or Rural Route Number, City or Town, State)

who complated ceusa of daath (Itam 23a) (Type, Print)

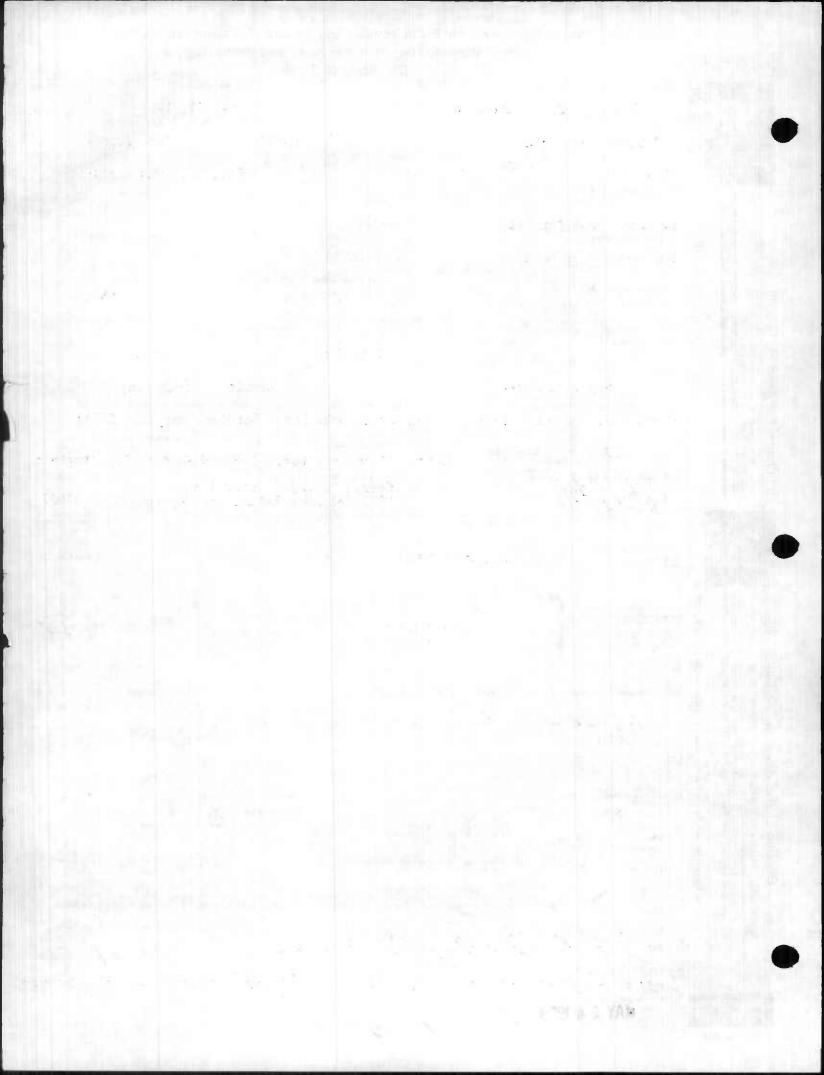
MTD -eslie 31. Date filed (Month, Day, Year)
MAY 2 4 1999

6 Could not be determined

139 Owensville Rd, West River, MD 20778

State Registrar

32 Registrar's Signatura

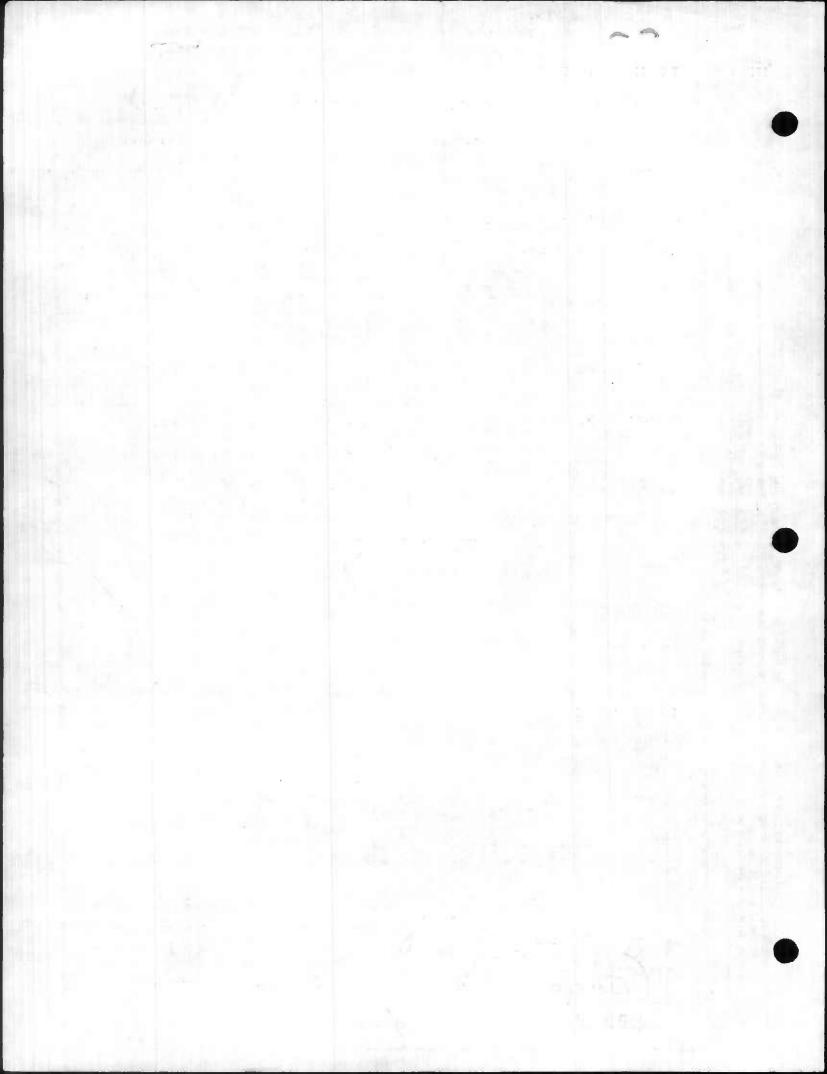


DHMH 16 Rev 6/95

Registrar

JUN 0 2 1999

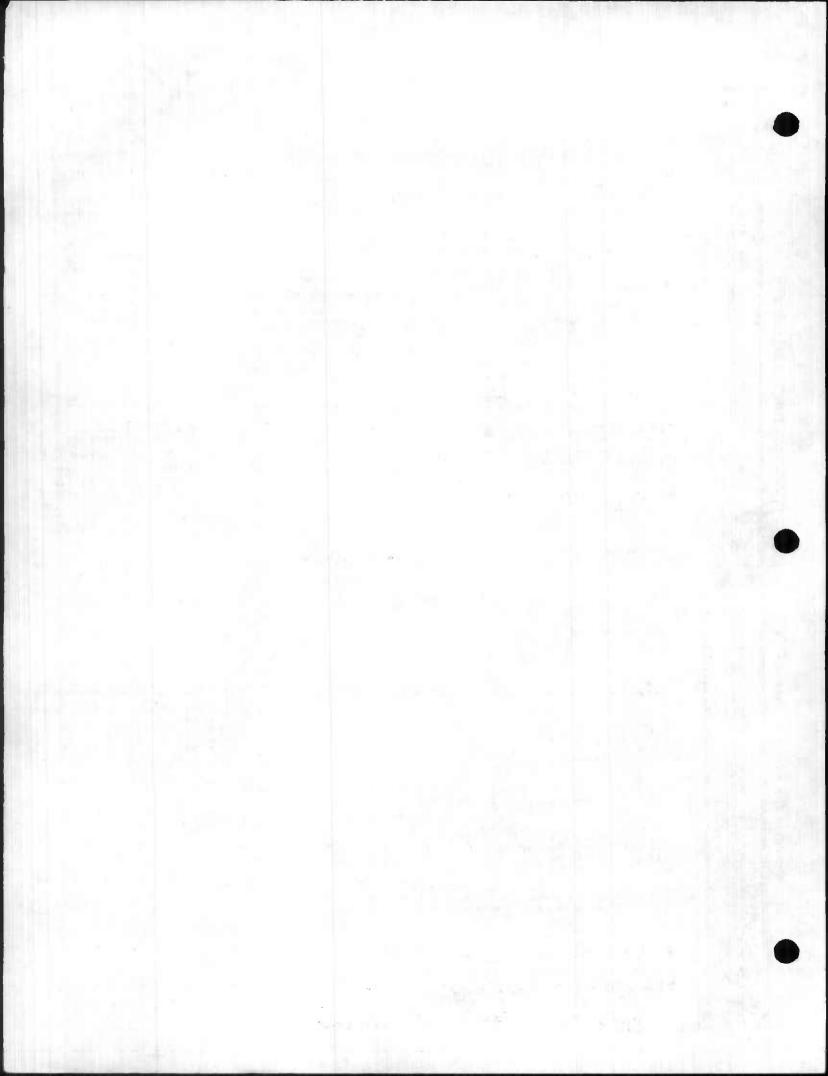
Sparke



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

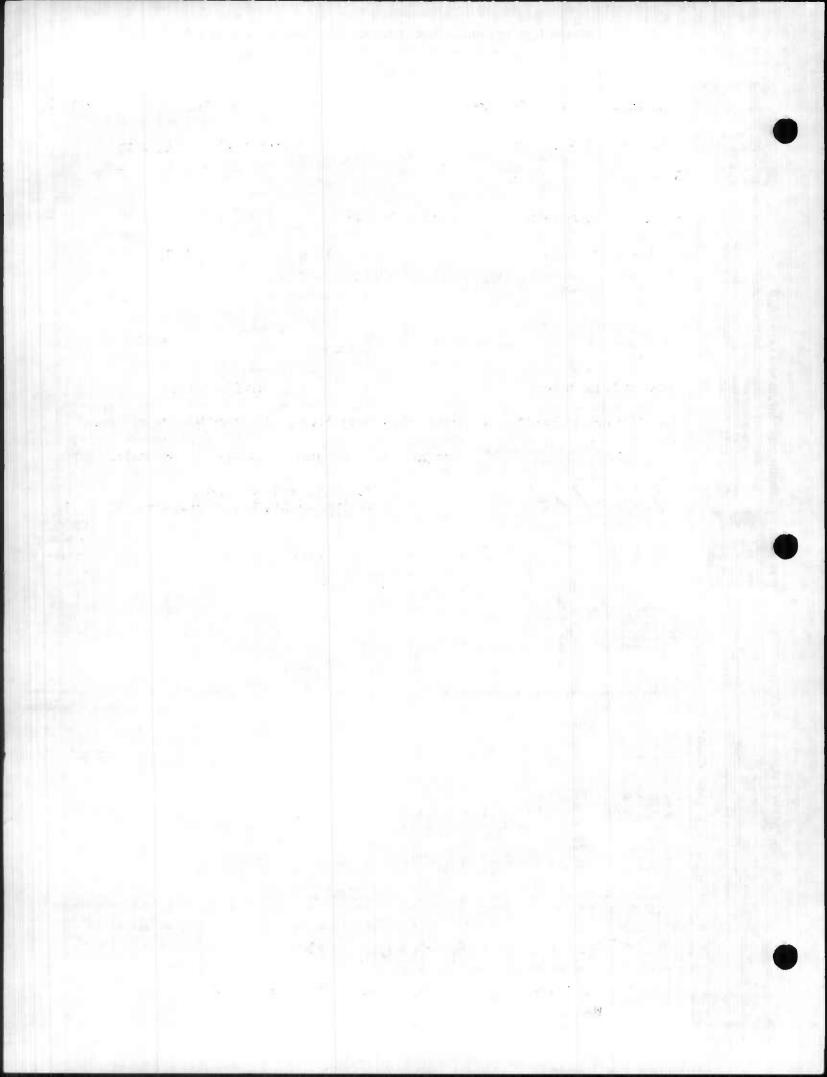
State of Maryland / Department of Health and Mental Hygiene 9 9 18602

				Cer	tificate of	Death			Reg. No.		
	1. Decedent's Nama (First, Middla,	Last)						2. Data of De Month	Dey	Voes	3. Time of Death
Physician /Medical	LIAQAT	ALI							22, 1999	Year	12:31 P.M
Examiner	4a Facility Nama (If not institution,	giva street and num	nber)			4b. City, To	wn, or Loc	ation of Deat	h 4c. County	of Death	
21	Prince George's	Hospital	Center				erly		Prin	ice Ge	eorge's
Funeral		Sex M 2 F	7. Age (In yrs. las		If Under 1 Year Months Days	If Under Hours	24 Hrs. Min.	8. Data of Bir (Month, De	th ay, Year)	9. Birthpl Count	ace (Stata or Foraign
Director	Unknown Usuat Residence of Decedent	AC 201	45	Yrs.				12-6-	53	Pak:	istan
Pu Ma	10a. Stata 10b. County		10c. City,	Town or Lo	cation					10	d. Insida City Limits
Many	Va Arling	gton	Arl	ingt	ngton						1 ☑ Yas 2 ☐ No
Tec Irec	10e. Street and Number				10f. Zip Code			10g. Citizen of What Country?			
death with the Maryland ima 23a or 28a-f show must be notified at neral Director	4400 Lee Hwy	#18			2220			Pakis	tan		
ufer death with the Maintenance 23a or 28a-f e	11. Marital Status	12. Was Dece	dent Ever in U,S.	. 13. V	Vas Decedent of I Yes, specify Cub	tispanic Ori	gin? (Spec	cify Yes or No	14. Rac	e - Amarica	n Indian,
P. and P.			2(2) No		Yes 3/2 No	Specify:	1, 1 0010 1	dourt, dto.)			istani
If a virtin 72 hours after Hydione. Hyd		Year or Da			25						
I Z I Z I 3-UOZU led within 72 hours at tygiene. The Treatment of the Trea	15. Decedent's (Specify only highest	Education grade completed)		16a. Deced	lent's Usuat Occup kind of work done DO NOT use retire	during mos	t of workin	g	16b. Kind of B	usinass/Ind	ustry
within the property of the pro	Elementary/Secondary (0-12)	College (1-	-4or 5+)		xi Driv				Taxi	Cab	
other vent.	17. Father's Nama (First, Middle, La			14.	AI DIIV		er's Nama	(First, Middle	, Maiden Suman	na)	
M 0550 m	Ghulam Ali					Noo	r R	egum			
2 2 2 2 2	19a. Informant's Name/Ralationship	o (Type, Print)		19b. Mailin	ng Address (Street				er, City or Town,	Stata, Zip	Coda)
and 2 st and 2 st asith end n 27 le n er freun	Bilal Khan- H	Brother	1000	4400	Lee Hw	v #18	8.Ar	lingt.	on.Va	2220	07
T P P P P P P P P P P P P P P P P P P P	20a. Mathod of Disposition		20b. Pla	ce of Dispo	sition (Name of natory or other pla	-		Data	20c. Location -	City or Tox	vn, Stata
Semit. Peges 1 a Separament of He mportent: If them my injury or other state.	Burial 2 Cramation 3 4 Donation 5 Other (Spe		Fam	ily (Cemeter	У	5-	28-99	Islama	abad	Pakistan
mit.	21. Signature of Funaral Service Lie	censee M	-	22	. Nama and Addre	ess of Facili	y Uni	versa	1 Mort	uarv	Inc.
	Hayl a	WLa	al						ash,D.		
-	23a. Part1. Entar the disease, or co shock, or haart failura. List or	omplications that early one cause on as	used the death.	Do not ente	er the mode of dyi	ng, such as	cardiac or	respiratory a	rrest,		Approximata Intarval Batween
requires that the death certificate be executed been signed by the ettending physician end should be detached for use as the burial-transit letted by Physician/Medical Examiner	Immediata Causa (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Entar Underlying Cause (Disease or injury that initiated events	a GU • b	Due to (or a		uence of):	- Chy				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
certificate be ording physician use as the buring	that initiated events rasulting in death) Last	c	Due to (or a	is a consequ	uence of):			10		1	
deeth c										1	
that the deeth of by the ettend detached for us	Part II. Other significant conditions	contributing to de	ath but not result	ing in the ur	nderlying cause giv	ven in Part I	l.		1obecco uae co Yes 2⊟No		the cause of death? ably 4 Unknown
The law requires that hat he has been signed by page 2 should be determined by PI Completed by PI								24a. Was	an autopsy ormed?	ava	ra autopsy findings ilabla prior to npletion of causa
hes by ye 2 s									/		leath?
in the licate h			67/10					40	Yes 2□No	42	Yas 2□No
Physician: The law ribis certificate hes to and director, page 2 s ribis TO Be Complining to the physician ribis and physician ribis	25. Was casa refarred to medicat axaminer? 1 □ Yas 2 □ No	Hospital:	WARLE OF THE	D10 4	Ott	hor		(Check only			
Phy Phy C	27. Manner of Death			8b. Time of	1 3LI DOA	4014			idence 6 Oth how injury occur		9
or Atending I after deeth. Director: After I in by the fune.	1 ☐Natural 5 ☐ Pending invastigat		2 9	It:38		rk?	No d	Suns	FU WA	ss sh	HOT
or Attending after deeth. Director: After d in by the fune ertification	3 Suicide 6 Could no detarmine	ad 206. Place	of Injury - At hom		eet, factory, office		2	8f. Location (Street and Numb		Routa Number,
REFC E	4 Minimidae	Dulidin	g, etc. (Specify)	TOTAL			7			JSTP	. G co un
To the Hospital or within 24 hours after the Funeral Dir or the Funeral Bit or pompietely filled in Medical Cert	29a. Certifier (Check only one) 1 Certifying 2 Medical Ex	Physician: To the la aminer: On the ba and mann	best of my knowle sis of axamination	edge, death	occurred at the tivestigation, in my o	ma, data an opinion, dea	d place, a	nd due to the	cause(s) and ma	annar as st	ated.
Withir To the	29b. Signature and titla of certifiar	A 10.		()	29c. Licens	se number			29d. Data signe	d (Month, I	Day, Year)
(2)	30. Nama and addrass of person wh	o completed cause	ull	Ca) (Type	Print)	0.C.	M.E.		May 2	4, 19	99
	MA DY D PUT 31. Data filed (Month, Day, Year)	D KO	REU gistrar's Signatur			n Str	reet,	Baltir	more, Ma	rylar	nd 21201
State Registrar	MAY 2 5 19	4	gistrar's Signatu	B.	Sparks	7					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.

									te of				Reg. No.			
minian		Decedent's Ner		2				Month Dev Yeer				n of Deeth				
ysician ledical	L	Patri	cia	Marx	Allo	dredge						May 19	, 1999		7:1	3 PM
miner	40	Fecility Neme	(If not instituti	ion, give s	treet and nu	m <i>ber</i>)				4b. City, To	wn, or Loc	ation of Deeth	4c. County	y of Deeth		
			de Care	e Cen	ter				I	exing	ton	Park	St. M	ary's		
r	33	Sociel Security 30-20-86 suel Residence	657	6. Sex	М Ж F	7. Age (In yrs	:. lest birthdey) Yrs.	Months	or 1 Year Deys		Min.	8. Date of Birtl (Month, De) April 23	, Year) , 1927	9. Birthple Count IOW	'ry)	te or Foreig
		Da. Stete	10b. Count	ity		10c. C	ity, Town or Loc	ation						10	d. Insid	e City Limits
to	M	aryland	St. N	Mary'	s	Le	exington	n Par	rk						101	es 20 No
Director	10	De. Street end N	umber		0-1			10f. Zi	. Zip Code				10g. Citizen of	Whet Count	ry?	
0		45486	Holly I	Road			20653 U.S.A.									
by Funeral		Marital Status □ Never Mar Widowed	rried 2 Ma	arried 1	12. Wes Dec Armed Fo 1 Tyes If Yes, Gi Year or D	2 No No No 1 Yes 2 No Specify:			gin? (Spe , Puerto F	city Yes or No- Rican, etc.)	Ble	ce - America ck, White, e	etc.	1,		
ted		/Cn/	15. Decede	ent's Educ	cation		16a. Decede	16a. Decedent's Usuel Occupetion (Give kind of work done during most of working) 16b. Kind of Business/Indu					ustry			
Completed	-	Elementery/Sec	ondery (0-12)	-	College (life. D	(Give kind of work done during most of working life. DO NOT use retired) Restaurant								
Non		12						Hostess								
Be (7. Father's Neme								18. Mothe	r's Name	(First, Middle,	Maiden Sumar	me)		
10	Martin Marx Fulton									Ann	a Wi	nifred	Walsh			
n 27 is m	19												er, City or Town		Code)	
	L	ola All	dredge	Her					tag Point, San Anton			Antonio	nio, Texas 78248			
	20e. Method of Disposition 1 Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) Evergreen Memorial Gardens 5 20c. Location - City or Tow															
ı	In	mmediate Ceuse isease or conditi	(Final	or complic ist only on			eth. Do not ente	254 er the mo	Cari	roll S ing, such es	II HO	Me, Inc. W, Wash r respiretory er	nington Test,	, DC	Onset e	12 mete Between nd Deeth our
In/Medical Examiner	In di re	mmediate Ceuse	e (Final ion) conditions, immediate derlying or injury its	or complicits only on		Carc Due to	inoma (or es e consequ	254 or the mo	Carriade of dyi	roll S ing, such es	St. N cardiac o	Me, Inc.	nington,	, DC	Onset e	Between nd Deeth
edicai	In di re	mmediate Ceuse isease or condition in deeth dequentially list of eny, leeding to ause. Enter Undeuse (Disease	e (Final ion) conditions, immediate serlying or rijury ts) Lest	{		Carc Due to	(or es e consequ (or es e consequ for es e consequ	254 of upnce of) uence of)	Carride of dyi	roll Sing, such es	St. N cardiac o	W, Wash	nington,		Intervel Onset e	Between and Deeth
Physician/Medical	In dia re	mmediate Ceuse isease or conditions asulting in deeth deepentially list of eny, leeding to ause. Enter Un- leuse (Disease of net initiated even asulting in deeth	e (Final ion) conditions, immediate serlying or rijury ts) Lest	{		Carc Due to	(or es e consequ (or es e consequ for es e consequ	254 of upnce of) uence of)	Carride of dyi	roll Sing, such es	St. N cardiac o	W, Wash	nington		Intervel Onset e	Between nd Deeth of D
by Physician/Medical	In did re	mmediate Ceuse isease or conditions asulting in deeth deepentially list of eny, leeding to ause. Enter Un- leuse (Disease of net initiated even asulting in deeth	e (Final ion) conditions, immediate serlying or rijury ts) Lest	{		Carc Due to	(or es e consequ (or es e consequ for es e consequ	254 of upnce of) uence of)	Carride of dyi	roll Sing, such es	St. N cardiac o	23b. Did t	nington	ontribute to 3 ☐ Prob	the causebly	Between and Deeth of Own Francisco Court of Cour
by Physician/Medical	In did re	mmediate Ceuse isease or conditions asulting in deeth deepentially list of eny, leeding to ause. Enter Un- leuse (Disease of net initiated even asulting in deeth	e (Final ion) conditions, immediate serlying or rijury ts) Lest	{		Carc Due to	(or es e consequ (or es e consequ for es e consequ	254 of upnce of) uence of)	Carride of dyi	roll Sing, such es	St. N cardiac o	23b. Did t	tobacco use co	ontribute to 3 Prob	the cau eably are eutopailable primpletion	Between and Deeth of Own From From From From From From From From
e Completed by Physician/Medical	Indicate Single	mmediate Ceuse isease or condition of conditions and the ceuter of the c	e (Final ion) conditions, immediate deriving or injury its) Lest	fine control of the c		Carc Due to	(or es e consequ (or es e consequ for es e consequ	254 of upnce of) uence of)	Carride of dyi	roll Sing, such es	St. N cardiac o	23b. Did t	tobacco use co	ontribute to 3 Prob	the cau the cau pably are eutopilable prinpletion deeth?	Between and Deeth of Out Francisco of death I Unknown of cause
Be Completed by Physician/Medical	Indicate Signature Signatu	mmediate Ceuse isease or condition in deeth isease or condition in deeth isease is a condition in deeth isease. Enter Uncause, Enter Uncause, Disease in Indicated even in Indicated even is ultimation in deeth in the condition in deeth isease is a condition in deeth isease is a condition in deeth in dee	e (Final ion) conditions, immediate deriving or injury its) Lest	b d d d d d d d d d d d d d d d d d d d	tributing to d	Due to Due to Due to	(or es e consequ (or es e consequ for es e consequ	254 uence of) uence of)	Carride of dyl	roll Sing, such es	cardiac o	23b. Did t 1 24e. Wes perfo	tobacco use co	ontribute to 3 Prob 24b. We eve con of c	the cau the cau ably re eutopilable pringletion deeth? Yes	Between and Deeth of Out Francisco of death I Unknown of cause
To Be Completed by Physician/Medical	Indicate Si if ce Ch the re	mmediate Ceuse isease or conditions and interest in deeth isease or conditions and interest in deeth interest (Disease of the Initiated even examiner in the interest in the i	e (Final ion) conditions, immediate serving or injury its injury its inference to medic in the condition of the condition o	b d d d d d d d d d d d d d d d d d d d	tributing to d	Due to Due to Due to	(or es e consequ (or es e consequ for es e consequ esulting In the un	254 uence of) uence of) uence of)	Carride of dyi	ing, such es	cardiac o	23b. Did t 1 1 24e. Wes perfo 1 1 (Check only o	tobacco use co Yes 2 No en eutopsy med?	pontribute to 3 Prob 24b. We eve con con for the contribute to th	the cau the cau ably re eutopilable pringletion deeth? Yes	Between and Deeth of
To Be Completed by Physician/Medical	Indicate Si if ce Ch the re	mmediate Ceuse isease or conditions and in deeth isease or conditions and in deeth isease. It is a constant and in the constant and in the constant in the con	e (Final ion) conditions, immediate derlying or injury is so that injury i	b d d d d d d d d d d d d d d d d d d d	ospitel: 1 = 28e. Dete	Due to Due to Due to Due to Due to Inpatient 2(of Injury Year)	(or es e consequitor es	254 upence of) upence of) upence of) upence of) upence of) upence of)	Carride of dyl	iven in Pert i	cardiac o	23b. Did to the control of the contr	tobacco use cover 2 No en eutopsy med? Ves 2 No ene eutopsy med? Ves 2 No ene outopsy med?	pontribute to 3 Prob 24b. We eve con of contribute (Specify rred	the causebly are eutopailable propletion deeth?	se of death Se of death Unknown Self findings Soft cause
Certification: To Be Completed by Physician/Medical Examiner	Indicate Signature of the second seco	mmediate Ceuse isease or conditions as a condition of the ceuse of the	e (Final ion) conditions, immediate serving or injury its) Lest erred to medic inves 6 □ Could determine the conditions of the could be could be conditioned to the could be could	tions contact H	ospitel: 1 = 28e. Dete (More build	Due to Due to Due to Due to Due to Due to Inpatient 2[of Injury Atling, etc. (Special decay) as the second of the second	(or es e consequitor es	254 uence of) uence of) uence of) uence of) derlying	Carride of dyl	26. Plece her: 4 1 No. liny et ork?	e of Deeth ursing Hor	23b. Did to the control of the contr	tobacco use co Yes 2 No en eutopsy med? Yes 2 No one) dence 6 Ott now injury occu Street and Num yn, State)	pontribute to 3 Prob 24b. We eve con of contribute to the contribu	the causably are eutopsitable propietion deeth?	se of death Unknown sy findings for to of cause
To Be Completed by Physician/Medical	In did re	mmediate Ceuse isease or conditions as a condition of the ceuse of the ceuse (Disease conditions) and the ceuse of t	e (Final ion) conditions, immediate serving or injury its injury i	tions confidence of the confid	ospitel: 1 = 28e. Dete (More build	Due to Inpatient 2[of Injury At Ining, etc. (Special Special	(or es e consequior es e conse	254 uence of) uence of) uence of) uence of) M M occurreccestigetlor	Carride of dyl	26. Plece her: 4 1 No. liny et ork?	e of Deeth ursing Hor	23b. Did t 1 1 2 24e. Wesperfo 1 Nescribe t 28d. Describe t 28d. Describe t 28d. Location (S	tobacco use co Yes 2 No en eutopsy med? Yes 2 No one) dence 6 Ott now injury occu Street and Num yn, State)	pontribute to 3 Prob 24b. We eve con of co	the causebly re eutopailable propletion deeth? Yes // Route // eted.	se of death Unknow sy findings for to of cause 2 No
Certification: To Be Completed by Physician/Medical	Indicate Signature Signatu	mmediate Ceuse isease or conditions a continuous control of the co	e (Final ion) conditions, immediate derlying rispersive state of the conditions of	tions confidence of the state o	ospitel: 1 = 28e. Dete (More build end men	Due to A . Radi	(or es e consequior es e conse	254 uence of) uence of) uence of) derlying M eet, facto occurrecestigetlor	Carride of dyl	26. Plecther: 4 No.	e of Deeth rising Hor	23b. Did t 1 1 2 24e. Wesperfo 1 Nescribe t 28d. Describe t 28d. Describe t 28d. Location (S	tobacco use co	pontribute to 3 Prob 24b. We eve con of conference her (Specify rred ber or Rurei enner as st., end due to	the causebly are eutopailable propletion deeth? Yes Route I Route I the cau	se of death Unknow Sylvania Unknow Sylvania



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Tima of Death 1. Decedant's Nama (First, Middle, Last) 2. Deta of Deeth Month **Physician** 1999 6:00 am SOPHIA D. BAKER MAY 24 /Medical 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street end number) 4c. County of Death Examiner ANNE ARUNDEL CROFTON CONVALESCENY CENTER CROFTON 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 1□ M 25 F 213-30-8177 Yrs Director AUG. 28 1915 MARYLAND Usual Residence of Decedent the Marylend 10d. Inside City Limits r 28a-f show 10a Stata 10b. County 10c. City, Town or Location Yas 2 No MARYLAND ANNE ARUNDEL ANNAPOLIS Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with 7 is merked other than "natural", or items 23s or traumatic event, the Medical Examiner must be a 21401 US 33 HICKS AVENUE permit. Pages 1 and 2 should be filed within 72 hours efter death a Department of Health and Mentel Hygiene. Important: if Item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Expansive must applied. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No It Yes, Give Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14 Race - American Indian Bleck, Whita, atc. 1 □ Never Married 2 □ Married Maryland 21215-0020 Specify: BLACK 1 Yes 2 XNo Specify: by 3℃ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) US NAVAL ACADEMY 10th LAUNDRY DEPT 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fathar's Nama (First, Middla, Last) Be WESLEY DAVIS SOPHIA UNOBTAINABLE 2 19b. Mailing Address (Streat end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Reletionship (Type, Print) 906 BEDFORD RD. SCHENECTADY, NEW UY.12308 JAMES NEAL (SON) altimore, 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition 1 DiBurial 2 D Cremation 3 D Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) ANNAPOLIS MEM. GARDENS 5/27/99 ANNAPOLIS, MD. 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility WM. REESE & SONS MORTUARY, P.A. 23a. Part1. Enter the disease, or complications that causad tha death. Do not enter the mode of dying, such as cerdiac or respiretory errest, April 21401, April 220, April 230, Part1. Enter the disease, or complications that causad tha death. Do not enter the mode of dying, such as cerdiac or respiretory errest, April 230, Part1. Enter the disease, or complications that causad tha death. Do not enter the mode of dying, such as cerdiac or respiretory errest, April 230, Part1. Enter the disease, or complications that causad tha death. Do not enter the mode of dying, such as cerdiac or respiretory errest, April 230, Part1. Enter the disease, or complications that causad tha death. Do not enter the mode of dying, such as cerdiac or respiretory errest, April 230, Part1. Enter the disease, or complications that causad that death. Do not enter the mode of dying, such as cerdiac or respiretory errest, April 230, Part1. Enter the disease, or complications that causad that death. Do not enter the mode of dying, such as cerdiac or respiretory errest, April 230, Part1. Enter the disease, and the death of the disease of the di Approximete
Interval Between
Onset and Deeth **Physician** immediate Ceuse (Final diseese or condition resulting in death) /Medical Coronory Artery 5 years Examiner Due to for es a consequence of: Examiner end I-trensit Sequentially list conditions, if any, leading to immediata ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events. Due to (or es a consequence ot): physiclen e s the buriel-t P.O. Box 68760. thet the deeth certificate be Physiclan/Medicai that initiated events resulting in death) Lest Due to (or as e consequence of) 98 esn for ed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by t 1 Yes 212 No 3 Probably 4 Unknown Division of Vital Records, ð 24b. Were eutopsy tindings available prior to completion of ceusa ot deeth? 24a. Wes en autopsy performed? Completed page 2 hes 1 Yes 20 No 1 Yes 2 No certificate or Attending Physician: funeral director, 25. Was cese reterred to medicel examiner? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Mannerot Death 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how Injury occurred Certification: 28c. Injury at Work? 1 Natural 5 Pending deeth. 1 Yes 2 No invastigation 2 Accident 24 hours efter deet Funeral Director: 6 Could not be determined 3 Suicide 28t. Location (Streat and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) filled in by 4 - Homicide Hospital 12 Certifying Physician: To the best of my knowledge, death occurred et the time, date and plece, end due to the ceuse(s) end menner es stated. edical 29a. Cartifier completely 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at tha time, date end place, and due to the cause(s) end menner steted. (Check only one) within 2 To the 29b. Signature and life of cegi-29c. License number 29d. Date signed (Month, Dey, Year) MD D 38958 30. Neme end eddress of person who completed cause ot deeth (Item 23a) (Type, Print)

ROAD #106 ODENTON MD 21113

State Registrar SINGH

DALTEET

SIDHU

32 Registrar's Signature

1413

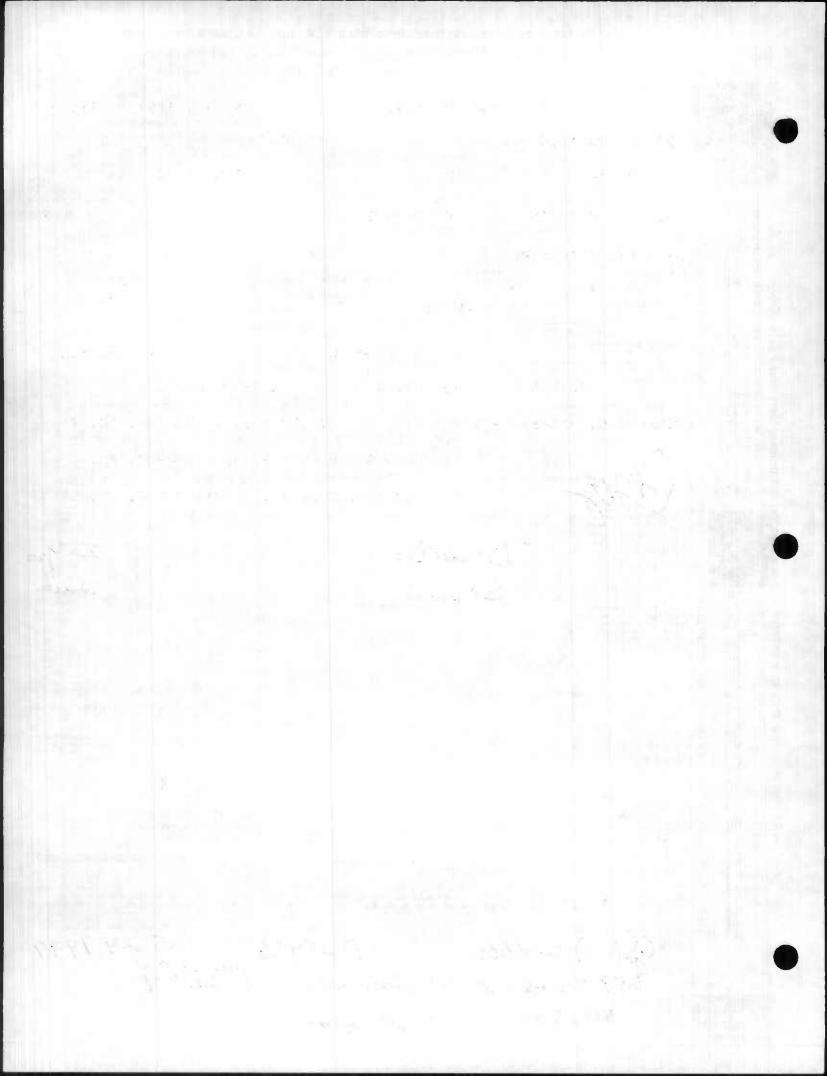
AWNAPOLIS

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 18605

					Certificate		h	Re	g. No.		
	Physician	Decedent's Nama (First, Middle, L.						Data of Deati Month	Day	Year	3. Time of Death
	/Medical	J	RA ELWOO	D BARN	IES, SR.			AY 23			11:30 AM
1	Examiner	4a Facility Name (If not institution, gi					Town, or Locati	ion of Death	4c. County		
		3915 SYKESVILI	E RD.				SBURG			ROLL	
	Funeral Director	216-14-5124	Sex 7. Ag	e (In yrs. last b	Yrs. If Under Months	1 Year If Under Days Hours	er 24 Hrs. 8. Min.	Data of Birth (Month, Day, /28/1	Year) 1920	9. Birthpla Countr MARY	ace (State or Foreign ry) LAND
	pu &	Usual Residence of Decedent 10a. State 10b. County		10c City To	vn or Location					10	d. Insida City Limits
	the Marylar 28a-f show collect at	MD. CARRO)LL		SBURG						1 ☐ Yes ZX No
	iffer deeth with the Mark terms 23a or 28a-1s or 28a-1s or 28a-1s or 28a-1s or 28a-1s or the chark terms of the Core or Funeral Director	10e. Street and Number 3915 SYKESVILI	E RD.		10f. Zip	1048		10	USA.	What Countr	γ?
21215-0020	by	11. Marital Status 1 Never Married	12. Was Decedent Armed Forcas? 1 Types 2 1 file Yes, Give Year or Dates:	No	13. Was Decedd If Yes, special 1 Yes 2	ent of Hispanic City Cuban, Maxic		/ Yas or No- en, etc.)	Blac	a - Amarica ck, White, et :: WHI	tc.
5-0	72 ho	15. Decedent's E (Specify only highest gi	ducation	160	e. Decedent's Usua (Give kind of won life. DO NOT us	Occupation	ost of working		16b. Kind of Bu	usiness/Indu	ıstry
121	ed within 72 horygiena. Nor than "nature If, the Wed call Completed	Elementary/Secondary (0-12)	College (1-4or 5	i+)							
	Hygier the out, the out, the	7	AL		TRUCK	DRIVE	R ther's Name <i>(F</i>		TRANSP	-	rion
Maryland	should be filed within a Mental Hygiena. marked other than marke event, the M	17. Father's Name (First, Middle, Las JOSF	UA LEVER	ING BA	RNES		VA MAI			16)	
lar	2 should end Men is marke aumatic	19a. Informant's Name/Relationship	(Type, Print)	19	b. Mailing Address	(Street end Num	ber or Rural R	oute Number,	City or Town,	Stete, Zip (Code)
Heal		ELEANOR C. BAF	RNES - W		915 SYK		1				
	80=2	20a. Method of Disposition 1 X Buriel 2 Cremation 3 4 Donation 5 Other (Spec			of Disposition (Namery, cremetory or of DENCE C				20c. Location -		
alti	orte Inje	21. Rignature of Popegal Bervice Lice	ensee			d Address of Fac			FUNER		
Ω	D Ped Sur	1 WHUS						. 21157			
	· Physician /Medical Examiner	23e. Part1. Enter the Jamase, or cor shock, or heart fairing. List only Immediate Cause (Final disease or condition resulting in deeth)	nplications that coused y one cause on each line.	the death. Do	not enter the mode	of dying, such	as cardiac or re	espiratory arre	est,		Approximate Interval Between Onset and Death
		resulting in deetily	-	Due to (or as a	consequence of):						- 1
	executed in end inel-transit		b. Se	100	ف						duch
	ificate be executed g physician end es the buriel-transit edical Examir	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):									
68760,	physicians the bun	Cause (Disease or Injury that initiated events	c	Due to (or as a	consequence off:						
		resulting in death) Last									
Вох	at the deeth cert d by the attendin latached for use Physician/M		d							1	
0.	0 0 0	Part II. Other significant conditions	contributing to death b	ut not rasulting	in the underlying ce	ouse given in Pa	rt I.	23b. Did to	bacco use co	ntribute to	the cause of death?
0.	that the de ed by the datached							1 🗆 Ye	2 2 No	3 Probe	ably 4 Unknow
Records,	8		F-000					24a. Was ar	n autopsy ned?	avai	re autopsy findings ilable prior to apletion of cause
ec	The law requir sate has been s paga 2 should Completed										eath?
_	ysician: The last cartificate ha director, paga							1 □ Ye	s 2 No	10	Yes 2□ No
of Vital	Physician: The this cartificate ral director, page Co	25. Was cese referred to medical examiner?					ce of Death (C	heck only on	e)		
£	this of the rail direction.	1 ☐ Yes 2 No	Hospital: 1 Inpatie				Nursing Home	-		1 , ,,)
	ther the unergon:	27. Menner of Deeth 1 ☑ Natural 5 ☐ Pending	28e. Dete of Inju (Month, De	y Year) 28b.		Bc. Injury at Work?		I. Describe ho	w injury occur	red	
Division	To the Hospital or Attending Ph within 24 hours defard death. To the Furerell Director: After th completely filled in by the funeral Medical Certification: 7	2 Accident investigation 3 Suicide 6 Could not determined	be One Diseaseffei	ury - At home,	arm, street, fectory	1 ☐ Yes 2		Location (St. City or Town		ber or Rural	Route Number,
٥	To the Hospital of within 24 hours of To the Funeral D completely filled I completely filled I Medical Ce		hysician: To the best o								
	thin 24 hours the Funer impletely fil	one)									
	To t con To t	29b. Signature and title of certifiar	edd lotor		7 29c.	Licanse number	43	2:	9d. Date signe	od (Month, D	1999 1999
		30. Name of address of person who completed cause of death (Item 23a) (Typer Print)									
		688 FOOT	Mord	WR	senn	user	mi	, ,,,,	7 1		
	State Registrar	31. Data filed (Month, Day, Year) MAY 2 5		af's Signature	6	parks	,				
Dus	IN 16 Day 6/06		1000		1. 1	yours!					

DHMH 16 Rev 6/95



Please Type or Print in Biack indelibie ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Physician Month HONORABLE 26, 177, 4c. County of Deeth EAIL 9,30AM WILLIAM Brown SP. MAY /Medical 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street end number) Examiner BiddLe ChesAPEAKECITY CIL If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 10 M 20 F Months 88 Director 01 Usual Residence of Decedent 10a. Stete 10b. County 10c City Town or Location 10d. Inside City Limits 28a-1 show HESAPEAKEC 1₽ Yes 2□ No Director ECIL 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street end Number ò 60 0 Items 23a LC 72 hours after death 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U.S. Armed Forces? 11. Meritel Status Bleck, White, etc. Armed Forces 1

I Yes 2 No NAVY
If Yes, Give
Yeer or Detes: WW II 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No "natural", or Specify: þ 3 ☑ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working
life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Department of Health and Mental Hygiene. Important: If frem 27 is marked other than "ny any injury or other treumetic event, me Health once. Elementery/Secondary (0-12) College (1-4or 5+) LNSWIANCE UNDERWY, 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be BrowN LATENCE MACINNIS 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) hesAPeakeCsty MR.21915 4/04 Brown Jr. WILLIAM 20b. Ptece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee Bee FUNEIAL 100 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or hear feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in death) Examiner Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed 24a. Wes en autopsy performed? 1 Yes 21 NO 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes cese referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Hesidence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 1 Neturat 5 Pending investigation 1 ☐ Yes 2 ☐ No n 24 hours after death the Funeral Director: A pletsiv filled in by the 2 Accident 3 ☐ Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 8 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) end manner es stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) end menner steted. 29e. Certifier Medical (Check only To the within 2 To the 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier find address of person who completed cause of deeth (Item 23a) (Type, Print) 244716

State Registrar

IVA

30. Name

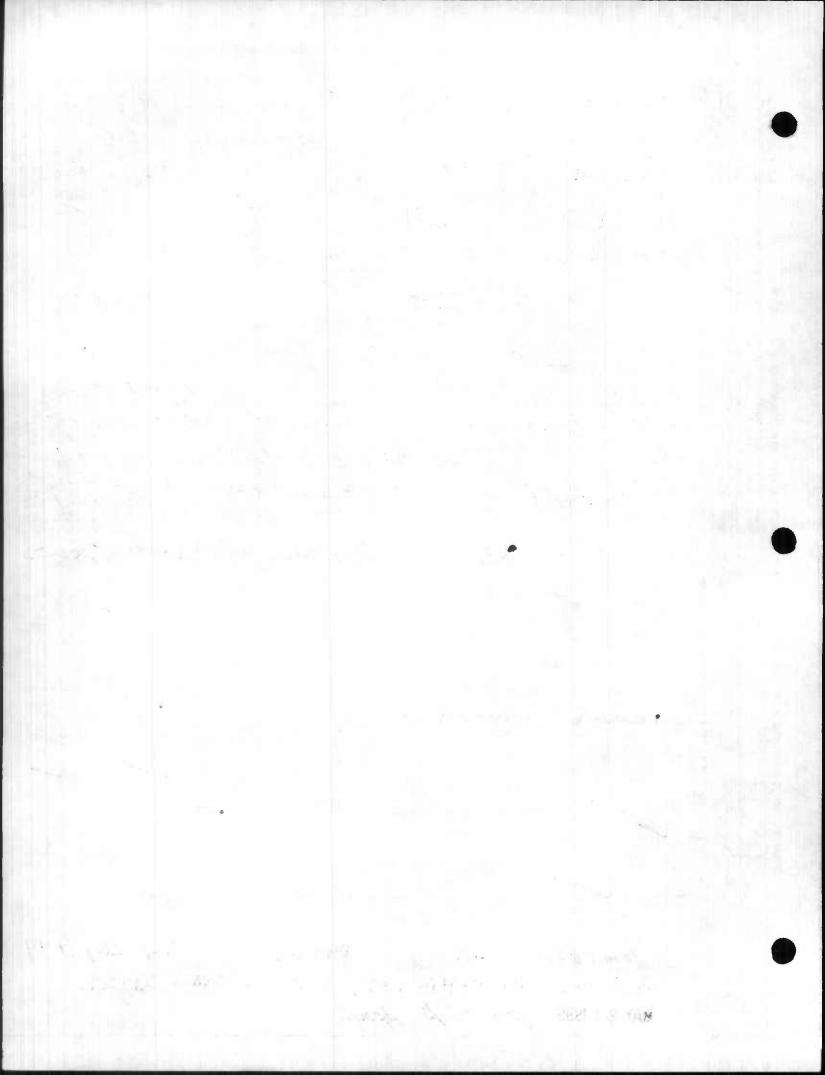
Vose Wa no filed (Month, Day, Year)

MAY 2 7 1999

Elkton M.D. 21921

III W. High st

32. Registrer's Signeture



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Cert	tificate d	of Deati	h		Reg. No.		8601
	Dharatat		1. Decedent's Nama (First, Middla, La	st)						2. Data of Dec		Year	3. Tima of Death
	Physici /Medic		Mae Belle	Bryant						May		1999	1805 p.m.
	Examir		4a Facility Nama (If not institution, give	a street and number)				4b. City,	Town, or L	ocation of Death	4c. County	of Death	
SU.			Sunrise Care C					E1k	-		Cecil		
	Funeral		5. Social Security Number 6. S	M 2DXE	(In yrs. last b	virthday) Yrs.	Months Da		er 24 Hrs. Min.	8. Data of Birt (Month, Da	v, Year)		place (Stata or Foreign ntry)
	Director		218-16-9957 Usual Rasidanca of Decedant		78	113.				Dec. 4	1920	Nort	th Carolina
	land		10a. Stata 10b. County		10c. City, To	wn or Loc	ation					1	Od. toside City Limits
	Mary First	to	MD Cecil		F11-	ton							1 X Yas 2 □ No
	r 200	Director	10e. Street and Number		LIK	COII	10f. Zip Cod	le			10g. Citizen of W	hat Cour	ntry?
	ter death with the Marylar Items 23s or 28s-f show the mail be notified at	0	210 East High St	reet			21	921		. S. T. B	USA		
	deat	Funeral	11. Marital Status	12. Was Decedant E	var in U,S.	13. W	1		Origin? (Sp	ecify Yas or No Rican, atc.)	14. Race	- Amaric	can Indian,
020	8 8 8	by Fu	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 Yas 2 X No If Yas, Giva Yaar or Datas:)		Yas 20			rnoan, ato.,		Blac	
7200-61212	n 72 hours "natural", o	Completed	15. Decedent's Ed (Specify only highast gra	ducation ada complatad)	16	a. Decede	ent's Usual Oc and of work do O NOT use re	cupation ona during me	ost of worl	ing	16b. Kind of Bu	siness/In	dustry
7	filed within Hygiene. ther than "	du	Elementary/Secondary (0-12)	College (1-4or 5+			O NOT use re	tired)			**	-	
	other t		6 th 17. Fathar's Nama (First, Middla, Last,	0		Maid		18 Mot	har's Nam	a (First Middle	Hospita Maiden Sumami		
an		o Be	Daniel Corper							McGimps		-/	
Maryland	of 2 should be the end Mentel to le marked of traumatic ever	F	19a. Informant's Name/Ralationship (19	b. Mailing	Addrass (Str				or, City or Town,	State Zic	Code)
2	27 la		Catherine Dorsey	***			. Brown				k, DE 19		
ē,	f Hee		20a. Mathod of Disposition		20b. Place	of Dispos	ition (Nama o atory or other	f place)		Data	20c. Location -	City or To	own, Stata
Baltimore,	permit. Pages 1 and 2 Department of Heelth e Important: if Nem 27 is any injury or other tra once.		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif				anor C		V	/29/99	Chesapea	ake (City, MD
<u>a</u>	partir porta y inju		21. Signatura of Funaral Sarvice Light	1000 1	/		Nama and Ad					1980	
מ	88558		· Charle h	KIOOGAG	411	CO	NGO FU	VERAL.	HOME.	201 N.			Jilm.,DE
	_		23a. Part1. Bhter tha disaasa, or com shock, or haart failura. List only	the state of the s	4							-	Approximata Intarval Between
F	Physician		Stoom, of real failura. List only	OTE COOSE OF EECH IN									Onset and Death
Ć.	/Medical Examiner		Immediata Causa (Final disaasa or condition	. C	VA								A days
	zxammei	2	rasulting in death)	C	ue to (or as a	consequ	uence of):	(ŀ	
	De is	nine		b. Metas	TATIC)	enal	/ colo	n (4		1	
	icete be exacuted physician and s the burial-trensit	Examiner	Sequantially list conditions, if any, laading to immadiate causa. Enter Underlying Causa (Disease or Injury	6 . (ua to (or as a	consequ	uenca of):					1	
28/60	sicial buri	edical	that initiated evants	c	ua to (or as a	COGGGGG	ence of):					- 1	
9	death certificete be e ettending physicia d for use as the bur	Pay	rasulting in daath) Last			1	1 /						
ž g	endin nuse			d. RTA	19(14	line					-	
מ	v requires that the death cer been signed by the ettendir should be detached for use	Physician/	Part II. Other significant conditions of	ontributing to death but	not rasulting	in tha und	derlying cause	given in Par	rt I.	23b. Did 1	obacco use con	tribute t	o the cause of death?
	by the	Phy								10	Yes 2 No	3 Pro	bably 4 Unknown
'n	es the	by							_				
cords	requires that een signed b hould be det	Completed									an autopsy med?	av	are autopsy findings railable prior to empletion of cause
9	SS	nple									\ (of	death?
	ne page	Co								10	as 20 No	1 [☐ Yas 2☐ No
VII a	certificate has irector, page 2	e e	25. Was casa refarred to medical axaminar?	Manital.					ca of Dea	th (Check only o	na)		
5	this cal dir	2	1 ☐ Yes 2 No 27. Manner of Death	Hospital: 1 Inpatian		Outpatient Time of	3□ DOA	Other: 4 N	Nursing H		lence 6 Othe		(y)
U0 :	After fune	tlon	Natural 5 Pending	28a. Data of Injury (Month, Day	Year)	tnjury		Work? 1 ☐ Yas 2	□No	200. Dascribe i	iow injury occurr	ви	
VISION	or attending Physician: after death. Director: After this certific d in by the funeral director.	fica	3 Suicide 6 Could not b	9 Ole Place of Injur	v - At homa.	farm, stre				281. Location (S	Street and Numb	er or Run	al Routa Number,
	Dir.	Certification:	4 Homicida datarmined	building, afc.	(Specify)					City or Tov			
	spita hours neral y fille		29a. Cartifiar 12 Certifying Ph	ysician: To the best of	my knowledg	ga, daath	occurred at th	a tima, data	and place,	and dua to tha	cause(s) and ma	nnar as s	itated.
:	To the hospital or Atending Physician: The is within 24 hours after deeth. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	edical	(Check only 2 Medicat Examone)	niner: On the basis of a and mannar state	xamination a	nd/or inva	astigation, in n	ny opinion, d	aath occur	red at the tima,	data and place, a	ind due t	o tha cause(s)
	With Com	M	29b. Signatura and titla of certifier				29c. Lic	ense numbe	r		29d. Data signed	(Month,	Day, Year)
	1		X+1 lo-	_ell			0	33.5	10-1	100860	5/25	199	
	4		30. Nama and address of person who	complated cause of das	th (Itam 23a)	(Type, P	rint)		4	~ -	/	1	
	1		Juite 32 les	ples Ply ?	A 6	Lasg	DW	DE	1	1702			
	Sta		AY 2 6 1999	32. Registrar	s Signatura	10	als						
	Registr	ar		/		1							

DHMH 16 Rev 6/95

Seci 5 3 TAM

Please Type or Print in Black indelible lnk. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 99 18608

			Certi	ficate of	Death	R	eg. No.	10000
	1. Decedent's Nama (First, Middla, Last	יו				2. Dete of Deat		3. Time of Death
Physician /Medical	Sheila Diana	Bush-Plat	er			Month A	24 1	999 2 3/Pm
Examiner	4e Facility Neme (If not institution, give				4b. City, Town, o	r Location of Death	4c. County of	of Death
	Stella Maris H	lospice			Balti	more	Balt.	imore
Funeral	5. Sociel Security Number 6. Se			f Under 1 Yaar	If Under 24 H	rs. 8. Dala of Birth		9. Birthplace (State or Foreign
Director	579-72-0791	□ M 2□ F	42 Yrs.	fonths Days	Hours Mi	Aug. 14	1956	Maryland
death with the Maryland ms 23a or 28s-1 show Limits be notified at	10a. Stete 10b. County	10c. C	city, Town or Locat	ion				10d. Inside City Limits
Marylar f ahow md at	MD. Prince	Georges	Town 1	0 1141	1.0			1X Yes 2 □ No
ifer death with the Ma r flems 23a or 28s-1a increment be notified Funeral Director	10e. Street and Number	Georges		e Hill	LS	11	Og. Citizen of W	het Country?
With With		,			4.0			
e 23a	5516 Fisher Roa		110	2074				States - American Indian.
	11. Marital Stalus	12. Was Decedent Ever in Armed Forces?	U,S. 13. Wes	es, specify Cub	an, Mexican, Pu	(Specify Yes or No- erto Rican, etc.)		- American Indian, , White, etc.
natural, or to	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 X No If Yes, Give Year or Dates:	10	Yes 2⊠No	Specify:		Specify:	D.11-
T D			40- Deciden	the I terrol Occur			teh Kind of Du	Black
ygiene. ser than "naturn ft, the Maddell Completed	15. Decedent's Edu (Specify only highest grad	le completed)	(Give kin	d of work done NOT use retire	pation during most of w		Nation	al Capitol
iene. Tre M	Elementary/Secondary (0-12)	College (1-4or 5+)			-/			Planning
Hygie ther t	12		Admin	istra	tive Ai			
- 0	17. Fathar's Nama (First, Middle, Last)				18. Mother's N	eme (First, Middle, M	reiden Sumeme	0)
	James Douglas	Bush			Ma	ry Smitl	า	
7 is marke traumatic TO	19a. Informent's Neme/Reletionship (T)	vpe, Print)	19b. Meiling /	Address (Street	end Number or	Rural Route Number	City or Town, S	Stete, Zip Code)
alth 27	Eugene Plater/h	usband	Templ	e Hil	ls, Mar	vland :	20748	
ham 27 other to	20e. Method of Disposition		Place of Disposition	on (Name of				City or Town, Slete
7 or 1	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)		•			5/29/99	Clin	ton MD
mportant: any injury	21. Signature of Juneral Service Licens		esurrec					ton, MD.
Important: If any injury or ange.	N d =	- A -	()		I.	lodges &	Edwar	as F.H.
	Lance ?	courun						d, MD. 20746
ysician	23a Party Enter the disease, or comp shock, or heart feilure. List only o	lications that caused the dea ne cause on each line.	ath. Do not enter t	he mode of dyi	ng, such es card	iec or respiretory arre	est,	Approximete Inlervel Between Onset end Death
Medical	Immediate Cause (Finel disease or condition	Motors	tatio.	200	+ 1	Pancer	,	D UMA
aminer	resulting in deeth)		(or as a consequer		ar	Lancer		10 900
ě		Due to	(or as a consequen	ilos orj.				i
iclan and burial-transit al Examiner		b	(or as a consequer	and office				
al-trar	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	Dua (O)	(or as a consequer	nue or).				
	Ceuse (Disease or injury that initieted events	c		-0				
s the bu	resulting in death) Last	Dua lo (or as a consequer	ice or):				
5 2		d						
for use								
ys.	Pert II. Other significant conditions con	ntributing to death but not re	sulting In the unde	orlying cause gi	ven in Pert I.	23b. Did to	bacco uee con	tribute to the cause of death?
d by detac						1 🗆 Y	90 2□ No	3 Probably 4 Unknown
be be								V
s been signed to should be det						24a. Wes e		24b. Were eutopsy findings evailable prior to
2 sh						-		of death?
page 2						1 🗆 Ye	s 20 No	1 ☐ Yes 2 ☐ No
ficat or, p	25. Was case referred to medical				00 Disease4 D		0111	Marie of Marie
s certificate director, pag To Be Co	examiner?	Hospitel:	Tenie .	on son los	hae	eeth (Check only on	. /	THURS AT THE
長	1 ☐ Yes 200 No	1 LI Inpatient 2L	28b. Time of	3LI DON	4 LI Nursing	Home 5 ☐ Reside		r (Specify) HOSPICE'
r death. ector: After by the fune Ification	1 Neturel 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	Injury	28c. Inju Wo		200. 10050100 110	w injury occurre	, v
al Director: After t led in by the funers Certification:	accident investigation 3 Suicide 6 Could not be				Yes 2 No			
Within 24 hours after dear To the Funeral Director: completely filled in by the Medical Certifica	4 Homicide determined	28e. Place of Injury - At I building, etc. (Spec	home, ferm, street. :ify)	, fectory, office		City or Town		er or Rural Routa Number,
- O								
Pletely fill	29a. Certifier - Certifying Physical Check only 2 Medical Exami	sician: To the best of my kn ner: On the basis of examin	owledge, death oc	curred et the ti	me, date end pla	ce, end due to the co	tuse(s) end mer	nner es stated.
To the Funeral Director: After completely filled in by the funer Medical Certification	one)	and manner steted.	ALIGN STOPOL ILIA62	ngenori, ittilly (openion, under 00	ouries at the time, di	and piace, 0	due to the cause(s)
S COM	29b. Signeture end title of certifier	1		29c. Licens	se number	2	9d. Date signed	(Month, Dey, Year)
	Day Rees	1 m		DU	18.54		mail	24 1009
)	30. Name end address of person who se	wonleted cause of death fits	m 23a) /Two Pri	nt) 7	0007		1124	4/1771
2/	DAI//D 16	150 60-	2 2 4	541	811	PI P	0011:	nore, MD-2120
	31. Date filed (Month, Day, Year)	32. Registrar's Sign	9 301	31 1	-141	1 - 7	21711	02/0/11/0/20
State	MAY 9 v 1000	2 negistrar's sign	aguiro .		-			

MAY 2 3 1939 Street & Street

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

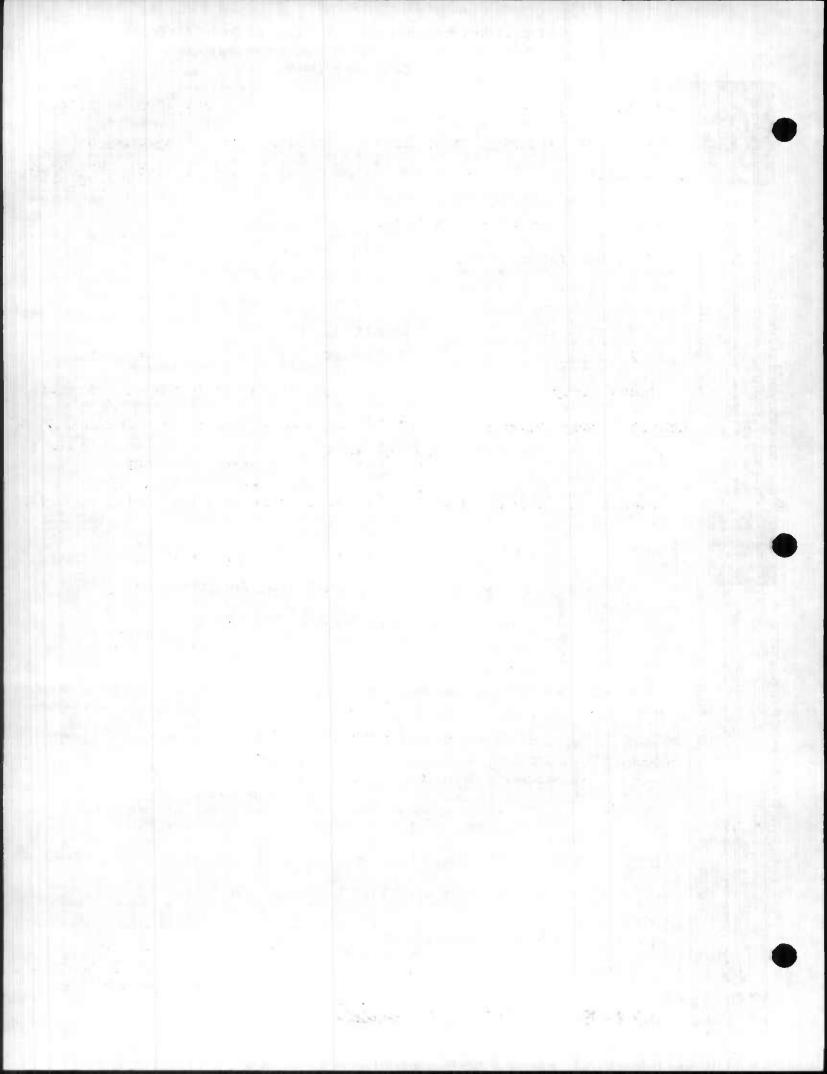
State of Maryland / Department of Health and Mental Hygiene 99 18609

						Cer	tificate of	Death	R	eg. No.		000)]
5.		1. Decedent's Name (First, Middle, Last)							2. Date of Deal				
Physi		Netti	e Kather	ine Broo	oks				May 20		1001	3:44	am
Exam		4a Facility Name	(If not Institution, giv	e street and number)			4b. City, Town, or	Location of Death	4c. County	of Death		
			ngton Ad					Takoma		Montg	omer	у	
Funera		5. Social Security		DM 707E	ge (in yrs. las	t birthday) Yrs.	Months Days		. (Month, Day,	Year)	9. Birthple	ace (State of	r Foreign
Director	r	223-28- Usual Residence	-4319	7	79	113.			April	16 192	0 Wa	rgin	ia
fand	tor	10a. Stete	10b. County		10c. City,	Town or Lo	cation				10	d. Inside C	Ity Limits
Mary		Md.	Prince	Georges	Brer	itwoc	Б					1 ☐ Yes	2 □ No
r 28s	Director	10e. Street and N		CCC1 GCD	2201	101100	10f. Zip Code		1	0g. Citizen of V	Vhat Count	ny?	
ith with the Marylar 23a or 28a-f ehow		3728 1	Rhode Is	land Ave	nue		2072	2-1434		USA			
Hems ?	Funeral	11. Maritel Status		12. Wes Decedent	Ever in U.S.	13.		Hispanic Orlgin? (S ban, Mexicen, Puer	Specify Yes or No-	14. Race	e - Americe k, White, e		
Z I Z I 3-UUZU d within 72 hours after death with the Maryland giene. rr than "naturel", or flems 23a or 28a-f ehow the Medeal Example Trough	by		rrled 2 Married 4 Divorced	1 Yes 2X If Yes, Give Year or Dates:	No		1 Yes 3 No Specify:			1 1 1 1 1 1 1 1 1	White		
72 ho	Completed	(Sn	15. Decedent's E			18e. Deced	ent's Usual Occu	upation	orkina	16b. Kind of Bu	siness/Ind	ustry	
within ene.	nple	Elementary/Se		College (1-4or	5+)	life. L	O NOT use retir	e during most of wo	, itting				
	Ö	7				Но	memake	7			Home	9	
d al b	Be	17. Father's Name	e (First, Middle, Last)					me (First, Middle, I				
y is would in which marks	10		s Kirby						abeth Ma				ord
Mai 12 sh h and h and r is m			Name/Relationship (Rural Route Number				
- cai		Robert 20a, Method of D.	Grady	Brooks/	Husb.	372	8 Rhode sition (Name of	e Island	Avenue	Brent	City or Tox	d, Md.	, 207
cantiffication of the mportant: if item my Injury or oth		1 Durial	2 Cremation 3		cen	etery, crer	t Memo	rial		20c. Location - Davi	dson	vill	е
it. Partmer			5 Other (Special		20.	Garo	lens	0.5	-24-99	Mar	ylan	d	
Departm Importal any inju		21. Signature of	Funeral Service Lice		101	22	. Name and Add	ress of Facility	BEALL F	UNERAL	HOM	E	
4.		Shannon W. Ramirez M00998 6512 N.W. Crain Highway Bowie, Md 2071 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between											
		23a. Part1. Enter shock, or he	the disease, or come art failure. List only	one ceuse on each	d the death. line.	Do not ent	er the mode of dy	ring, such as cardia	ac or respiratory arr	est,		Approximat Interval Bet Onset end	ween
Physician /Medica		Immediete Cause	/Final								1	Onsot ond	Doguii
Examine	_	disease or condit resulting in death	ion	a. C+465910				MITM	HYPOT	EHGIO	4		
G.E.M.	Due to (or es e consequence of):										~		
uted d insit	Examine			b. 19CHS	Due to (or a	AM	COH	GESILAI	_ CA1.69 100	MICHALH			
death certificate be executed e attending physician and edior use as the bunal-transit	Exa	Sequentially list of if any, leading to cause. Enter Unicause (Disease	immediate	DICCI				ANTER	Y DISSE	29	1		
ficate be exphysician is the buria	Ca	that initiated ever	115	c. DIFF	Due to (or a	s a consen	uence of): 107	TH PILE	VIOUS MY	(OC ACUD)	AL		
g phy as th	Medical	C. Due to (or as a consequence of): WITH PILEVIOUS MYCCAMDIAL resulting in death) Last Due to (or as a consequence of): WITH PILEVIOUS MYCCAMDIAL IN FARCTION											
Bath cer attendin for use	2			d						-			
deat death	Physician/N	Part II. Other sign	nificant conditions of	contributing to death	but not resulti	ng in the u	nderlying ceuse g	jiven in Part I.	23b. Dld to	bacco use col	ntribute to	the cause	of death
that the de	hy	MAVO	ERTENS	00 60 6	2886	4 () VAL	NLAR	1□ Y	08 2 No	3 ☐ Prob	ably 4	Unknow
signed Id be del	þ	9/111					-						
requires that the been signed by the should be detached	B	HEART	DISEASE	9 ATRIAL	- FIBIL	ILLA.	rion(S)	CONGES	11VF 24a. Was a perfor	n autopsy med?	ava	re autopsy lleble prior	to
2 s b	Completed	HEAR	T FAILL	one Q	ATEL	ACT	+815 OF	MEHT		/		npletion of d leath?	ause
	Con	Love	L LOBE OF		DIAGS	ETES		LITUS	1 □ Y	es 2 No	1	Yes 2□	No
vitali sician: The certificate irector, pag	Be	25. Was cese refeexaminer?	erred to medical						eath (Check only or	ne)			
Physician: this certific ral director,	P	1 ☐ Yes 2[No	Hospital: 1 Inpat		NOutpatien	1 3LI DUA		Home 5 ☐ Reside)	
ing P	on:	27. Manufer of De 1 Natural	5 Pending	28a. Date of Inj (Month, De	ey Year) 2	Bb. Time of Injury	28c. Inj W		28d. Describe he	ow Injury occur	red		
of Attending Physicien: T effer death. Director: Affer this certificat din by the funeral director, p.	cat	2 ☐ Accident 3 ☐ Suicide	investigatio 6 ☐ Could not b		M 1 Yes 2 No								
offer d	Certification:	4 Homicide	datarminad	289. Place of In	itc. (Specify)	e, farm, str	eet, factory, office	θ		ation (Street and Number or Rural Route Number, r or Town, State)			
pitai urs sura illed		DOS Contilios	No.	1.1. 7		1. 4	4-44						
To the Hospital or At within 24 hours efter or To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one)		nysician: To the best niner: On the basis of and manner s	of exemination								s)
the the the the the	Med	29b. Signature ar	nd title of certifier	0 . 00	ialeu.		29c. Licar	nse number	2	9d. Date signe	d (Month. I	Day, Year)	
F 3 F 8		10 Md	Zamme	& A. M	anna	MM	DO DO	4501	2	5.20		-	
(12)		OO Now			do ste //	0=) (T	7, 70	00: -					-0.5
(10)		MOHA	dress of person who	completed cause of	HH A	TH N	1.3., 3	331-10	VILLE	A DO	CA.	SUIT	Eac
		31. Date filed (Mc		22 Pagiet	rar's Signatur	20)	117115	VILLE	-11000.	90	100	

DHMH 16 Rev 6/95

Registrar

MAY 2 4 1999



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death pm 2. Date of Death 1. Decedent's Name (First, Middle, Last) Month 1701 FOUND 20 MAY SUZANNE MARIE BAGNALL 4c. County of Death 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street end number) MCPONALDS POWTE PARK PRINCE GEORGES LOT COLLEGE PARKING If Under 1 Year | If Under 24 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) Months Days Hours 1□ M 2√ F Cambridge Yrs. 01:6-28-0801 26,1931 Mass. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No Prince Georges College Park 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 6801 Baltimore Avenue 20740 USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian. Black, White, etc. 1 ☐ Yes 2 ☑No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: 3 Widowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Administrative Elementary/Secondary (0-12) College (1-4or 5+) 12 Education 4 Support 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) Jules P. Chartrand Ruth Ilda Lally 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Relationship (Type, Print) John William Bagnall/Husb. 6801 Baltimore Ave. College Park Md. 20740 20b. Place of Disposition (Neme of cemetery, crematory or other place) Metropolitan Crematory 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) Alexandria Virginia 05 - 22 - 9921. Signature of Funerei Service Licensee Summon W. Ramu 22. Name and Address of Facility Beall funeral Home Shannon W. Ramirez M00798 6512 N.W. Crain Hwy. Bowie, Maryland2071\$ 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death Immediate Cause (Final disease or condition resulting in death) . HYPERTENSIVE CARDIOVAS CULAR DISEASE DISORDER SEIZLIRE

Physician /Medical Examiner

and i-trensit

physicien are the burial-t

attending pl for use as t

signed by the a

is certificeta has director, page 2

funerai

ector: by tha

that the daath certificeta be axecuted

Box 68760

Division of Vital Records, P.O.

Attending Physician:

ò 2

Hospital 24 hours 8 24 hours

daath.

Direc

To the Hosp within 24 hou To the Funer completely fil

Examiner

Physician/Medical

p

Completed

Be

J_o

Certification:

Medical

permit. Pagas 1 end 2 should be filed within 72 hours effer death with I Department of Health and Mental Hygiena. Innovirant: If them 27 is marked other than "natural," or frems 23a or sany injury or other treumatic event, the Medical Examples must be an once.

Baltimore, Maryland 21215-0020

Physician

/Medical

Examiner

10a. State

Director

Funeral

þ

Completed

Funeral

Director

the Manyland

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

Due to (or as a consequence of) Due to (or es e consequence of):

Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

investigation

6 Could not be

24b. Were autopsy findings eveileble prior to 24a. Was en eutopsy performed? completion of cause of death?

1 Yes 2 No 26. Piace of Death (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death Naturai 5 Pending 1 Naturai 2 Accident

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year)

28b. Time of

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) CAR 28d. Describe how injury occurred

Location (Street end Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner es steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatore and title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

30. Name and address of person who cor MAPLO F.

23e) (Type, Print) cause

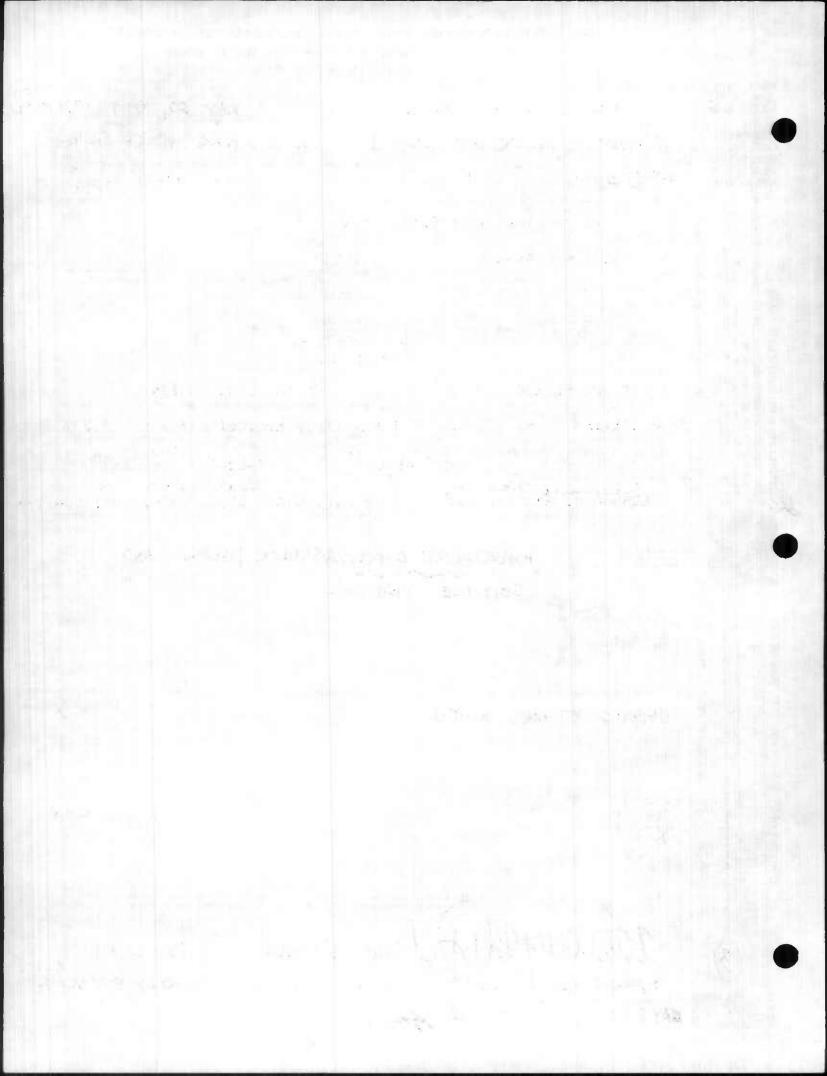
28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

DRIVE, CHEVERLY, MARYL

31. Date filed (Month, Day, Year) MAY 2 4 1999

32. Registrar's

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Date of Death

Day 1999

Physician	
/Medical	
Examiner	

KIMBERLY BARRY

1. Decedent's Nama (First, Middla, Last) Kimberly A. Barry

Month MAY 20, 3. Time of Death 2120 PM

10d Inside City Limits

Approximata Intarval Batween Onset and Death

1 Pas 2 No

1K Yas 2 No

Funeral Director

28a-f show

Directo Funeral à Completed

the Medical Examiner must be notified at natural, or flams 23s or Hygiens. permit. Pages 1 and 2 should be file Department of Health and Merital Hy Important: If Item 27 is marked other any Injury or other traumatic event

Baltimore, Maryland 21215-0020

Box 68760

Records, P.O.

Division of Vital

the 8

0 0

Physician /Medical Examiner

physician and the burial-transit The law requires that the death certificate be executed Physician/Medical signed by t þ Completed certificate Attending Physician: Be Medical Certification: To this After thi funeral n 24 hours after death.

• Funeral Director: Afte pletaly filled in by the fun ò Hospital

4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL If Under 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) April 26,1961 9. Birthplace (Stata or Foreign Country) Mary Land 5. Social Security Number 7. Aga (In yrs. last birthday) Days Months Hours 12 M 2□ F 38 212-68-1281 Yrs. Usuel Rasidence of Dacedent 10a State 10b. County 10c. City, Town or Location Maryland Anne Arundel Crofton 10e Street and Number 10f. Zip Code 10g. Citizan of What Country? 21114 U.S.A. 1761 Sharwood Place 12. Was Decadant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Year or Dates: 14. Race - American Indian, Black, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 1 Nevar Married 2 N Married 1 Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) Own home Homemaker 12 years 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be Patricia Warren William Paul Myers 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Reletionship (Type, Print) Stephen A. Barry - Spouse 1761 Sharwood Place Crofton, MD 21114 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata May 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Gate of Heaven 4 ☐ Donation 5 ☐ Othar (Specify) 24,1999 Silver Spring, MD 21. Signature of Funaral Sarvice Licensea 22. Nama and Address of Facility Rendon/Hale Funeral Home lux 9013 Annapolis Rd. Lanham, MD on hat causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23a. Pert1 Entar tha disaasa, or complication shook, or haart tailura. List only ona Immediate Causa (Final disaasa or condition rasulting in death) Sequentially list conditions, if any, laading to immediata causa. Entar Undarlying Cause (Diseese or injury that initiated avants rasulting in death) Last 5 tric Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Wara autopsy tindings available prior to complation of cause of death? 24a. Was an autopsy 1 Yas 2 No 25. Was casa ratarred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) XX Yas 2□ No 1 🔲 Inpatiant ₹XER/Outpatient 3□ DOA 28e. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Describe how injury occurred 28b. Tima of 28c. Injury at Work? 1 Netural 5 Pending 1 Yes 2 No investigation 2 Accidant 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 Suicide 28a. Pleca of Injury - At homa, tarm, street, factory, office building, atc. (Specify) 4 | Homicide 29a. Cartifiar 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner es steted. (Check only one) Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end mannar stated.

State Registrar 29b. Signeture and title of certifier

31. Data tiled (Month, Day, Year)

OSC

DHMH 16 Rsv 6/95

ORIGINAL

uss of person who complated cause of death (Item 23a) (Type, Print) res

32. Registrar's Signatura

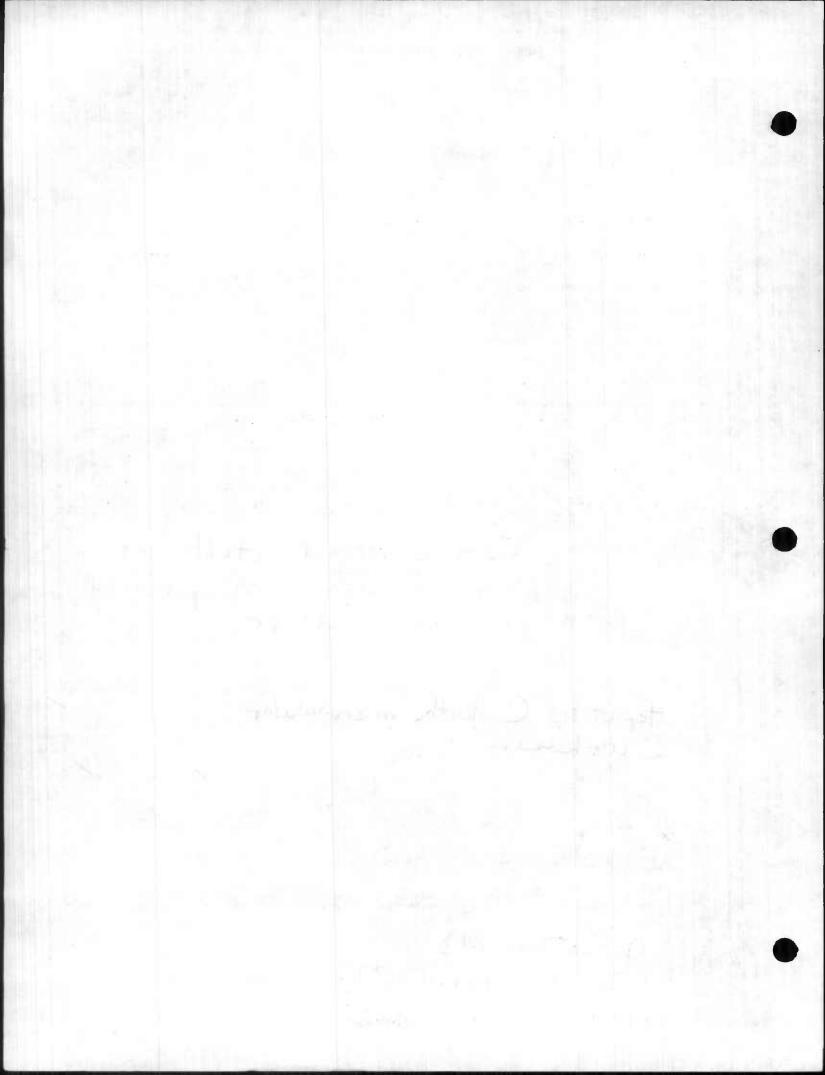
29d. Date signed (Month, Day, Year)

O.C.M.E

taker 111 Penn Street, Baltimore, Maryland 21201

MAY 22, 1999

29c. License number



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** 05 BALL 19 99 1700 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY MD WICOMICO If Undar 1 Year If Under 24 Hrs. Hours Min. 5. Social Sacurity Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, 6. Sex Birthplace (State or Foreign Country) **Funeral** Months 1X M 2 F Yrs Director 86 North Carolina 245-07-3130 Usuel Residence of Deceden the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Y□ Yas 2 □ No Director Delaware Sussex Seaford 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code 226 Shipley St 19973 US Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 13. Was Dacedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indien, Bieck, White, etc. 11. Maritel Status hours after 1 2 Yes 2 □ No If Yes, Give Yaar or Dalas: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1□ Yas 2 No white Specify: PV 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 1 and 2 should be filed within. Haalth and Mantal Hygiane. Elementery/Secondary (0-12) College (1-4or 5+) Millwright Construction 17. Fether's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be William Ball Laura Garrett 2 permit. Pages 1 and 2 shr Department of Health and Important: If item 27 is me any injury or other traums 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Thelma Ball - wife 226 Shipley St., Seaford, DE 19973 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cramation 3 ☐ Removel from State Blades Cemetery 5/23/99 Blades, DE 4 ☐ Donetion 5 ☐ Othar (Specify) 4 Domenon.

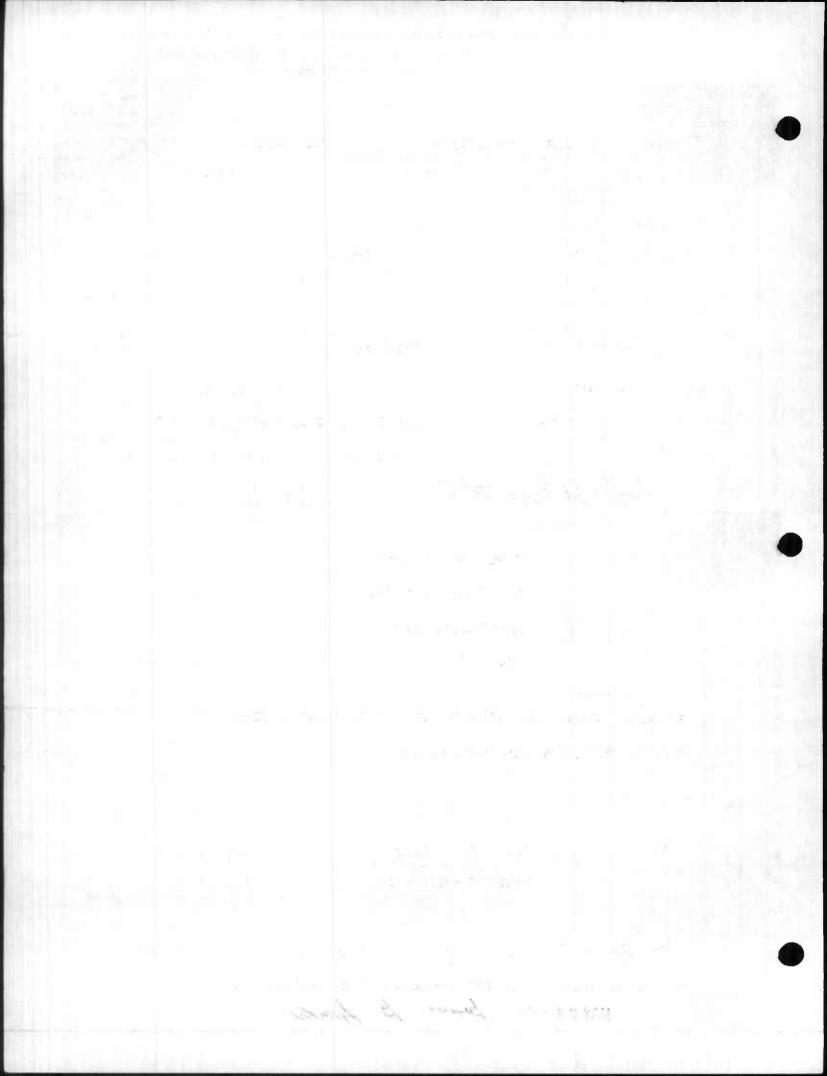
21. Signalura of Funeral Sarvice Licent 22. Name and Address of Facility Cranston dery Cranston Funeral Home John A. P O Box 967, Seaford, DE 19973 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximeta Intervel Between Onsat and Deeth Physician Immadiata Cause (Finel disease or condition resulting in deeth) /Medical ACUTE RENAL FAILURE Examiner Dua to (or es a consequence of): Examiner CONGESTIVE HEART FAILURE physician and the burial-transit the death certificate be axecuted Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated evants rasulting in death) Lest Due to (or es e consequence of) Box 68760, SUBDURAL HEMATOMA Physician/Medicai Due to (or es a consequance of): 98 attanding FALL AT HOME usa 0 Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. P.O. tha 23b. Did tobacco use contribute to the cause of death? signed by t 1 Tyes 2 No 3 Probably 4 N Unknown ARTERIOSCLEROTIC HEART DISEASE WITH ATRIAL FIBRILLATION Records, þ 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peen CHRONIC OBSTRUCTIVE PULMONARY DISEASE has page 2 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No cartificata Division of Vital 25. Wes casa referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospital: 1X Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 X Yes 2 □ No 2 funaral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred Certification: After or Attending 1 Neturei 2 Accident 5 Pending 1 Yes 2 No daath. Investigation Director: A 05-11-99 1115 FELL AT HOME. 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide within 24 hours aft To the Funeral DI complately filled in HOME-226 SHIPLEY ST SEAFORD DE the Hospital 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, data end place, end dua to tha causa(s) end menner stated. 29e. Certifier Medicai (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dala signed (Month, Day, Year) D.M.E. 05-19-99 D0003599 30. Name and sucress of person who completed cause of death (Ifam 23e) (Type, Print) 12 JOHN T. BULKELEY, M.D., 108 PINE BLUFF ROAD, SALISBURY MD 21801 31. Dale filed (Month, Dey, Year) 32. Registrat's Signatura

DHMH 16 Rev 6/95

Registrar

MAY 2 4 1999



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month Dey **Physician** Allen B. Blount, Sr. 18 1999 10:11 P.M. May /Medical 4c. County of Deeth 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner 626 Cedar Street Pocomoke City Worcester If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Yeer) **Funeral** Months 15 M 2□F Deys 216-10-7515 Yrs. 86 April 6,1913 Director Usuel Residence of Decedent with the Marylenc 10c. City, Town or Location 10d. Inside City Limits 10e Stete 10b. County 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinal must be notified at 1 Ves 2 □ No Director Worcester Pocomoke City 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 626 Cedar Street 21851 U.S. Funeral death 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Maritel Status 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 X No If Yes, Give 1 Never Married 2 Married altimore, Maryland 21215-0020 Specify: Black 1 Yes 2 No Specify: Àq 3 Widowed 4 Divorced Year or Detes: Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 5th longshoreman 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) Be Allen Blount Sallie Honeyblue 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) 626 Cedar Street, Pocomoke City, MD 21851 Miriam Golden/daughter 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Locetion - City or Town, Stete 1X Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Trinity UMC Cemetery 5/22/99 Pocomoke City, MD 21. Signature of Fuperal Se Cons 22. Neme end Address of Fecility Lewis N. Watson Funeral Home 1618 West Rd., Salisbury, MD 21801 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onset and Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner physician end the burial-transit thet the death certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760 Physician/Medical Due to (or es e consequence of): as USB jou Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, à 24b. Were eutopsy findings eveilable prior to completion of ceuse of deeth? whaticlys Completed 24e. Wes en eutopsy peen page 2 1 ☐ Yes 2 ☐ No 1 Yes certificate Division of Vital or Attending Physician: director, 25. Was case referred to medical examiner? Be 26. Plece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home Mesidence 6 Other (Specify) 1 Yes 2 PARo P this funeral 28d. Describe how injury occurred 27. Manner of Death 28e. Dete of Injury (Month, Day Yeer) 28b. Time of 28c. Injury et Work? Certification: 1 Naturel 2 Accident 5 Pending Investigation after death. 1 Yes 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital of 24 hours a Funeral C Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) end menner es steled.

The dican Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end manner stated. 29e. Certifier To the Hosp within 24 hor To the Fune completely fi Medicai

State Registrar 30.

29b. Signaruse and title of certif

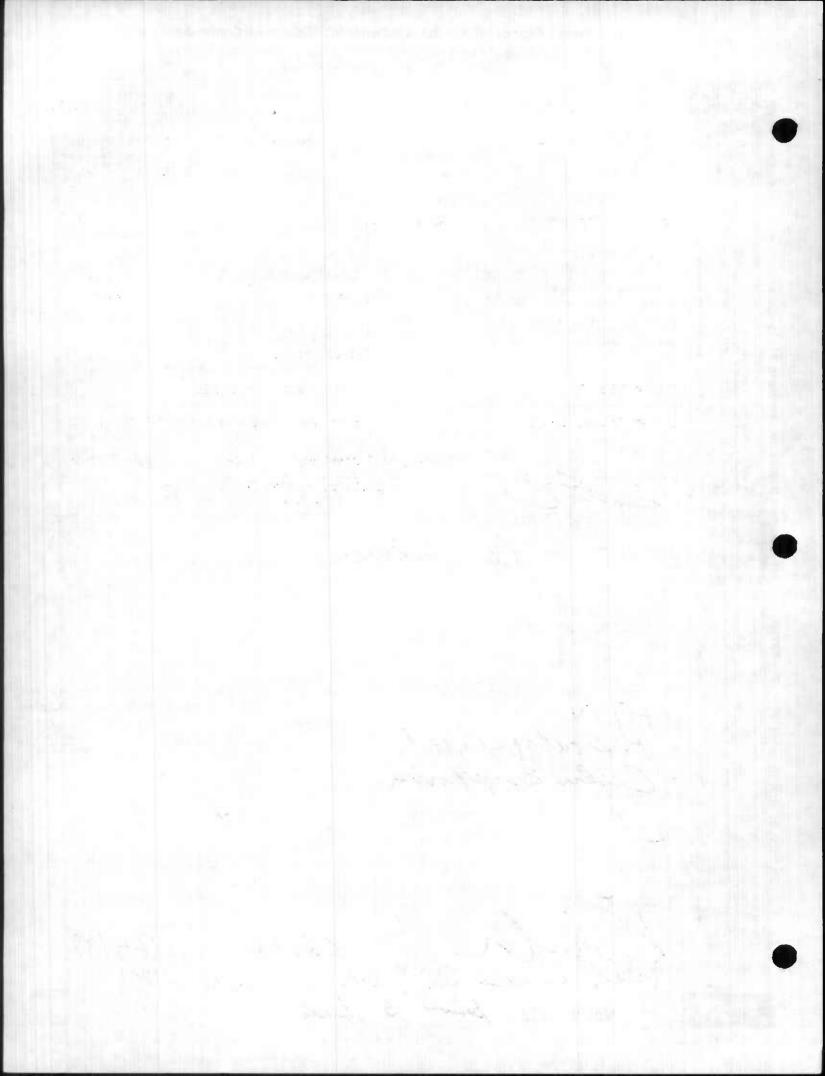
31. Date filed (Month, Day, Yeer) 32. Registrar's Signeture MAY 21 1999

ame and address of person who completed cause of deeth (from 23a) (Type, Print)

Verside

29c. License number

29d. Date signed (Month, Pey, Year)

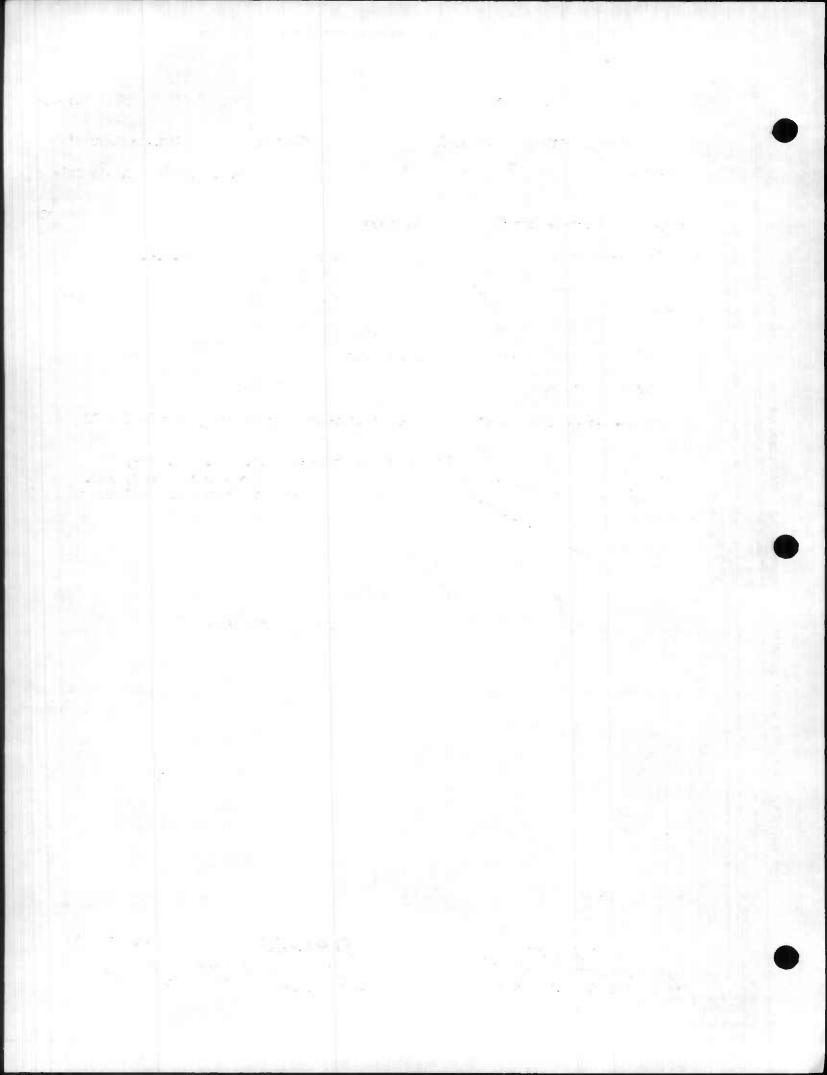


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth Mayoth 25ay 1999 **Physician** Ethel Jenny Linea Brown 12:00AM /Medical 4b. City, Town, or Location of Deeth 4a Facility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Southern Maryland Hospital Prince George's Clinton if Under 1 Year If Under 24 Hrs. Birthplece (Stete or Foreign Country) 5. Societ Security Number 7. Age (In yrs. lest birthdey) **Funeral** 1□ M 2X F Months Deys Hours Yrs. Aug. 5,1911 Director 038-42-0329 Rhode Island Usual Residence of Decedent with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f ahow Institted at 1 ☐ Yes ŽXNo Directo Maryland Prince George's Clinton 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? th and Mental Hygiene. 7 is marked other than "natural", or flame 23a or trammetic event, the Medical Examinations. 6204 Teaberry Way 20735 U.S.A. Pages 1 and 2 should be filed within 72 hours after death near of Health and Mental Hygiene.
Int. II frem 27 is marked other than "natural", or itams 23.
Int. or other traumatic event, the Medical Exerciting Intellines. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11. Merital Status Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 XXX of Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White þ 3√Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12th N/A Homemaker Home 18. Mother's Name (First, Middle, Melden Sumeme) 17. Fether's Neme (First, Middle, Last) Be Iver Johnson Thelma 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. informent's Neme/Relationship (Type, Print) Susan E. Weber (Daughter) 6204 Teaberry Way Clinton, Maryland 20735 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremetion 3 Removel from State Department or Important: If it any Injury or ance. 4 □ Donation 5 □ Other (Specify) Rhode Island Veterans Mem. Cem. Exeter, RI 22. Name end Address of Fecility Lee Funeral Home, Inc. 21. Signature of Funeral Service Licensee 6633 Old Alexandria Ferry Road Clinton MD 20735 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cardie on each line. Approximete intervel Between Onset end Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner Sequentially list conditions if any, leading to immediat cause. Enter Underlying Cause (Disease or injury that inhated events resulting in death) Last burial physician s the burial P.O. Box 68760. certificate be Physician/Medical 2 857 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 3 Division of Vital Records, 5 2 24b. Were autopsy findings available prior to completion of cause of death? 24s. Was an autopsy performed? Completed page 2 s certificate has 1 Yes 20(No 25. Was case referred to medical examiner? 88 26. Place of Death (Check only one) Other: 4□ Nursing Home 5□ Residence 5 □ Other (Specify) 10 1 ☐ Yes 200No 1€Inpatient 2□ER/Outpatient 3□ DOA # 27. Manner of Death funeral 28d. Describe how injury occurred 28b. Time of Certification: 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Appr or Attending 5 Pending after death. 1 Yes 2 No investigation 2 Accident 6 ☐ Could not be 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide Hospital 24 hours Funeral **Contring Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) Within 2 8 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) May 27, 1999 D 41580 7,503 SURRAHS BY LINKER, MD 2013S ed cause of death (Item 23s) (Type, Print) 30. Name and address of person who COX 31. Dete filed (Month, Dey, Year)
JUN 0 1 DO 32. Registrage Signeture State 1999 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth BRANCH 29 2:50 P.M. laRa 1999 Mal 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4g. County of Deeth Nursing (enter Bay Cambridge Dorchester If Under 24 Hrs. 8. Date Birth Hours Min. (Month, Dey, 5. Social Security Number Birthplace (Stete or Foreign Country) 10 M 20 F Months Deys 31-07-928 irginia Decial, Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No ambridge Dorchester 10g. Citizen of Whet Country? nburn Avenue 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? Race - American Indien, Bleck, White, etc. 11. Maritai Status 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Yes 2 No Black Specify: 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Canning tactor ASSEMBLY Line WORKER 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) SPRIUL Hustin BRanc Annie 19a. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rugal Route Number, City or Town, Stete, Zip Code) A Oakley St. OM br. dge MD. 21613 Dete 200 Logotion - City or Town, State 403. 310Ria Jenkins 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20e. Method of Disposition 1 1 Burial 2 ☐ Cremation 3 ☐ Removel from State 6/03/99 EastNewMarket, MD East NewMarket Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signatore of Funerel Service Licensee 22. Name end Address of Fecility ~ HUME FUNERal lle 23e. Perff. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate Approximate Approximete Intervel Between Onset and Death eletro ly le Immediate Ceuse (Finei disease or condition resulting in deeth) 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed?

Physician /Medical **Examiner**

if or Attending Physician: The law requires that the death certificate be associated attached. Attached the standard by the attending physician and Director After this certificate has been signed by the attending physician and d in by the funeral director, page 2 should be detached for use as the burial-transit d in by the funeral director, page 2 should be detached for use as the burial-transit

Be

Certification: To

edical

Box 68760

P.O.

Records,

Division of Vital

Physician

/Medical

Examiner

10e. Stete

Director

Funeral

by

Completed

Be

P

Funeral

Director

ò **Berns 238**

'natural', or

the state

marked

.

Important: If Item 27 is any injury or other in

the state

Baltimore, Maryland 21215-0020

Pages 1 and 2 should be filed within nant of Health and Mental Hygiene.

Examine Sequentielly list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last Physician/Medicai þ Completed

Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 2 No 1 Yes 2 No 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28c. Injury et Work? 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 1 Naturel 2 Accident 5 Pending 1 Yes 2 No investigation 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 6 Could not be 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 T Homicide

29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one)

29b. Signature end title of 29c. License number 50987

29d. Date signed (Month, Dey, Year)

30. Name end eddress of person who completed ceuse of death (Item 23a) (Type, Print) mora sove Homed Nawas 105

State Registrar

31. Dete filed (Month, Day, Year)

JUN 2 1999

21613.

To the Hospital of within 24 hours all To the Funeral D completely filled



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death **Physician** May 23, 1999 8:00 A.M. Samuel Campbell Chase, Jr. /Medical 4e Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1229 Glencrest Terrace Pasadena Anne Arundel 8. Date of Birth (Month, Pey, Year) Sep. 1, 1946 9. Birthplace (Steta or Foraign Country) Washington, DC 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** Days 10 M 2□ F Months Hours Min 217-46-2883 52 Yrs. Director Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. inside City Limits 1 Yes 2 No Director Maryland Anne Arundel Pasadena 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1229 Glencrest Terrace 21122 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ঐYes 2 ☐ No If Yes, Give Yaar or Dates: 1966–68 Was Decedant of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specity: White P Q 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Spacify only highest grade complated) Construction Collega (1-4or 5+) 2 vrs. Elementary/Secondary (0-12) Plant Superintendent Materials Company 18. Mother's Name (First, Middle, Maiden Surname) 17. Fathar's Nama (First, Middla, Last) Samuel Campbell Chase, Sr. Mary M. Haas 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Nema/Relationship (Type, Print) 1229 Glencrest Terrace Pasadena, MD 21122 E. Sue Chase/ Wife 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20c. Location - City or Town, Stala 20a. Method of Disposition 1 A Burial 2 Cramation 3 Ramoval from State Lakemont Mem'1. Gardens 5-27-99 Davidsonville, MD 4 ☐ Donation 5 ☐ Other (Specify) George P. Kalas Funeral Home 2973 Solomons Island Rd. Edgewater, MD 21037 23a Parti. Enler the draftse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Intarval Between Onset end Daeth **Physician** Immadiata Cause (Final disaasa or condition rasulting in daath) /Medical 9 months Metastatic squamous cell carcinoma of tongue Examiner Due to (or as a consequence of): Examiner Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Cause (Disaasa or injury that initiated events resulting in daath) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Hypercalcemia þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of causa of daath? 1 Yes 2 No 1 Yes 2 No 25. Was case refarred to madical axaminer? Be 26. Plece of Death (Check only ona) Other: 4 Nursing Home 5 Nesidance 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 2 Accident 5 Pending 1 Yes 2 No invastigation 6 Could not be datarmined 3 ☐ Suicide 28f. Localion (Street end Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury · At homa, farm, straet, factory, office building, etc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifie Medical (Check only one) 29b. Signature and title of certifier 29c. Licansa numbar 29d. Data signed (Month, Dey, Year) 30. Name end addrass of person who completed cause of death (Item 23a) (Type, Print)

Maura L. Gillison, M.D. 600 N. Wolfe Street Rm. 124 Oncology Baltimore, MD 21287 31. Deta filed (Month, Dey, Year)

Registrar

7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Wedscal Examiner must be notified at

ŏ

physician end s the burief-trens

88 use

the signed by t

has

certificate

this funerel

After

s efter death.

24 hours Hospital

within 24 hor To the Fune completely fi

certificete be exec

Division of Vital Records,

or Attending Physician:

94

sernit. Pages 1 and 2 ahould be filed within 72 hours effer death. Department of Health and Mental Hygiene.

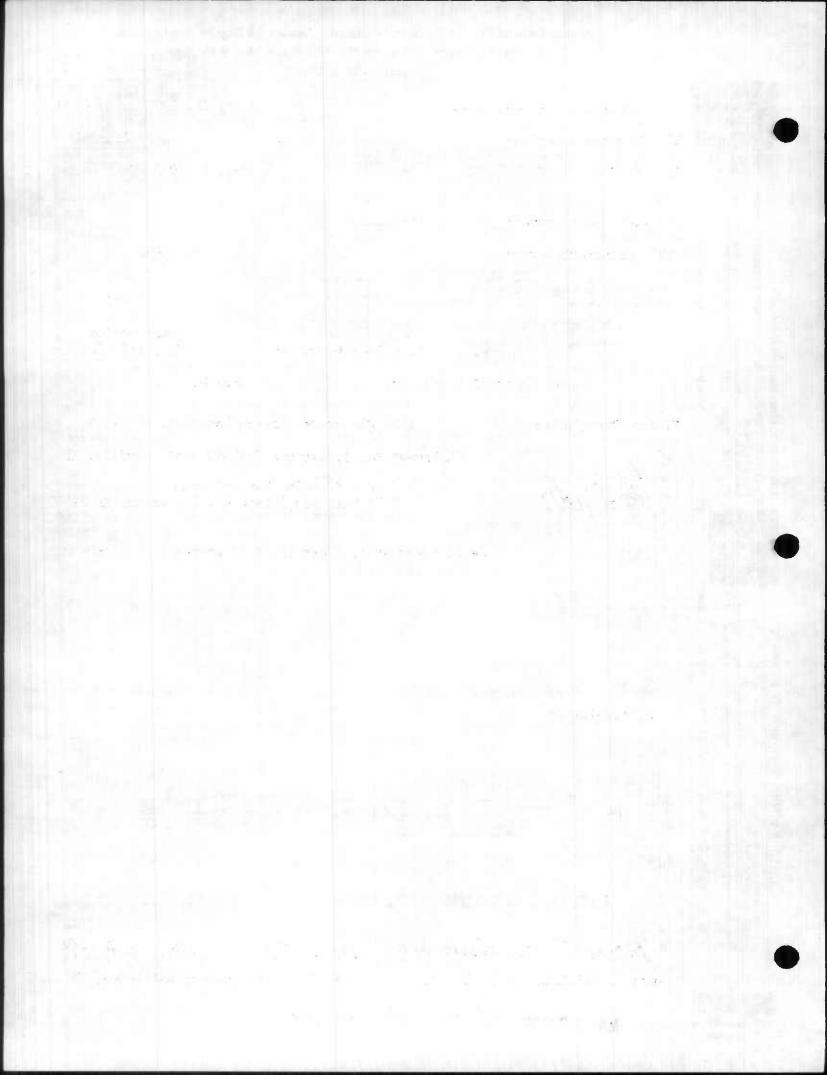
Baltimore, Maryland 21215-0020

with the Meryler

32. Registrar's Signature

doorly)

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

W.3.	6.5	is				Ce	rtifica	ate of L	Death		Reg. No.	18617			
	Physici	an	1. Decedent's Neme (First, Middle, La				911)			2. Dete of De Month	eth Dey	3. Time of Death			
4	/Medi		GEORGE J.	CARROLI	,					MAY 24		0202			
	Examir	er	4e. Fecility Neme (If not institution, giv					4	b. City, Town, or	Location of Deet	4c. County	of Deeth			
H			ANNE ARUNDEL M						NNAPOL	IS	ANNE	ARUNDEL			
_	Funeral Director		5. Social Security Number 6. S 705-09-6756 Usuel Residence of Decedent	6ex 7. Ag	ge (In yrs. 80	lest birthday) Yrs.	If Und Month	er 1 Yeer s Deys	If Under 24 Hrs Hours Min		21 191	Birthplece (State or Foreign Country)			
fend	show		10a. State 10b. County		10c. Cit	ty, Town or Lo	ocation					10d. Inside City Limits			
Мегу	or 28a-f shorted at	Ö	MARYLAND ANNE A	RUNDEL	CRC	DWNSVI	II.I.E					1 TYPes 2 □ No			
the	r 28a-f	rec	10e. Street end Number			711012		ip Code			10g. Citizen of Whet Country?				
death with the Merylend	23a or	O	1612 CROWNSV	ILLE ROA	D			2103	2		us				
T P	or items	y Funeral	11. Marital Stetus 1 Never Merried Married	Armed Forces	12. Wes Decedent Ever In U Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give 1 Q / /		If Yes, specify Cuban, Mexican, Puert		Specify Yes or No rto Rican, etc.)	- 14. Race	e - American Indien, ck, White, etc.				
21215-0020 d within 72 hours ef	"naturel", edical Exp	d by	3 ☐ Widowed 4 ☐ Divorcad	Yeer or Dates:	1945	5						DLACK			
15-		Completed	15. Decedent's Ed (Specify only highest gre	ducation		16e. Dece	kind of w	ual Occupe vork done d use retired	uring most of wa	orking	16b. Kind of Bu	usiness/Industry			
vithin	then then	E C	Elementary/Secondary (0-12)	College (1-4or											
	other tha	Ö	17. Fether's Neme (First, Middle, Last,	,0		WAREH	IOUS	E FOI	REMAN 18. Mother's Ne	me (First Middle	FT GEO	PRGE MEADE			
Maryland	o do	o Be													
should	th end Mer 7 is marke traumatic	10	PARY ROBINSON 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)												
Ma d 2 s	7 is trau				1										
a - 2	Item 27 other tr		MAMIE M. CARROLL (WIFE) 1612 CROWNSVILLE RD. CROWNSVILLE, MD. 21032 20a. Method of Disposition (Neme of Dete 20c. Location - City or Town, State												
Baltimore,			20a. Method of Disposition 20b. Place of Disposition (Neme of Came for Jisposition (Neme of Ca												
Itin	njur.		4 □ Donetion 5 □ Other (Specif		MAR			-		5/28/	99 CROW	INSVILLE, MD.			
Bal	Dependent Per Important: I any injury o once.		21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility WM. REESE & SONS MORTUARY, P.A.												
			Larry S. A	eese		8	21 1	WEST	ST. AN	INAPOLT.	S MD	21401			
8			23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line.												
	ysician					,				_		Onset and Death			
	ledical aminer		Immediate Cause (Final disease or condition resulting in death)	e		Seps	15					2 days			
	u	2	resulting in deeth)		Due to (d	or es e conse	quence o	r):		^	14-14-1				
8	sit	Examiner		b. 110	pen	oble	901	ma	01	ful		1 l wh			
G Cut	lcian and bunel-trens	хап	Sequentially list conditions, if any leading to immediate		Due to (c	or es e consec	uence of	5:		6					
68760,	cian		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C											
87	the	edical	thet initieted events resulting in deeth) Lest		Due to (o	r es e consec	quence of):							
×	attending pl	2		d.											
Bo athe	for us	lan									1 - 2 - 1				
O g	by the a	Physician/	Part II. Other significent conditions of	ontributing to death b	out not res	ulting In the u	nderlying	cause give	n In Pert I.	23b. Dld	tobecco use con	ntribute to the cause of death?			
Pat #	ed by											3 Probably 4 Unknown			
S, Les t	signe d be	by													
Records, P.O. Box 68760, le law requires that the death certificate be execut	s been 2 shoul	Completed								24e. Wes	en eutopsy rmed?	24b. Were eutopsy findings eveileble prior to completion of cause of deeth?			
= F	page page	S								10	res 2000	1 □ Yes 2 □ No			
of Vital I	certificete rector, pag	Be	25. Was case referred to medical exeminer?						26. Place of De	ath (Check only	ne)				
Of \	this cral dire	2	1 □ Yes 2 X No	Hospitel:	ent 2	ER/Outpatler	nt 3 🗆 🖸	OOA Othe	r: 4 Nursing I	Home 5 Resi	dence 6 Othe	er (Specify)			
	fter	on:	27. Menner of Deeth 1 Maturel 5 ☐ Pending	28e. Date of Inju (Month, De	ay Year)	28b. Time o	f	28c. Injury Work	et ?	28d. Describe	now injury occurr	ed			
Vision	or: A the fu	cati	2 ☐ Accident investigation	n			М	1 🗆 Y	'es 2□No	3.00					
Division of a Attending	n 6 b	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Inj building, et	jury - At he	ome, ferm, str	eet, facto	ory, office		28f. Location (City or Tou		er or Rurel Route Number,			
Olain o	led														
Hospital	To the Funeral Dir	edical	29a. Certifier (Check only one) Certifying Ph 2 Medical Exen	ysicien: To the best niner: On the besis of and menner st	of examine	wledge, death tion end/or In	occurre vestigation	d et the time n, in my op	e, date end pleci inion, death occi	e, end due to the urred et the time,	ceuse(s) end me date end placa, e	nner es steted. end due to the cause(s)			
To the I	oth	Me	29b. Signeture and title of celtif	and mermer St	oled.		2	9c. License	number		29d. Date signed	d (Month, Dey, Yeer)			
F 3	Þο		Paxl	~	w				8118		5/20	99			
W. 14	17		20 Name and 111					ע	0,,0		1/24				
L.Y.			30. Name and eddress of person who			1 23e) (Type,	Print)	Park	wer A	ALL AND	1) M	0 2.40			
	Cto	2	31. Date filed (Month, Day, Yeer)	32. Registr		ture #	4),14	NUMPOU	1	0 21401			
-1	Sta Registr		MAY 2 6 1000	Servi	of origina	19.	don	. 11			V ALGER				

A Pringer and antique but automate multipleum but the UTF of the control and UTF and and U

	AST IS VEHICLE		2 10 7 60		
Marie Suraz Lai			TOTAL DATE OF	Manual No.	
	TREE				enion
			n : Cameron		
		58.01	A In Charles	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
		A MARK			
	THE PROPERTY OF		L Hacinesis		
	Anioni, at 1	The state of		araica .	
	4 / 47 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	TEATHER THE STORY				
2000	18 OT 1 10 200 III	disk less till 1			
					THE REAL PROPERTY.
				100	
		VELT IN		THE STATE OF	
	- La 172 4 2 1	THE PERSON NAMED IN			

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 18518

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contribute to the cause of death? All Year all No. 3 Probably All Representations.							C	ertifica	te of	Death			Reg. No.	-	001	U
Post Name of Part Mission Case State of Transmission Case State of Transmission Case State of Transmission Case State of Transmission Case State Sta	П			1. Decedent's Nama (First, Middla, Las	st)									Veer	3. Time o	of Death
## Special personal register of the including of the service of the control of th				John Unrilla										1 Gai	8:00	P.M.
South Second year with a second property of the control of the second property of the control of the second property of the second proper				to Foothis Name (If and Institution also attend outstand						4b. City, To	wn, or L		4c. County	of Deeth		
1.55=1.54-1.46		<u> </u>		363 Colony Point	Place.					Edg	ewat	er	Anne	Aru	ndel	
103-10-14-05 Total Residence of December Total Residence of	-	Funeral		5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth								h Vanri	9. Birthi	olaca (Steta	or Foreign	
Dues to Company Dues to Co	l.			165-18-1446 12 M 2 F 78 Yrs. Months Days Hours Min. May 21, 1920 Per									Penn	sylvar	nia	
College Law Service College		D														
College Law Service College		how	.													
College Law Service College		Ma Ma	흥	Maryland Anne Ar	undel		Ed	gewate	er						1 ∐ Ye	s 2LINO
College Law Service College		# # # # # # # # # # # # # # # # # # #	e l	10e. Street and Number				10f. Z	lp Code				10g. Citizen of V	What Cour	ntry?	
College Law Service College		th wi		363 Colony Point	Place				21	.037			USA			
College Law Service College		dea	ner	11. Marital Status	12. Was Dec	cedant Ever in	U,S. 1	3. Was Dec	edent of h	dispanic Ori	igin? (Sp	ecify Yes or No	14. Rac			
College Law Service College	0	or its		1 Never Married 2 Married	1 Yas	2 No					, , , , , , , , , , , , , , , , , , , ,					
College Law Service College	02	ours Fer	2	3 ☐ Widowed 4 ☐ Divorced	Yaar or	Dates: 194	4-46	10 100	222110	орвону.			Specify	Wh:	ite	
College Law Service College	5-0	72 ho	e	15. Decedent's Ed	fucetion)	(G	(Give kind of work done during most of work)				ina	16b. Kind of Bu	usiness/In	dustry	
20. Beautiful of Disposition 1 20 20 20 20 20 20 20	2	thin the	힐				lil	e. DO NOT	us <i>e retire</i>	d)						
20. Beautiful of Disposition 1 20 20 20 20 20 20 20	2	w ber th	Co		1	yr.		Office	e Man						orp.	
20. Beautiful of Disposition 1 20 20 20 20 20 20 20	Du	産工会を											Meiden Sumen	10)		
20. Beautiful of Disposition 1 20 20 20 20 20 20 20	<u>X</u>	Ment Ment	10	John E.	Curill	а				Ma	ry	Janasov				
20. Beautiful of Disposition 1 20 20 20 20 20 20 20	a	end end is m		19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Sta										State, Zip	Code)	
Section Commence		CENL														.037
Physician Medical Examiner 23a Part Ethat in disease, or complications that caused the death. Do not enter the mode of dying, such as cerdad or respiratory areat. Approximate indicate Cause (Final disease) or complications that caused the death. Do not enter the mode of dying, such as cerdad or respiratory areat. Approximate indicate Cause (Final disease or conditions) Bequentially list conditions. Bequentially list condition	ore	(A all O			Damoual from		 Place of Di cemetery, 	sposition (No crematory or	eme of other ple	ce)		Dete	20c. Location -	City or To	own, State	
Physician Medical Examiner 23a Part Ethat in disease, or complications that caused the death. Do not enter the mode of dying, such as cerdad or respiratory areat. Approximate indicate Cause (Final disease) or complications that caused the death. Do not enter the mode of dying, such as cerdad or respiratory areat. Approximate indicate Cause (Final disease or conditions) Bequentially list conditions. Bequentially list condition	Ē	Peg nent int: fi	Н			M	etropo	litan	Crem	natory	5	5-21-99	Alexand	ria,	Virgi	nia
Physician Medical Examiner 23a Part Ethat in disease, or complications that caused the death. Do not enter the mode of dying, such as cerdad or respiratory areat. Approximate indicate Cause (Final disease) or complications that caused the death. Do not enter the mode of dying, such as cerdad or respiratory areat. Approximate indicate Cause (Final disease or conditions) Bequentially list conditions. Bequentially list condition	alt	mit.		21. Signature of Fuperal Seprice Vicen	1900			22. Name a	and Addre	ess of Facili	ity	11				
Physician Physic	00	SOF S		> 1/1/2 1/1/1/1/	3			2973	Solo	Kala	S FU	neral H	Edgovat	or i	MD 210	137
Physician / Middical Examiner Sequence of conditions Sequence of c	nn	The same	1	23a. Part . Entar the disease, or com	plications that	caused the d	eath. Do not							e1 , 1	Approxima	ate
Sequentially list conditions		Physician		shock, or heart failure. List only	one cause on	each line.										
Due to (or as a consequence of): Due to (or as a consequence of):								avco	M	a					3 yea	IVC
Due to (or as a consequence of): Commonwealth Sequentially list conditions, if siny, leading to immediate course, Enter Underlying cause. Enter Underlying cause. Enter Underlying that Initiated events filling in death) Lest Due to (or as a consequence of):		Examiner		disease or condition resulting in deeth)	a	Duran									0 10.	
County of the final determined of the county			-	Due to (or as a consequence of):												
County of the final determined of the county		d ansit	盲		b	Dunte	\0r.ac.a.oo	enguanaa af	۸.					1		
County of the final determined of the county	,	exec n en iel-tr	X	if any, leading to immediate		Duett	7 (01 23 2 001	sequence of	,.							
Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably Authority Authority	9/	sicie b bur	ca	triat trittated events	c	C										
Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably Authority Authority	9	ficet p phy s the	b	rasulting in death) Lest		22. 6 1. 22. animodismism ani										
Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably Authority Authority	×	nding use e	2		d											
24a. Was an autopsy performed? 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth prior to completion of cause of deeth. 25. Was cese referred to medical examiner; or the best of might provide the prior to complete the performed? 25. Was cese referred to medical examiner; or the best of might provide the performed? 26. Piece of Death (Check only one) 27. Menner of Deeth 1 Mountaing Home 5 Assidence 6 Other (Specify) 28. Date of Injury M 1 Vers 2 No 28. Date of Injury M 1 Vers 2 No 28. Date of Injury M 1 Vers 2 No 28. Date of Injury M 1 Vers 2 No 28. Date of Injury M 1 Vers 2 No 28. Date of Injury At home of Work? 28. Date of Injury M 1 Vers 2 No 28. Date of Injury At home of Work? 28. Date of Injury M 1 Vers 2 No 28. Date of Injury At home of Work? 28. Date of Injury At home of Work? 28. Date of Injury M 1 Vers 2 No 28. Date of Injury At home of Work? 28. Date of Injury At home of Work	Ď	ette d for	cla	Part II Other significant conditions contributing to death but not requiring in the undertake source share in Part I								loheono use no				
24a. Was an autopsy performed? 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth prior to completion of cause of deeth. 25. Was cese referred to medical examiner; or the best of might provide the prior to complete the performed? 25. Was cese referred to medical examiner; or the best of might provide the performed? 26. Piece of Death (Check only one) 27. Menner of Deeth 1 Mountaing Home 5 Assidence 6 Other (Specify) 28. Date of Injury M 1 Vers 2 No 28. Date of Injury M 1 Vers 2 No 28. Date of Injury M 1 Vers 2 No 28. Date of Injury M 1 Vers 2 No 28. Date of Injury M 1 Vers 2 No 28. Date of Injury At home of Work? 28. Date of Injury M 1 Vers 2 No 28. Date of Injury At home of Work? 28. Date of Injury M 1 Vers 2 No 28. Date of Injury At home of Work? 28. Date of Injury At home of Work? 28. Date of Injury M 1 Vers 2 No 28. Date of Injury At home of Work? 28. Date of Injury At home of Work	o	y the sched	ys	Part II. Other significant conditions of												
248. Was an autopsy performed? 249. Was an autopsy performed? 240. Was an autopsy performed? 250. Was case referred to medical available prior to completion of cause of deeth? 251. Was case referred to medical examiner? 252. Was case referred to medical examiner? 253. Was case referred to medical examiner? 254. Was case referred to medical examiner? 255. Was case referred to medical examiner? 256. Piece of Death (Check only one) 275. Was case referred to medical examiner? 276. Piece of Death (Check only one) 277. Was case referred to medical examiner? 277. Was case referred to medical examiner? 278. Was case referred to medical examiner? 279. Was case referred to medical examiner? 280. Death (Check only one) 281. Location (Street and Number or Rural Route Number, City or Town, Stele) 282. Certifier (Check only one) 283. Certifier (Check only one) 284. Use of Injury At home, farm, street, factory, office 285. Location (Street and Number or Rural Route Number, City or Town, Stele) 286. Place of Injury - At home, farm, street, factory, office 286. Place of Injury at work? 287. Location (Street and Number or Rural Route Number, City or Town, Stele) 288. Certifier (Check only one) 289. Signatura and title of period who completed cause of death (Item 23e) (Type, Print) 290. Death signed (Month, Day, Year) 291. Signature and address of berson who completed cause of death (Item 23e) (Type, Print) 291. Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner esteled. 292. Licanse number 293. Date filled (Month, Day, Year) 294. Date signed (Month, Day, Year) 294. Date signed (Month, Day, Year) 295. Licanse number 296. Date signed (Month, Day, Year) 297. Licanse number 298. Certifier on the cause (s) and manner esteled. 299. Signature and address of berson who completed cause of death (Item 23e) (Type, Print) 296. Date signed (Month, Day, Year) 297. Licanse number 298. Date of Injury 299. Date signed (Month,	J.	€ 9 0											108 21110	30110	babty 7	Conkiloni
25. Was cese referred to medicel examiner? 1 Yes 2 No 25. Was cese referred to medicel examiner? 1 Yes 2 No 26. Piece of Death (Check only one) 27. Menner of Death 1 Nostural 1 Nostural 2 Accident 3 Suicide 6 Could not be determined 28. Date of Injury 28b. Time of Injury 3 Work? 4 Homicide 28. Date of Injury 4 Work? 4 Nursing Home Scandard Hom	gp	sign Id be	Q D									24a Was an autopsy 24b. Were autopsy fir				
25. Was cese referred to medicel examiner? 1 Yes 2 No 25. Was cese referred to medicel examiner? 1 Yes 2 No 26. Piece of Death (Check only one) 27. Menner of Death 1 Nostural 1 Nostural 2 Accident 3 Suicide 6 Could not be determined 28. Date of Injury 28b. Time of Injury 3 Work? 4 Homicide 28. Date of Injury 4 Work? 4 Nursing Home Scandard Hom	Ö	peen	ete											CO	ompletion of	
25. Was cese referred to medicel examiner? 1 Yes 2 No 25. Was cese referred to medicel examiner? 1 Yes 2 No 26. Piece of Death (Check only one) 27. Menner of Death 1 Nostural 1 Nostural 2 Accident 3 Suicide 6 Could not be determined 28. Date of Injury 28b. Time of Injury 3 Work? 4 Homicide 28. Date of Injury 4 Work? 4 Nursing Home Scandard Hom	ě	hes lew	du l										/	OI	deetn r	
The state of the s	<u></u>	cate										1/2	es 2□No	1	☐ Yes 2	No
The state of the s	=======================================	clan	0	examiner?	Hoenital:				01	hor:		1				
State Stat	5	5 0 0	၉	4	1L				JUA	4 L N	ursing H	- 1			ify)	
30 Name and address of berson who completed cause of death (Item 23a) (Type, Print) 900 Bastyate Rd. Annapolis, Wid. State 31. Date filed (Month, Day, Year) 32. Ragistra's Signature	Ē	ng P	- Co		28a. Date (Mo.	of Injury nth, Day Year		ry				28d. Describe	now injury occur	red		
30 Name and address of berson who completed cause of death (Item 23a) (Type, Print) 900 Bastyate Rd. Annapolis, Wid. State 31. Date filed (Month, Day, Year) 32. Ragistra's Signature	Sic	leeth lor: A	cat	Z D Addidont							INO	501 11' /	O	D	- / Pouts Ab	
30 Name and address of berson who completed cause of death (Item 23a) (Type, Print) 900 Bastyate Rd. Annapolis, Wid. State 31. Date filed (Month, Day, Year) 32. Ragistra's Signature	<u> </u>	ther during the during	=	dotominod	286. Plac	e of Injury - A ding, etc. (Spe	t home, farm ecify)	, street, facto	ory, office			28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete)				.mber,
30 Name and address of berson who completed cause of death (Item 23a) (Type, Print) 900 Bastyate Rd. Annapolis, Wid. State 31. Date filed (Month, Day, Year) 32. Ragistra's Signature		ral Delli													-	
30 Name and address of berson who completed cause of death (Item 23a) (Type, Print) 900 Bastyate Rd. Annapolis, Wid. State 31. Date filed (Month, Day, Year) 32. Ragistra's Signature		Hosp 4 hol Fune tely fi	ca	(Check only 2 Medical Exam	niner; On the	basis of exem	knowledge, d inetion and/o	eath occurre r investigetio	d at the ti	ime, dete er opinion, dea	nd place ath occur	, and due to the rred et the time,	ceuse(s) and made and plece,	end due	steted. to the cause)(s)
30 Name and address of berson who completed cause of death (Item 23a) (Type, Print) 900 Bastyate Rd. Annapolis, Wid. State 31. Date filed (Month, Day, Year) 32. Ragistra's Signature		the the I		one)												
State 31. Date filed (Month, Day, Year) 32. Ragistrar's Signature		N V V		29b. Signatura and title of partition 29d. Date signed (Month, Day, Yeer)												
State 31. Date filed (Month, Day, Year) 32. Ragistrar's Signature				7. 400	····	Some	01		U	110	00		3/	41/	11	
State 31. Date filed (Month, Day, Year) 32. Ragistrar's Signature				30 Name and address of person who	completed ceu	use of death (tem 23a) (Ty	pe, Print)	900	2 R	asta	ate Rd	Aus	apol	is, Wi	d.
MAV 9 4 1000								•	(0	~~~	. //	, - 0		
				0.0 0.0												

1.00

deal of the say had

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death 23, 1999 May Kenneth W. Cross 11:45PM 4b. City, Town, or Location of Deeth 4a Facility Nama (If not institution, give street end number) 4c. County of Deeth Look About Manor 8. Dete of Birth (Month, Dey, Yeer) 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) Months Deys MM 2DF Hours Min. Yrs. 80 April 22, 1919 268-16-2588 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yas 2 No Maryland Anne Arundel Annapolis 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2578 Misty Ridge Cove United States 21401 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Year or Dates: Was Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Naver Marriad 2 Merried 1 Yes 2 No Specify: specify: white 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Mechanical Engineer Commercial 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Fethar's Nama (First, Middla, Last) William A. Cross Edyth Dunn 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mary Ellen Cross (wife) 2578 Misty Ridge Cove Annapolis, MD 21401 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State 5/25/99 4 ☐ Donetion 5 ☐ Other (Specify) Ft. Lincoln Crematory Brentwood, Maryland 22. Name and Address of Fecility John M. Taylor Funeral Home, Inc. 21. Signature of Funeral Service Light 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 147 Duke of Gloucester St. Annapolis, MD 21401 Approximete Intervel Between Onset and Deeth Immediate Cause (Final disease or condition resulting in deeth) Due to (or es e consequence of): CVD Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Dua to (or as a consequence of): 23b. Did tobacco ues contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to 24e. Was en autopsy performed? completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical examiner? 26. Plece of Deeth (Check only one)

Physician /Medical Examiner

certificate be executed

Box 68760.

Division of Vital Records.

Attending Physician:

6 Hospital 24 hours

To the

Physician

/Medical

Examiner

Directo

Funeral

þ

Completed

2

Funeral

Director

Hygiene. Hygiene. Wither than "natural", or ferms 23a or 28a-f show ent, the Medical Examine, must be notified at

the Merylend

Examiner

Iclen end burial-transit physicien s the buria 98 USB signed by the e page 2 s Sec certificate this funeral efter death. 2

Physician/Medical þ Completed 10 Certification:

29e. Certifier (Check only one)

1 Yes 2 No

27. Menner of Deeth

1 Naturel

2 Accident

3 ☐ Sulcide

4 Homicide

6 Could not be

Investigation

5 Pending

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year)

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) assisted 28d. Describe how Injury occurred 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

104 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es stated.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to tha ceuse(s) end menner stated.

29b. Signature and title of certifier middle 4

29d. Date signed (Month, Dey, Year)

Living

acolit

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

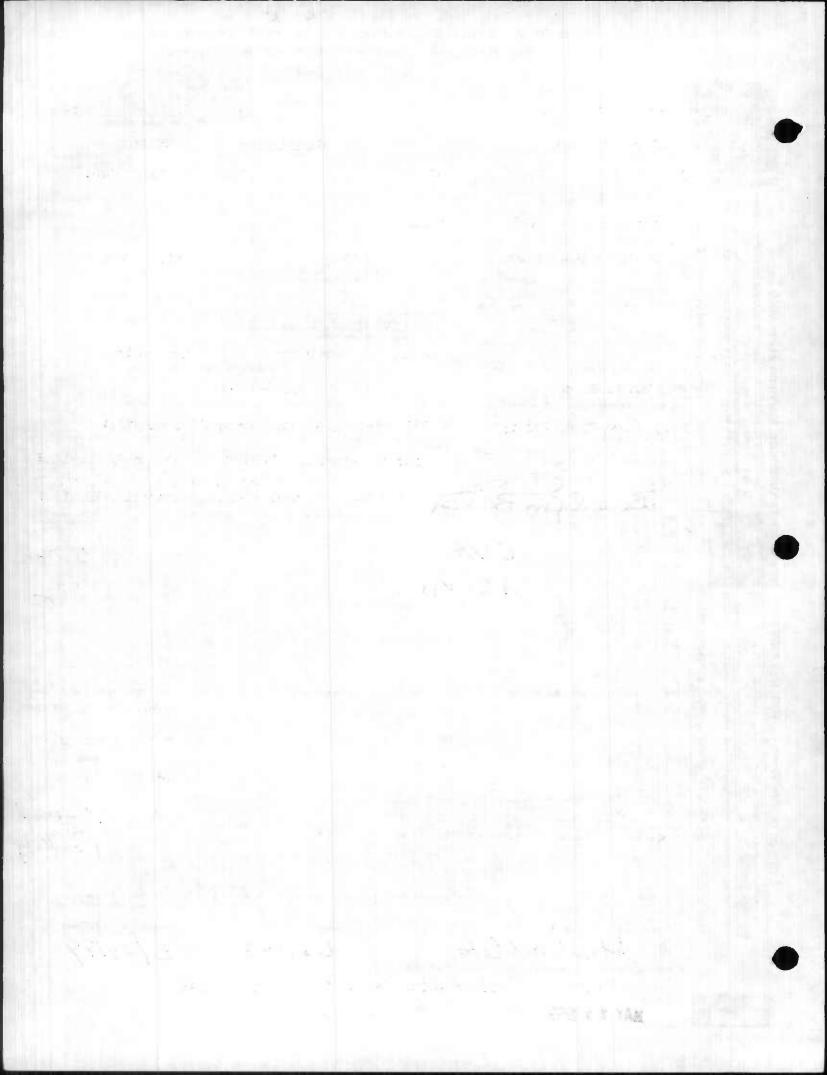
John Middleton, MD. 688C Poole Rd. Westminster, Maryland 21157

31. Dete filed (Month, Day, Year) MAY 2 5 1999 72. Registrer's Signeture

Registrar

within 24 hor To the Fune completely fi

Medicai



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene AMEND ITEM #23c &23b PER ME G823 9/certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Deeth **Physician** 0427 MAT 1999 PATRICK THOMAS CARROLL 17 /Medical 4c. County of Deeth 4a Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** If Under 1 Year If Under 24 Hrs. PRINCE GEORGES -AUREL REGIONAL 8. Data of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 1 → M 2 □ F 7. Age (In yrs Birthplace (State or Foreign Country) **Funeral** Months Days Hours Min 577-90-9918 37 JUNE 15,1961 WASHINGTON DC Director Usual Residence of Decedent 0/4 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show adical Examiner must be notified at XX Yes 2 No Directo PRINCE GEORGES LAUREL the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Peges 1 and 2 should be filed within 72 hours efter death with and Mental Hygiene.

Int: If Item 27 is run-ked other than "natural; or items 23a or run or other traumatic event, as would also or other traumatic event, as would also are traumatic event, as would are traumatic event, as would are traumatic event, as would are traumatic event. 20708 UNITED STATES 13605 AVEBURY DR #21 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 [X]No If Yas, Give Year or Dates: 14. Race - American Indian, Black, White, etc. 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) MGT. RETAIL SALES PRIVATE 18. Mothar's Name (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) Be ARTHUR W. CARROLL CATHERINE THOMAS 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) CATHERINE T. CARROLL/ MOTHER 13605 AVEBURY DR. #21, LAUREL, MD 20708 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State permit. Peges Department of Important: if it any injury or once. 1 Burial 2 □ Cremation 3 □ Removal from State MARYLAND NATONAL CEMETERY 5-21-99 LAUREL, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
ALEXANDER S. POPE FUNERAL HOME 21. Signeture of Funaral Service Licensee 2617 PENN.AVE S.E. WASHINGTON DC 20020 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haert failure. List only one cause on each lina. Approximata Interval Between Onsat and Daath Physician /Medical Immediate Cause (Final disease or condition resulting in death) CONGESTIVE HEART FAILURE Examiner Examiner CARDIOMYOPATHY physician and s the burial-transit law requires that the death certificate be executed Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Causa (Disease or Injury that initiated avants rasulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 VIRAL MYOCARDITIS AND Physician/Medical Due to (or as a consequence of): attending pl Part II. Other significant conditione contributing to death but not resulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 3 Probably → Unknown 1 ☐ Yes XXXIo by 24b. Were autopsy findings aveilable prior to 24e. Wes en eutopsy periormed? Completed completion of cause of death? s certificate hes t director, page 2 s 1 ☐ Yes 2 ☑ No 1 Yes 2 No or Attending Physician: 25. Was case referred to medical examinar?

1 Yes 2 No Be 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 XER/Outpatient 3 ☐ DOA this 27. Manner of Death 28d. Describe how injury occurred 28b. Tima of 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? After 1 Natural 2 Accident 5 Panding death. 1 Yes 2 No investigation after deat Director: 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) in by 4 Homicida a Funeral Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifier To the Hosp within 24 ho To the Fune completely fi Medical

29c. License number

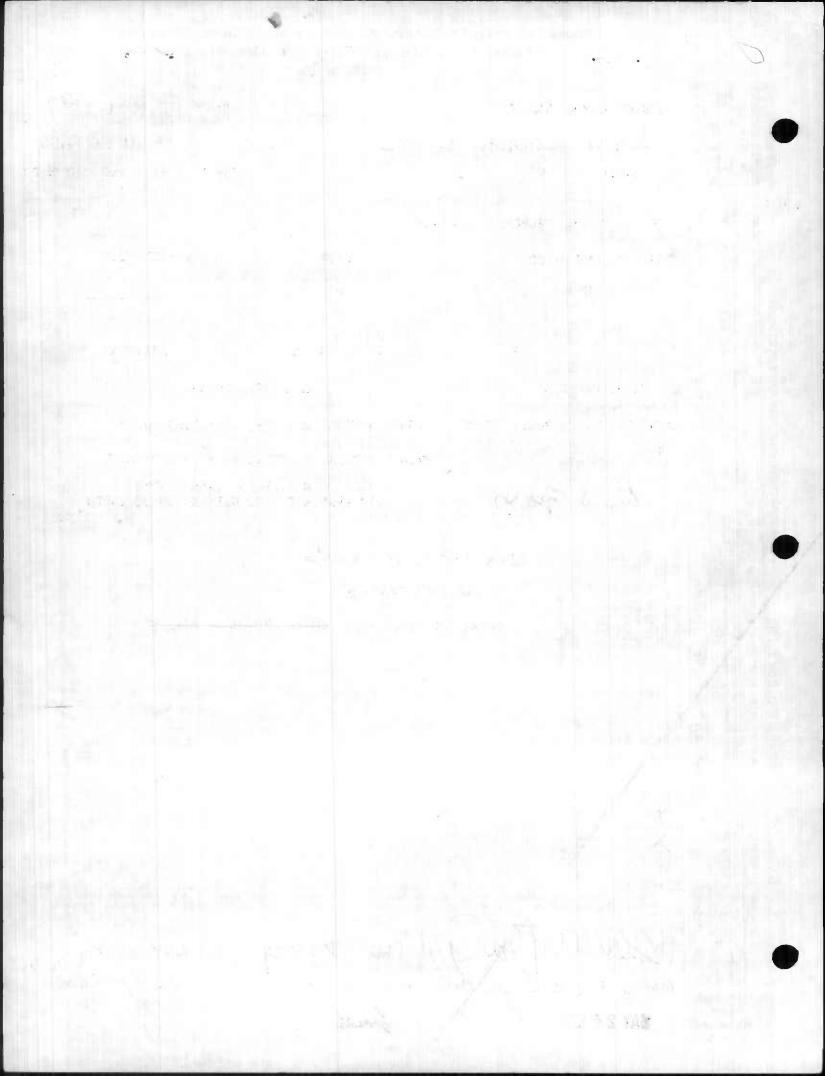
DRIVE.

29d. Date signed (Month, Dey, Year)

State Registrar 29b. Signaturi

MARIO 31. Date filed (Month, Day, Yeer) 32. Registrar's Signature MAY 2 4 1999

(flem 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene 99 1862

					Certifica	ate of	Death		Reg. No.					
	Physician /Medical	1. Decedent's Name (First, Middle, Jasper Rufus		4	2. Dete of De Month May	Day		of Death						
1	Examiner	4a Fecility Neme (If not institution,		4b. City, Town, o	n, or Location of Deeth 4c. County of Deeth									
7		2121 Bethel	Road				Finksb	urg	Carr	011				
	Funeral	5. Sociel Security Number 6		ge (In yrs. lasi	t birthday) If Und	er 1 Year S Deys	If Under 24 Hi	s. 8. Date of Bir	th V Year)	9. Birthplece (Ster Country)	te or Foreign			
	Director	244-14-5801	1 □ MM 2 □ F	78	Tiodis Will		1920	N.C.						
	pue *	Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, T	own or Location					10d. Inside	City Limits			
	sho		7.7	-							es 20 No			
	iter deeth with the Maryler ritems 23a or 28a-f show	MD Carr	011	Fin	ksburg	Zip Code			10g. Citizen of \	What Country?				
	Di Po	2121 Bethel	Dood		101.7	2104	10		USA	What Country				
	s 23	ZIZI bether.	12. Wes Decadent	Suprim II C	12 Was Day			(Empoih) Vac or Na		e - American Indien				
	items items	11. Merital Status	Armed Forces	7	If Yes, s	pecify Cub	an, Mexicen, Pue	(Specify Yes or No erto Rican, etc.)	Blee	ck, White, etc.	•			
020	0 0 5		1 Types 2 ☐ If Yes, Give Year or Dates:	1942		2√ No	Specify:		Specify	White				
21215-0020	ed within 72 hours ygiene. er than "natural", ft, the Medical Ex-	15. Decedent's (Specify only highest	Education grade completed)	1	6e. Decedent's U	suel Occup	ation during most of w	rorkina	16b. Kind of B	usiness/industry				
121	iene. than the Mer	Elementary/Secondary (0-12)	College (1-4or	5+)			during most of w		Plack	& Deck	or			
			m41		Qualit	у СС		omo /First Middle						
Maryland	a g a g	17. Falher's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Pearl Transou												
2	d Men marke matic				10h Mailina Addr	on (Ctroot		T Trans		State Zin Code)				
Ma	d 2 sho h end f is m treum	19e. Informent's Neme/Reletionship								01010				
	1 end Heelth em 27 ther tr	Beuna O. Conrad/wife 2121 Bethel Road Finksburg, MD 2104												
Baltimore	Pages nent of I nt: If It	1 ☑ Burlal 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe		cem	dymount	r other ple	*	5/26/		ount, M				
alti	permit. Pa Depertment Important: eny Injury pnce.	21. Signature of Funeral Service Lie	**	6			ss of Fecility	99	Down or y					
ä	Den	1001	0 0	1	Pritt	s Fu	neral	Home an	d Chap	el				
		23a Party Enter the disease, or or phoc. or heart failure. List or	omplications thet cause nly one ceuse on each i	d the doubh.	Do not enter the m	ashi	ngton ng, such es cardi	Road We iac or respiratory e	estmins rrest,	Approximately Conset e	DAIMARII			
	Physician /Medical	Immediate Cause (Finel												
	Examiner	disease or condition resulting in deeth) e. MIACIDE DIAL INFRECTION HOURS Due to (or es e consequence of):												
	je je													
	cete be executed physician end s the buriel-transit	Conventially list conditions	b	Due to for e	SCLERO?	100	Coroni	sey HE	get Dise	ME YEA	RC			
ć.	n en iel-tra	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying		D00 10 (01 61	s e consequenca c	1,.								
68760,	ifficete be executed g physician end es the buriel-transit	Ceuse (Diseese or Injury that initiated events												
68	= -	resulting in death) Last		20010 (0. 00	e consequence o	.,.								
	eth cert ettendin for use		■ d											
0	at the death certi d by the ettending eteched for use Physician/M	Pert II. Other significant conditions	contributing to death I	but not resultin	ng In the underlying	cause giv	ven in Pert f.	23b. Dld	tobacco use co	ntribute to the cau	se of death			
P.0	that the de led by the e deteched t							10	Yes 2000	3 Probably	Unknow			
S, F	or ded		ATIC H	EART	Disease				/					
p								24e. Wes	en eutopsy ormed?	24b. Were eutop eveitable pri				
Record	law re							- poin	onned?	completion of death?	of cause			
R	0 - 5 -							10	Yes 2 No	1 ☐ Yes	2□ No			
	certificate rector, peg	25 Was case referred to medical					26 Place of D	eath (Check only						
5		exeminer?	Hospital:	ient 2 TER	VOutpetient 3	DOA Oti	ner: 4 \substack Nursing		dence 6 □Ott	ner (Snecify)				
of	Physical distriction		28e. Dete of Inj	ury 28	3b. Time of	28c. Inju			how Injury occur					
on	th. After a funer	1 Naturat 5 Pending 2 Accident investiga	(Month, Da	ay Year)	Injury M		rk? Yes 2 □ No							
	tal or Attending P rs effer deeth. al Director: After t led in by the funera Certification:	3 Suicide 6 Could no determin	ed 286. Piece of in	njury - At home	e, farm, street, fact	ory, office			8f. Location (Street and Number or Rurel Route Number, City or Town, State)					
0	is efter al Direction Certif	ō Company of the comp												
	the Hospital or thin 24 hours effe the Funeral Dir mpletely filled in Medical Cerr	29e. Certifier 1 Certifying (Check only 2 Madical Ex	Phyeician: To the best aminer: On the besis of	of my knowle	dge, deeth occurre	ed et the ti	me, dete end ple	ce, end due to the	ceuse(s) end m	enner es steted. and due to the caus	se(s)			
	ithin 2 of the F of the F omplete		end menner s											
	0 = 0 5	29b. Signature end title of certifier				Syc. Licens	se number		290. Dete signe	ed (Month, Day, Yea	[]			

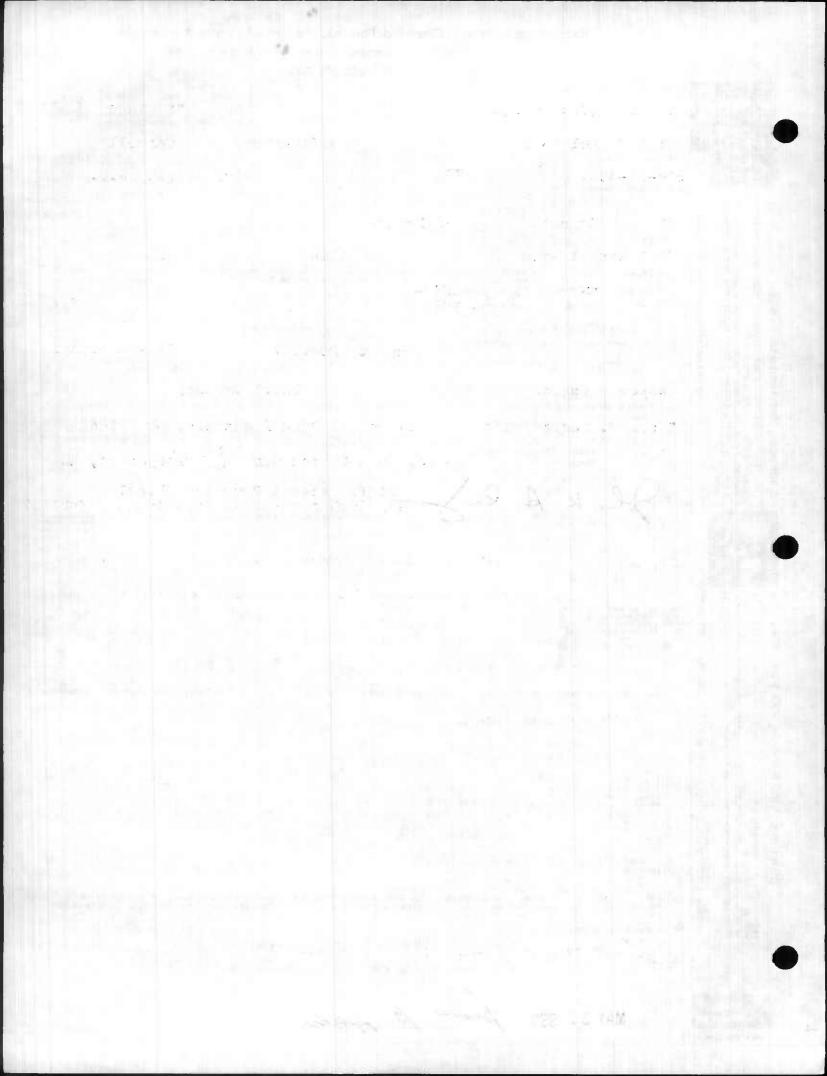
Registrar

VINCENT J. FIOCCO Je
31. Dele filed (Month, Day, Year) 32. Registrer's

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) 906C WAS HINGTON RD

WESTMINSTER MD 21157

DO 1663



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Deeth Month

Amend #29a Per Phys. PGC 6-1-99 cr 3. Time of Death nt's Name (First, Middle, Last) **Physician** ng /Medical a Fedility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of De Examiner Prince Georges General Cheverly Prince Georges Hospital if Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) Birthpleca (Stete or Foreign Country) Age (In yrs. lest birthdey) **Funeral** Months 1 M 2 L Deys 20615 Director 74 June 14,1924 Pennsylvania with the Merylend 10a Stete 10c City Town or Location 10d Inside City Limits 10b. County 28a-f show r than "naturel", or items 23s or 28s-1 shorter the Mexical Examiner must be notified at 1 Ty Yes 2 □ No Director Hyattsville Maryland Prince Georges 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20784 USA Funeral 7746 Decatur Avenue deeth 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11 Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Bleck, White, etc. filed within 72 hours efter 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 ☐ No If Yes, Give Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: If item 27 ie merked other than Elementary/Secondary (0-12) College (1-4or 5+) Own Home Homemaker 6 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle | Last) Be Adam Bobak Anna Kapirta 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) 7746 Decatur Road Hyattsville, Md. 20784 Howard R. canter/Husband other 1 20b. Pleca of Disposition (Neme of cametery, cremetory or other placa) 20c. Location - City or Town, Stete Davidsonville, 20a. Method of Disposition Lakemont Memorial
Gardens 1 Removel from State 0 4 ☐ Donetion 5 ☐ Other (Specify) 05-29-99 Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Beall Funeral Home Shannon W. Ramirez M00798 6512 N.W. Crain Highway Bowie, Md. 207

23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line.

Approximately line and provide the mode of dying, such as cardiec or respiretory errest, on seat and provide the line and provide the mode of dying. Such as cardiec or respiretory errest, on seat and provide the mode of dying. Such as cardiec or respiretory errest, and provide the mode of dying. 20715 **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner CONDUCTION DAIDSA certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): pue buriel-trar P.O. Box 68760 physician Physician/Medicai the Due to (or es e consequence of): 98 Pert il. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of geath? been signed by the s should be deteched 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were eutopsy findings eveileble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? 2 NO 1 □ Yes 1 □ Yes 2 □ No 25. Wes case referred to medical examiner? Be 28. Piece of Deeth (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 2 PER/Outpatient 3 DOA Certification:

this certificate Division of Vital funeral After death. • Hospital or Attandi 124 hours effer death. • Funeral Director: A filled in by

27. Manne of Deeth Dete of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 D Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

25 Medical Examiner: On the besis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, and due to the cause(s) end menner stated. 29a. Certifier

Medical To the To the I

30. Name end eddress of person w no completed cause of deeth (Item 23a) (Type, Print)

Tery Jodrie
31. Date filed (Month, Day, Year) 3001 Hospital Drive Cheverly, Maryland 20785

29c. License number

0046776

29d. Date signed (Month, Day, Year)

06

State Registrar

29b. Signeture end title of certifier

MAY 27 1999

22. Registrer's Signature

M

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

		State of I	viaryiar			of Death		-	Reg. No.		8623	
/sician	1. Decedent's Name (First, Middle, Last)							Month Day Year			3. Time of Death	
ledical _	THAT CROTT							Month 05	23 ^{Day}	99°	12:50 p	
aminer											oomvole.	
eral	Southern Mary 5. Social Security Number 6			last birthday)	If Under 1	ear If Unde	ntor			9. Birtho	eorge's	
	579-34-5463	1□ M 2ቖ F	73	3 Yrs.	Months E	leys Hours	Min.	8. Date of Birt (Month, Da June 29,	1925	Washir	igton, D.C.	
-	Usual Residence of Decedent		10.0	T								
	10a. State 10b. County			ty, Town or Lo						1	0d. Inside City Limits 1X Yes 2 □ No	
Funeral Director			V	Vashing					40- Ohl4	What Care		
5	10e. Street and Number 601 L Street, S.	F #412			10f. Zip Co	20003			10g. Citizen of U.S.		itry r	
-	11. Merital Status	12. Was Decede	nt Ever in U	IS 13 1	Was Deceden		nigin? (Sp	ecify Yes or No		e - Americ	an Indian.	
	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Force	s? No No		If Yes, specify 1 ☐ Yes 2 🛭			ecify Yes or No Rican, etc.)	Specif	ck, White,		
ŀ	15. Decedent's	Education		16a. Deced	dent's Usuel C	ccupation			16b. Kind of B	usiness/in	dustry	
-	(Specify only highest) Elementery/Secondery (0-12)	grade completed) College (1-4)	or 5+)			lone during mo etired)	IST OF WORK	of working				
	6th			Но	ouse Ke	-				rivat	9	
	17. Father's Neme (First, Middle, La	st)						e (First, Middle,	Maiden Sumai	ne)		
	Harry Morton						ola E					
	19a. Informent's Name/Relationship Shelia R. Clemo		- W					al Route Numbe			d 20721	
+	20e. Method of Disposition	iis/ Daugiic	20b. I	Place of Dispo	sition (Name	of	MILL	Date	20c. Location			
1	1X Burial 2 ☐ Cremation 3		te	· Linc	matory or othe	r place)		05/28				
ŀ	4 Donation 5 Other (Spe		FC				lity	1999	Brentwo	ooa, I	Maryland	
21. Signeture of Funeral Service Licensee 22. Name end Address of Facility J.B. JENKINS FUNERAL HOME 7474 Landover Road, Landover, Marylana 20785												
O	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	a. Co b. Re c. S	Due to (c	or as a consect	quence of):	rsease	2					
Cla	t If. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.								tobacco uee co	ontributa te	the cause of death	
									Yes 2□ No			
								24a. Wes	en autopsy med?	av	ere autopsy findings allable prior to impletion of cause death?	
								10	Yes 2 No	1 [Yes 2M No	
	25. Was case referred to medical exeminer?					26. Pla	ce of Deat	h (Check only o	one)			
-	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending	Hospital: 1 Input		28b. Time of Injury	280	Injury at Work?		ome 5 Residente la			(y)	
	2 Accident Investigat 3 Suicide 6 Could no determine	be 28e. Plece of							28f. Location (Street and Number or Rurel Route Number, City or Town, State)			
edical Certification:	29a. Certifier 1 Cartifying (Check only one) 2 Medical Ex	Physician: To the be aminer: On the basis end manner	of examina	owledge, death	n occurred at the vestigation, in	he time, dete e my oplnion, de	end place, eath occur	and due to the red at the time,	cause(s) and m date and place	anner as s	tated. o the cause(s)	
-	295. Signature and title of pertilier	ond manner	viaiou.		29c. L	icense number			29d. Date sign	ed (Month,	Dey, Year)	
	> A910	299		05/2	2310	79						
30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) ALI RAHIMIAN MD 1328 Southern Ave., Suite #202, Wash.												
State istrar	31. Date filed (Month, Dey, Year) MAY 2 6 19		strer's Signa	17110	1	-						

b. pali

Registrar

DHMH 16 Rav 6/95

CRUMP.

MAY S & 1839 Some & MAN

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien® (Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Month **Physician** 05:05 Pm EMMA PEARL CARPENTER MAY 21 /Medical 4b. City. Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY If Under 24 Hrs. If Under 1 Year 8. Date of Birth (Month, Day, Year) AUG. 7-1937 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Euneral** Months Deys Hours NORTH CAROLINA 1□ M 2XF Vrs 238-56-1640 Director Usual Residence of Decedent 10a State 10c. City, Town or Location 10d. Inside City Limits 10h County 1 Yes 2 □ No MONTGOMERY SILVER SPRING Director 28a-f 10e Street and Number 10f. Zip Code 10g, Citizen of What Country? 6 11809 OLD COLUMBIA PIKE 20904 "naturel", or itema 23a UNITED STATES 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black White etc. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hyglene. Important: If Nem 27 Is marked other than "natural", or Nem any Injury or other traumatic event, the particular or other 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Dates: Baitimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: BLACK à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) MANAGER PRIVATE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be FRANK BURRWELL LUCY MAYFIELD 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) WILLIAM CARPENTER / HUSBAND 11809 OLD COLUMBIA PIKE, SILVER SPRING ,MD 20904 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2X Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) CHESAPEKE CREMATORY 5-26-99 BELTSVILLE, MD 22. Name end Address of Fecility
ALEXANDER S. POPE FUNERAL HOME 11315 LOCKWOOD DRIVE, SILVER SPRING, MD 20904 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medical MASSIVE INTRACEREDANL HEMORALAGE

Due to (or as e consequence of): Immediate Cause (Final DAY disease or condition resulting in death) Examiner Examiner ANTI COA QUIATED

Due to (or es e consequence of): physician and the burial-transit be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Box 68760. Physician/Medical Due to (or as a consequence of): USB Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? P.O. signed by the 1 Yes 2 No 3 Probably 4 Unknown CARDIOMYOFAThy Records, by 24b. Were eutopsy findings available prior to completion of cause of death? Right AtriAl thrombus 24a. Was en eutopsy performed? Completed 1 Yes 2 □ No 1 ☐ Yes 2 No Division of Vitai or Attending Physician: 25. Wes case referred to medicat examiner?

1 Yes 2 No Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Certification: To 27, Manner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b Time of 28c. Injury at Work? 1 Natural 5 Pending investigation To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun. 1 Yes 2 No 2 Accident 6 ☐ Could not be 3 ☐ Suicide Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted. edical 29a. Certifier (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 030898 J fevent o Ostorne My

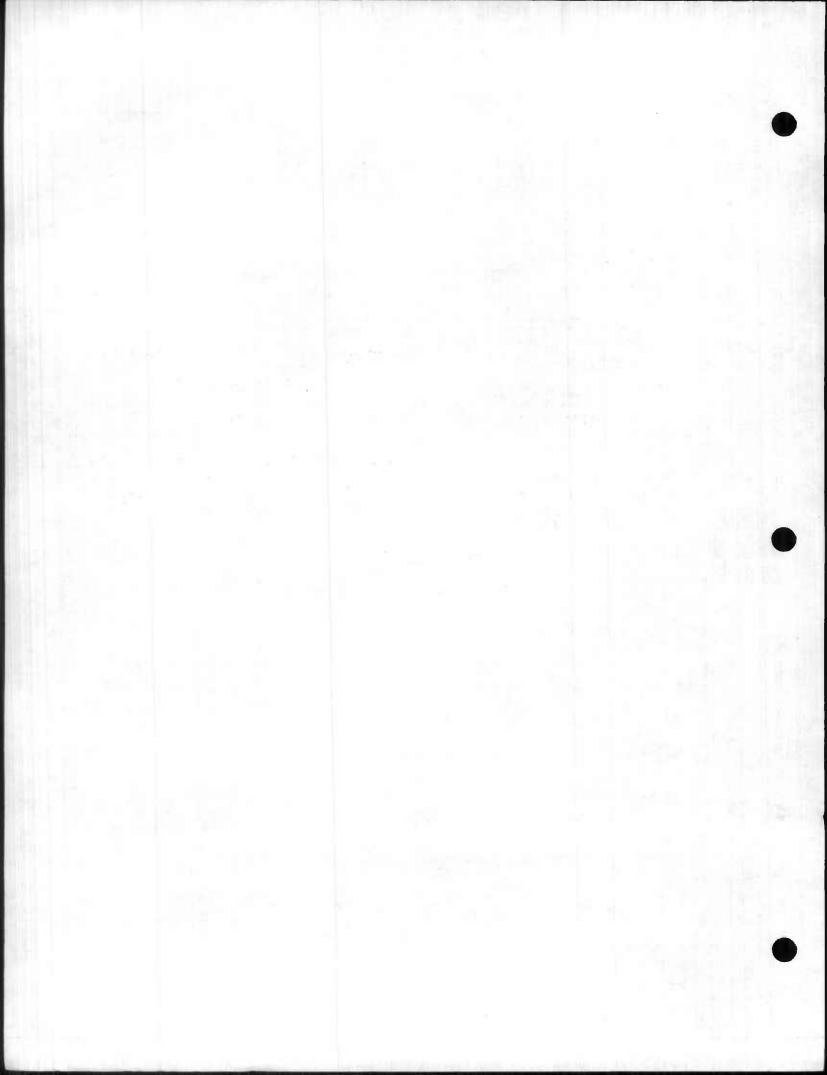
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Glen Ad Silver Spring MD 20910 1500 Forest MD F. OSBORNE 31. Date filed (Month, Day, Year) MAY 2 6 1999 32: Registrar's Signeture

Registrar

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 3. Tima of Death 2. Data of Death Month Day Vaar **Physician** 7:40AM 27, 1999 AGNES ROSALIE COLLINS May /Medical 4e Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 9140 Chapel Point Road Bel Alton Charles If Under 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, Year) If Under 1 Yeer 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 X F Days Months Yrs. Director 220-32-7252 74 23,1922 Maryland Usuel Rasidance of Dacedan 10a Stata 10h Count 10c. City, Town or Location 10d. Inside City Limits show. MD 1 Yas 2 No Charles Bel Alton Director 288-1 10e Street and Number 10f Zin Code 10g. Citizen of What Country? "natural", or thems 23a or munt be 20611 9140 Chapel Point Road USA Funeral 12. Was Dacedant Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indien, Black, Whita, atc 1 Yes 2 No If Yas, Giva Year or Datas: 1 Navar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: Specify: Black à 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Hygiens. Elementery/Secondary (0-12) College (1-4or 5+) 6 Housekeeping Domestic poemit. Pages 1 and 2 should be the Department of Health and Mental Hy, important: if New 27 is marked other any Injury or other in-18. Mothar's Name (First, Middle, Maiden Surname) 17. Fathar's Name (First, Middle, Last) Be Mosses Ford Ruth Gross Ford 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) P.O. Box 204 Bel Alton, MD 20611 Frances Collins/Husband 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition
1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramovel from State Dete 20c. Location - City or Town, Stata Sacred Heart Cemetery 6/1/99 La Plata, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensee AREHART-ECHOLS FUNERAL HOME P.A. P.O. BOX 567 LA Plata, MD 20646 M00945 23a. Part1. Enter the disaesa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final diseasa or condition resulting in death) Iscemic Heart Disease Examiner Dua to (or es e consequance of) Examiner Hypertension that the death certificate be executed physician and the burial-tran Sequentially list conditions, if any, laading to immadiata cause. Enter Undarlying Cause (Disease or injury that initiated evants rasulting in death) Last Due to (or as e consequanca of): Box 68760 Physician/Medical Due to (or es e consequence of) Part II. Other elgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? P.O. signed by 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. Aq 24b. Wara autopsy findings available prior to 24a. Wes an autopsy performed? Completed peen completion of cause of death? has 1 ☐ Yas \$ No 1 Yas 2 No al or Attending Physician: T s after death. Il Director: After this certificat ed in by the funeral director, p 25. Was casa rafarred to medical axaminar? Be 26. Plece of Deeth (Check only ona) Hospital: Other: 4 Nursing Homa A Rasidence 6 Othar (Specify) Yas 2 No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Deeth 28d. Describe how injury occurred 28e. Deta of Injury (Month, Day Year) 28h Time of 28c. Injury at Work? 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 ☐ Could not be 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Pleca of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicida within 24 hours aft To the Funeral Di completely fiiled in Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. Medical (Check only one) Medical Examiner: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. within 2 To the 29b. Signatura and title of certifian 29c. License number 29d. Date signed (Month, Day, Year) Tagoon: 5-28-99 30. Name end addrass of person who complated causa of death (Itam 23a) (Type, Print) Laglata MD 20646 Tayour MD 11655 WINESUP PL 31. Data filed (Month, Day, Year) 32. Registrer's Signetura State JUN 0 1 1999 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month May 23, 1999 Crosby, 10:24 a.m. James Jr. 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street end number) 4c. County of Death Frederick Memorial Hospital Frederick Frederick Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Year) Days 10 M 20 F Months Hours Yrs. 216 24 48 79 73 Jan 21, 1926 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Anne Arundel Lothian 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1047 Lower Pindell Road 20711 USA 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specity Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Armed Forces 7 1 X Yes 2 □ No If Yes, Give Year or Dates: 1944-46 1 Never Married 2 Married 1 Yes 2 X No Specify: Specify 3 ☐ Widowed 4 ☐ Divorced white 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) proprietor, manager rental properties 10 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) James Wesley Crosby, Sr. Hattie Virginia Catterton 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Arvella B. Crosby/ wife same as # 10 above 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Friendship Church Cem. 5-27-99 Friendship, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Rausch Funeral Home, P.A., William 1 Owings, MD 20736 23a. Part1. Enter the disease, or pmplications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List ply one ceuse on each line. Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last DNa1-Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-1 show

Directo

Funeral

by

Completed

7 is marked other than "naturel", or items 23a or 28a-f shot traumatic event, the Ned cal Examiner must be notified

permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23 any injury or other traumatic event, its "league in the main".

Baltimore, Maryland 21215-0020

with the Maryland

Examiner physician and s the burial-transit use as t signed by the a should has e 2 page certificate this funeral After : within 24 hours after death.
To the Funeral Director: Aft

The law requires that the death certificate be executed

Physician:

or Attending

Hospital

the th

Division of Vital Records, P.O. Box 68760,

Physician/Medicai þ Completed Be Certification: To

edicai

27.

(Check only one)

					24a. Was an autopsy performed?	24b. Were autopsy finding available prior to completion of cause of deeth? 1 Yes 2 No		
25. Was case referred to medical examiner? 1 Yes 2 No				26. Place of D	eath (Check only one)			
		Hospital: 1 Impatient 2	ER/Outpatient 3	Home 5 ☐ Residence 6 ☐ Ott	ome 5 Residence 6 Other (Specify)			
27. Manner of Death 1 ⊟Natural 2 □ Accident		28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury at Work? 1 Yes 2 No	28d. Describe how injury occur	rred		
3 Suicide 4 Homicide	6 Could not be determined	28e. Place of Injury - At h building, etc. (Speci	nome, farm, street, factify)	28f. Location (Street end Num. City or Town, Stete)	28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)			
29a. Certifier	1⊠ Certifying Phy	ysician: To the best of my kno	owledge, deeth occurr	ed at the time, date and pla	ce, and due to the cause(s) and m	anner es steted.		

10 10

29b. Signature and title of or

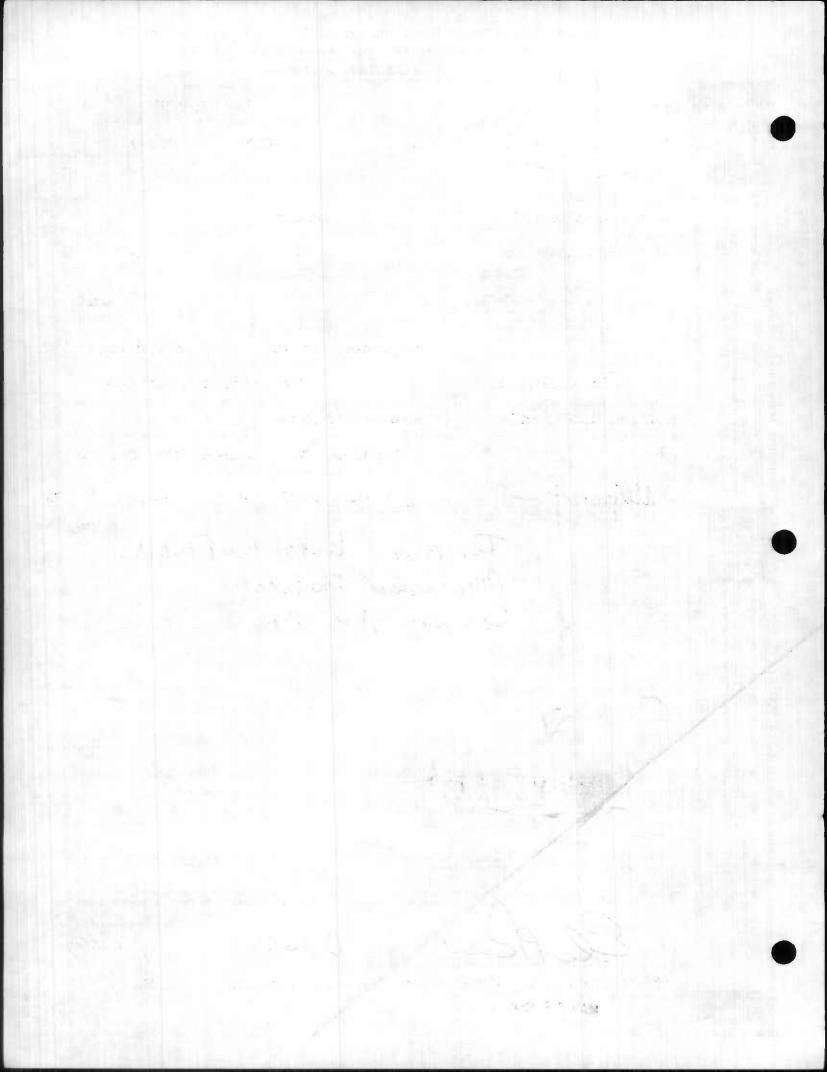
12 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dev. Year) 29c. License number

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

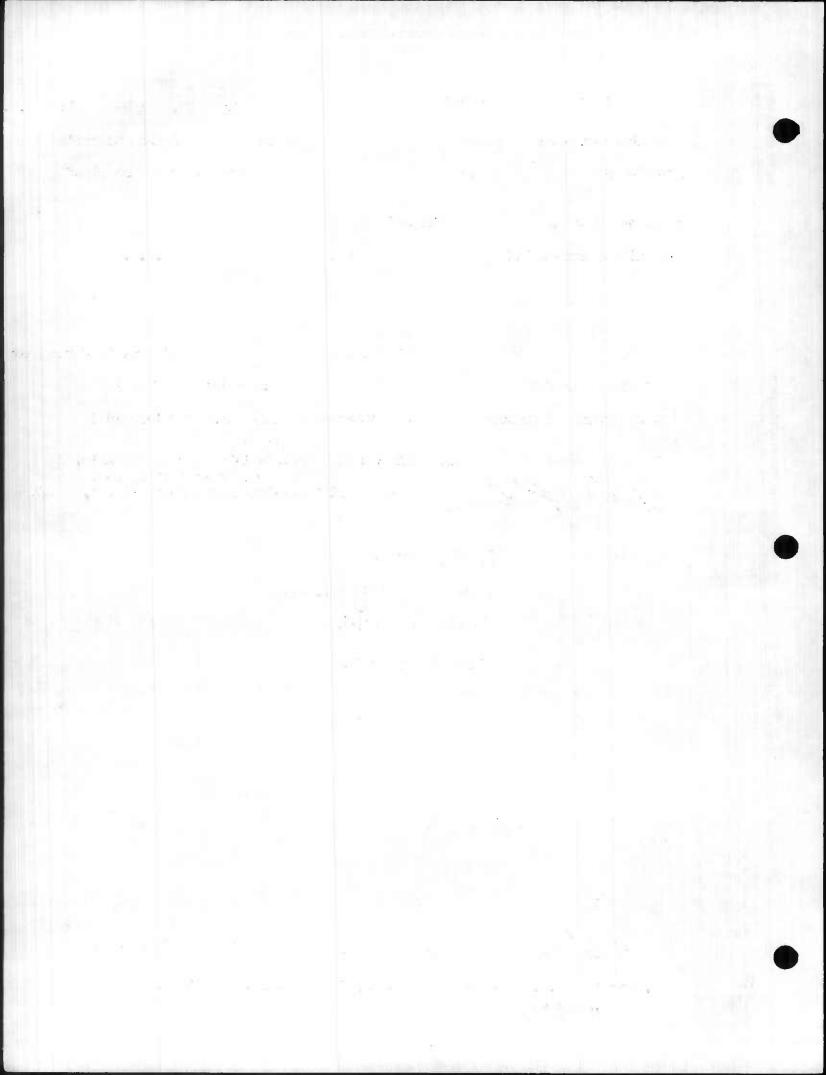
Edward Riuli, M.D., 180 Thomas Johnson Drive, Frederick, MD 21702

State Registrar 31. Date filed (Month, Day, Year) WAY 2 6 32. Registra/s Signature 1999



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physician /Medical	1. 0000		e (First, Middle, Li	nst)				Death	2. Dete of De			3. Time of Death
		Mi	ilton		Conner				Month	23, 1	999	1:02 A.
Examiner	1111		f not institution, gi					4b. City, Town, or L	ocation of Deat	dc. County	of Death	
	_		m Maryla	-				Clinton			e Geor	
Funeral Director	577-	Security N -07-33 esidence of	000	Sex 1XXX 2□ F	7. Age (In yrs 87	. lest birthdey) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, De May 4	th by, Year) 1912	9. Birthplac Country Mary 1	e (Stete or Foreign) .and
MOI III	10a. Sta		10b. County		10c. C	ity, Town or Loca	ation				10d	. Inside City Limits
arias uned ctor	Mary	land	Charles	3	1	Waldorf						1 ☐ Yes 2 💢No
or 28	10e. Str	eet end Nur	nber				10f. Zip Code			10g. Citizen of V	What Country	7
23a	70	Villa	age Stree	et #220			20602			U.S.		
If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examines must be notified at or other traumatic event, the Medical Examines must be notified at	10		ed 2 Married 4 Divorcad	12. Was Dec Armed Fo 1 Yes If Yes, Gi Year or D	2 X 0		as Decedent of I Yes, specify Cub	dispanto Origin? (Span, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	Specify	e - American ck, White, etc :: Whi).
r, the Medical Completed	Flores		15. Decedent's E	rede completed)	1.4005.)	16a. Decede (Give ki	int's Usual Occup ind of work done O NOT use retire	pation during most of worl d)	ring	16b. Kind of Bu	usiness/Indus	stry
E	Eleme	6th	ndary (0-12)	College (N/A	1-40r 5+)	Lac	gicitic			Andrew	s Air	Force Bas
event,	17. Fath	er's Name ((First, Middle, Las	t)				18. Mother's Nam	e (First, Middle	, Maiden Sumem	10)	
To		Vern	on Con	ner				Ann	abella	Bo	thick	
er traum		ormant's Na	ame/Relationship	(Type, Print) (Daughte	er)			end Number or Ru d Run Bel				
important: if item 27 is marked other than "natural", or any injury or other traumatic event, the Medical Externionce. To Be Completed by F	10		oosition Cremation 3 [5 Other (Speci		State		ition (Neme of atory or other ple Memorial	Gardens	26°, 1999	20c. Location -		
Important: If its any injury or of phos.	21. Sigr	nature of Fu	neral Segrica Lice	msey	/	22.	Name end Addre	ess of Facility Le	e Funer	al Home	, Inc.	
m end iel-transit Examiner	resulting	or condition g in death)		a	Coron	or as a conseque						
physicia ss the bur edicai	Sequen if eny, le cause. Cause (that initi resulting	tially list cor eading to im Enter Unde Diseese or ated events g in deeth) l	inditions, inmediate orlying trijury	c	Diab	or as a consequence or es e consequence	ence of): ellted enca of):	2000				
edicai	resulting	g in deeth) t	Lest	c	Diato Due to (or as a consequence of the second of the sec	ence of: ell ten enca of): il ure					
edicai	resulting	g in deeth) t	Icant conditions	cd	Diato Due to (or as a consequence of the second of the sec	ence of: ell ten enca of): il ure					
be deteched for use as the bur by Physician/Medical	resulting	g in deeth) t	Lest	cdcontributing to d	Diato Due to (or as a consequence of the second of the sec	ence of: ell ten enca of): il ure		1 🗆	Yes 2□ No	3 Probal	bly 4 SUnknow
ss been signed by the eftending physicia 2 should be deteched for use as the but pletted by Physician/Medical	resulting	g in deeth) t	Lest	cd	Diato Due to (or as a consequence of the second of the sec	ence of: ell ten enca of): il ure		1 🗆 24a. Was perf	Yes 2□ No	3 Proba	a autopsy findings able prior to oletion of cause ath?
ss been signed by the ettending physicia 2 should be deteched for use as the but pletted by Physician/Medical	Part It. C	ther signif	Lest	c	Diato Due to (or as a consequence of the More of the Consequence	ence of: ell ten enca of): il ure	ven In Part I.	1 □ 24a. Was perf	Yes 2□ No s an autopsy ormed? Yes 2☑No	3 Probal 24b. Were availt comport de	e autopsy findings able prior to oletion of cause ath?
o commons has been signed by the elements priyone director, page 2 should be deteched for use as the but To Be Completed by Physician/Medical	Part It. C)ther signif	Icant conditions	Hospital: 1 28a. Date (Mon	Diate Due to (Peuca eath but not re	or as a consequence of the More of the Consequence	ence of: ell tendence of: derlying cause given a cause g	ven In Part I. 26. Place of Dea ner: 4 □ Nursing H ry at rk?	24a. Was perful	Yes 2□ No s an autopsy ormed? Yes 2☑No	3 Probai	a autopsy findings able prior to oletion of cause ath?
s connicete nes been signed by the exending physical director, page 2 should be deteched for use as the but To Be Completed by Physician/Medical	Part It. C	case referminer?	Icant conditions	Hospital: 1 28a. Date (Mon	Diate Due to (Peuce eath but not re	or as a consequence of the conse	ence of: ell tendence of: derlying cause given a cause g	ven In Part I. 26. Place of Dea	24a. Was perful th (Check only ome 5 Res 28d. Describe	Yes 2 No yes an autopsy ormed? Yes 2 No one) idenca 6 Oth	3 Probal 24b. Were availated availa	bly 4⊠Jnknown a autopsy findings able prior to oletion of cause ath? N/A Yes 2□ No
s certificate has been signed by the ettending physicia director, page 2 should be deteched for use as the bur of BE Completed by Physician/Medical	Part It. C 25. Was exar 1	case referrimer? Yes 2 Dane of Death latural Accident Suicide Homicide	red to medical No 5 Pending investigation of Could not a determined	Hospital: 1 28a. Date (Mondo) 28a. Place build 28e. Place build hystelan: To the miner: On the b	Diabo Due to (C Perror eath but not re eath but not re of Injury th, Dey Year) to of Injury - At Ing. etc. (Spec	or as a consequence of the conse	ence of: ell text enca of): derlying cause gi 3 DOA Ot 28c. Inju Wo 1 L et, factory, office	ven In Part I. 26. Place of Dea ner: 4 □ Nursing H ry at rk?	24a. Was perful th (Check only ome 5 Res 28d. Describe City or To	Yes 2 No s an autopsy ormed? Yes 2 No one) idenca 6 Oth how injury occur (Street end Number) cause(s) and me	3 Probai 24b. Were availate composed the series of de the series of de the series of	bly 4 SUnknown a autopsy findings able prior to oletion of cause ath? N/A Yes 2 No
s certificate has been signed by the ettending physicia director, page 2 should be deteched for use as the but of the both of the property of the both	25. Wase 9 1 1 2 1 3 1 4 1 2 9 a. Ce (C) or	case refering case refering case refering case refering case refering case refering case case case case case case case case	red to medical No h 5 Pending investigatic 6 Could not determined	Hospital: 1 28a. Date (Mondo) 28a. Place build 28e. Place build hystelan: To the miner: On the b	Diabo Due to (Perce eath but not re eath but not re injury th, Dey Year)	or as a consequence of the conse	ence of: ell text enca of): derlying cause gi 3 DOA Ot 28c. Inju Wo 1 L et, factory, office	ven In Part I. 26. Place of Dea ner: 4 □ Nursing H ry at rk? !Yes 2 □ No me, date and placa ppinion, death occu	24a. Was perful th (Check only ome 5 Res 28d. Describe City or To	Yes 2 No s an autopsy ormed? Yes 2 No one) idenca 6 Oth how injury occur (Street end Number) cause(s) and me	24b. Were available on or or Rural Fanner as stat and due to the	e autopsy findings able prior to oletion of cause ath? N/A Yes 2 No
Director: After this certificate has been signed by the attending physicial in by the funeral director, page 2 should be deteched for use as the but et all the funeral director, page 2 should be deteched for use as the but is a funeral director. To Be Completed by Physician/Medical	25. Wase 9 1 1 2 1 3 1 4 1 2 9 a. Ce (C) or	case referminer? Yes 2 3 ner of Death latural Accident Suicide Homicide	red to medical No h 5 Pending investigatic 6 Could not determined	Hospital: 1 28a. Date (Mon be build build build bystclan: To the miner: On the band man	Diabo Due to (Perce eath but not re eath but not re of Injury th, Dey Year) a of Injury - At Ing. etc. (Special best of my kn asis of examin ner stated.	DER/Outpatient 28b. Time of Injury owledge, death of ation and/or inventors.	ence of: ence of: ence of: ence of: deriving cause given by the control of th	26. Place of Deaner: 4 Nursing Hry at rk? IYes 2 No	24a. Was perful to the (Check only ome 5 Res 28d. Describe 28f. Location (City or 7o and due to the red at the time,	Yes 2 No s an autopsy ormed? Yes 2 No one) idenca 6 Oth how Injury occur (Street end Number, Stete) cause(s) and mediate end placa, 29d. Date signe	24b. Were available on or or Rural Fanner as stat and due to the or of Month, De	able prior to obletion of cause ath? N/A Yes 2 No Route Number, ed. he cause(s)
s certificate has been signed by the ettending physicia director, page 2 should be deteched for use as the bur of Be Completed by Physician/Medical	Part It. C 25. Wasses 1 27. Man 1 29a. Ce (C) or 29b. Sig	case referminer? Yes 2 1 Natural Accident Suicide Homicide rittier leck only re)	red to medical No h 5 Pending investigatic 6 Could not determined	Hospital: 1 28a. Date (Mondo) 28a. Place build 28e. Place build hystclan: To the miner: On the band man	Diabo Due to (Perco eath but not re inpatient 2E of Injury th, Dey Year) a of Injury - At thing, etc. (Special Special Speci	Services as a consequence of the	ence of: ence of: ence of: ence of: deriving cause given by the control of th	ven In Part I. 26. Place of Dea ner: 4 □ Nursing H ry at rk? !Yes 2 □ No me, date and placa ppinion, death occu	24a. Was perful to the (Check only ome 5 Res 28d. Describe 28f. Location (City or 7o and due to the red at the time,	Yes 2 No s an autopsy ormed? Yes 2 No one) idenca 6 Oth how Injury occur (Street end Number, State) cause(s) and mediate end placa,	24b. Were available on or or Rural Fanner as stat and due to the or of Month, De	e autopsy findings able prior to oletion of cause ath? N/A Yes 2 No Route Number, ed. ne cause(s)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Data of Death 3. Tima of Death Month Yaar **Physician** VIRGINIA ALVA CREIGHTON 1999 June 00:40 /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Prince Frederick
Fear If Undar 24 Hrs. 8. Data of Birth
(Month, Day,
NOV 30 Calvert Memorial Hospital Calvert If Under 1 Year Birthplaca (State or Foraign Country) 5. Social Sacurity Number 7. Age (in yrs. iast birthday) **Funeral** Deys 1□M 2□F Months 83 Yrs. **Director** 1915 Maryland 215 18 4610 Usual Rasidance of Deceden the Maryland 10b. County 10a. Stata 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Madical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Maryland Calvert Broomes Island 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 3956 Oyster House Road 20615 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? Was Dacedant of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amaricen Indien, Bleck, Whita, atc. 72 hours after 1 ☐ Yes 2 ☑ No If Yas, Give Yeer or Dates: 1 Nevar Married 2 Merriad altimore, Maryland 21215-0020 "naturel", or 1 ☐ Yas 2 X No Specify: Specify: White ģ X☐ Widowed 4 ☐ Divorced Completed 16e. Decedant's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within 7 Department of Heelth end Mantal Hygiene. Important: if Item 27 Is marked other than *n any Injury or other traumatic event, Ins. Mag. 90nes. Collage (1-4or 5+) Elementery/Secondary (0-12) 6th Seafood packing plant 17. Fether's Neme (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Surnama) Be George Parks Annie Ashton 19a. Informant's Name/Raletionship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Loretta Anderson- daughter 7576 Hogans Lane Salisbury MD 21801

20a. Method of Disposition | 20b. Place of Disposition (Nama of Data | 20c. Location - City or Town, Stete 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20a. Method of Disposition 2 3 1999 Cemetery Hurlock, Maryland 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Ramoval from Stata Maryland Veterans 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funarai Sarvice Licansea 22. Nama end Addrass of Fecility Rausch Funeral Home PA かか 4405 Broomes Is. Rd. POrt Republic MD 20676 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata intarvai Batw Onset and Death Physician /Medical Immediata Cause (Finei Mostra 1 des disaasa or condition rasulting in death) unk Examiner unk physician end s the burial-transit The law requires that the daath certificate be executed Sequantially list conditions, if any, laeding to immadiate cause. Enter Undarlying Causa (Diseesa or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of): Box 68760, Physician/Medical Due to (or as a consequanca of): USB as attanding | P.O. I Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. signed by the d 23b. Did tobacco use contribute to the cause of death? ilsvillation 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 CUnknown Records, à certificate has been si lirector, page 2 should 24b. Wara autopsy findings evelleble prior to Completed 24e. Was an eutopsy performed? completion of causa of daath? 1 ☐ Yas 2 No Division of Vital Attending Physician: Be director, 25. Was cesa ratarred to medicei axaminer? 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) P 1 Yas 2 No inpatiant 2 ER/Outpatient 3 DOA this Director: After this 27. Mannar of Death 28b. Tima of 28d. Describe how injury occurred Certification: 28c. injury at Work? 1 Naturai 2 Accidant 5 Panding invastigation death. 1 ☐ Yas 2 ☐ No 6 Could not be datamined 3 Suicida 28a. Place of injury - At homa, farm, streat, factory, offica building, atc. (Specify) 26f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) To the Hospital or within 24 hours after To the Funeral Director Completely filled in the arther 4 Homicida 1 Certifying Phyalcian: To the best of my knowledga, daath occurred at the tima, data and place, and dua to the cause(s) and mannar as stated.
2 Medicat Examinar: On the basis of examination end/or invastigation, in my opinion, daath occurred at the tima, dete and place, and dua to the ceusa(s) and mannar stated. 29a. Certifier Medical (Check only one) 29b. Signature end title of certifiar 29c. License number 29d. Date signed (Month, Day, Year) 27180 alm yonson

Dolomons Island Rd. Huntingtown, No 20639

State Registrar 30. Nama and address of person who complated ceuse of death (item 23a) (Type, Print)

1999

24175

32. Registra/s Signatura

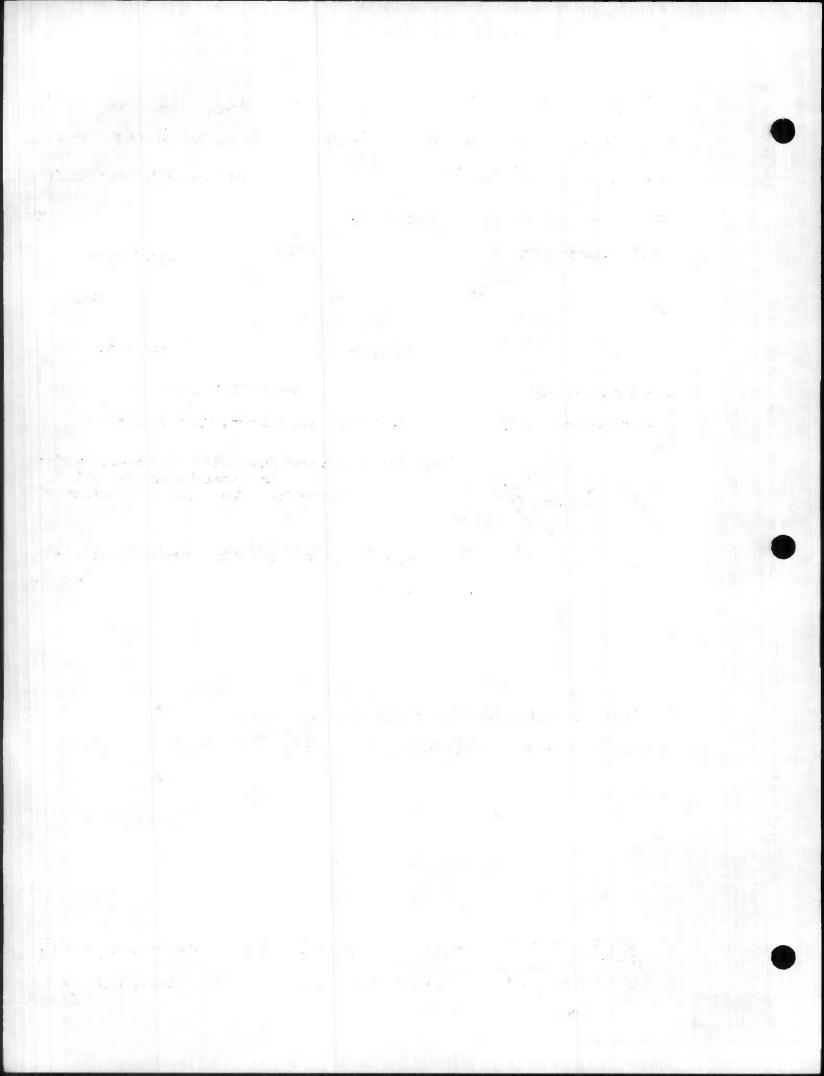
rousaf

31. Date filed (Month, Day, Year)

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Q

Provided Pro						Ce	rtificate of	Death	R	eg. No.	1000
## Description ## Formation				1. Decedent's Neme (First, Middle,	Last)	(CUTL	ip	2. Dete of Dee Month	th	
Social Security Number 2 - Security Number 2 - Security Number 3 - Security Numb				C = 33 (0		JO 1	tespisat	4b. City, Town, or Lo	ocation of Death		
The process of the pr				5. Sociel Security Number 578 24 3945	S. Sex 7. Age (In yrs.	lest birthday)					
Physician Phys		Maryland f show	tor	10e. State 10b. County							
Physician Phys		with the		10e. Street end Number				20782	1		
Physician Phys	020	urs efter deeth	by	1 Never Married 2 Marrie	Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give		If Yes, specify Cub	an, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Race Bleck	- American Indian, , White, etc.
10 Martine Rame (First, Middle, Last) Margine F. Peacher	15-0	"natur	leted			(Give	kind of work done	during most of work	ing	16b. Kind of Bus	iness/Industry
William A. Manuel 190. Malling Address (Sireer and Number or Rurel Route Number) City or Town, States, 2p Code)	212	T3 FD 5	Somp		College (1-4or 5+)					Restu	rant
200 Piece of Disposition 200 Piece of Piece of Disposition 200 Piece of Piece of Disposition 200 Piece of Disposition 200 Piece of Piece of Disposition 200 Piece of Dispos	land	d ta b	Be								,)
200 Piece of Disposition of Disposition City of Town, State 200 Piece of Disposition (Prof. Place) 200 Piece of D	lary	end end end						t end Number or Rur	el Route Numbe	r, City or Town, S	
The first is a commercial commerc	_	27 T						oad, Wald			
Physician / Medical Examiner Physician / Medical Examiner Physician / Medical Examiner Physician / Medical Examiner Physician / P	■ Baltim	permit. Pa Departman Important: any injury		21. Signature of Funeral Service L	consee	22	2. Name and Address Alexand	ess of FecilityLee ria Ferry	Funeral Road, C	Home, I	nc 6633 Old Maryland 20735
Soupenitally list conditions, and the cause of death? Soupenitally list conditions, and the cause of death but not resulting in the underlying cause given in Pert I. Due to (or es a consequence of): Due to (/Medicai		Immediate Ceuse (Final disease or condition	ACUTE			NESTL	HL	BUSE	Onset end Deeth
Ceuse (Disease or influry interest devents resulting in death) Lest Due to (or es e consequence of): Due t	-	P ≅	iner					1			YEARS
The state of the s	ox 68760,	ifficete be g physicia as the bur	Medical	inat initieted events	c						
The second part of the second pa		tha deat the att	ysicia	Pert til. Other stgniffcant conditton	s contributing to death but not res	ulting In the u	inderlying cause gi	ven in Pert I.		_	
The second part of the second pa		gned by	by Ph	ALTERIOS	CLEASITE	CA	ardion	ASCUCA	101	* 2 No	3 Probably 4 Unknown
25. Wes case referred to medical exeminer?	ecord	aw require as been si 2 should I	pieted	CON 685	13H 3V	ME	FAir	NYE			eveileble prior to completion of cause
The state of the s		The I	Com						1 🗆 Y	es 2 No	1 ☐ Yes 2 ☐ No
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	Vit.	certifi		exeminer?	Hospitel:	1-010	Ot Doc Ot	hor:			
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	ision of	uttending Physical death. ctor: After this y the funeral d		27. Menner of Deeth 1 PNeturel 5 Pending investige investige 3 Suicide 6 Could not could mix	28e. Date of thiury (Month, Day Year)	28b. Time o Injury	of 28c. Inju	ry et ork? Yes 2 No	28d. Describe h	ow Injury occurre	bed
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	Ö	papital or / hours after ineral Dire ly filled in b	al Certi	29a. Certifier	Physictan: To the best of my kno	fy) owledge, deetl	h occurred et the ti	me, date end plece,	end due to the c	euse(s) end mer	
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)		the Horin 24 the Fu	Medic	one)		ition end/or in					
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 1 VISOTICY M.D. 12070 OLD LINE CENTER WAYDONF Md.		0 1 kg 1		250. Signeture and title of certifier) -	RCYC		MAY 3	28. 1990
o live of the what was		2	-	T / 1	ho completed cause of death (Iter	n 23a) (Type,	Print)	100 10	inen	(1) (1)	DOE MA
State Registrar 31. Dete filed (Month, Dey, Yeer) 32. Registrer's Signeture 4. Apoulla		Stat					B. 1	bould	.o.ac	WAY.	20002

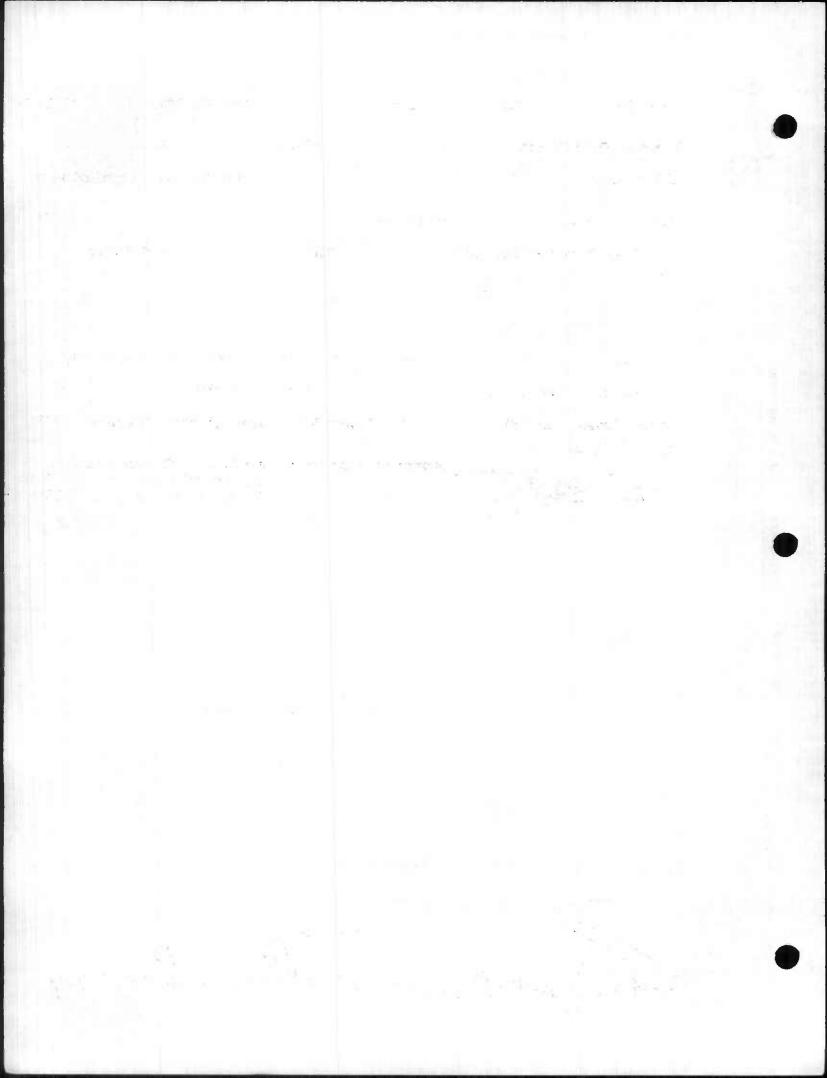
DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Certifica	ate of	Death		Reg. No.	1 0	000
sician	1. 1	Decedent's Neme (First, Mic Cathleen		are		arney			2. Dete of Dec		Yeer	3. Time of Deeth 11:10 Z
edical	40	Fecility Neme (If not institu				arney		4b. City, Town, or			a of Dooth	11.10 F
miner	-	Bradford Oaks						Clinton	LOCATION OF DOGS	4c. County		
al		Sociel Security Number	6. Sex	7. Age	(In yrs. lest bi		der 1 Year	If Under 24 Hrs.	8. Dete of Birt (Month, De		9. Birthplac	ce (Stete or Foreign
r		219 48 0220	1□ M XX	F	46	Yrs. Month	ns Deys	Hours Min.	Dec 31		Country Washi	ngton DC
	-	uel Residence of Decedent 1. Stete 10b. Cour			10c. City, Tov	n or Location					10d	I. inside City Limits
to		MD P.	G.		India	n Head						1 ☐ Yes XX No
ai Director		. Street end Number 5045 Mas	ons Spri	ng Roa	d	10f.)	Zip Code 2(0640		10g. Citizen of t United		
by Funeral		Meritel Stetus 1 □ Never Married 2 □ M 3 □ Widowed 4 □ Divord	larried 1 1 1	Decedent Evel Forces? Yes 200 No. Give or Detes:	er in U,S.		cedent of F pecify Cube	lispanic Origin? (S en, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	14. Red Ble Specify	ee - American ck, White, etc	
eted		15. Deced	lent's Education hest grade comple	ted)	16e	Decedent's Us	suel Occup	etion during most of wo	kina	16b. Kind of B	usiness/Indu	stry
Completed	-	lementery/Secondery (0-12		ge (1-4or 5+)				during most of wor				
ပ္ပိ	17.	12 Fether's Neme (First, Midd	lle, Last)			ept of	Navy	- Contac	ne (First, Middle,			ent
To Be		Walter A. C		Tr					Zmyslo		,,,	
-	19	e. Informent's Neme/Reletion			191	. Meiling Addre	ess (Street	end Number or Ru	-		Stete, Zip C	ode)
		Diane Carney	(SISTER)	7	405 Cli	inton	Vista La	ne, Cli	nton, Ma	arylan	d 20735
	200	. Method of Disposition		1.1	20b. Pieca o	of Disposition (A	lame of	ce)	Dete	20c. Location -	City or Town	n, Stete
Т		4 □ Buriei 2 □ Cremation 4 □ Donetion 5 □ Other	(Specify)	rom State				etery Jur	ne 1, 19	99 Clin	ton, Ma	ryland
	21	Signeture of Funeral Service	ca Licensee	11	>			ss of Fecility Le				
		1	Thea)			Alexa	andria	a Ferry H	Road, Cl.	inton, M	arylan	d 20735
al Examine	Se if a car	quentially list conditions, ny, leading to immediate see. Enter Underlying use (Disease or injury	[D	ue to (or as a	consequence o	0:					
n/Medical	res	t initiated events ulting in death) Last	l	Di	e to (or as a	consequence o	n:					
sicia	Par	II. Other significant condi	itions contributing	to_death but	not resulting i	n the underlying	cause oly	en in Part I.	23b. Did 1	obacco use co	ntribute to th	ne cause of death?
by Physician/I		A A	depen	deri	T de	usete	1/16	ellops	101	/		bly 4⊡Unknow
Completed b	_						-		24a. Was perfo	an autopsy med?	availe	autopsy findings able prior to setion of cause ath?
E O									101	es applio	101	ros aporto
Be		Was case referred to medi-	The state of the s					26. Place of Dea	eth (Check only o	ne)	-	
00	1	examiner?	Hospital	I ☐ Inpatient			the same of the same of	427Nursing H	iome 5 🗆 Resid			
To B		1 Yes ZZW		satisfied by order	28b.	Time of	28c. Injur Wor	y at	28d. Describe h	ow injury occur	red	
10		1 ☐ Yes 200400 Manper of Death	ding 28s. D	late of Injury Month, Day 1	(ear)	njury						
10		1 Yes 2 460 Manper of Death Manuel 5 Pen 2 Accident Inve 3 Suicide 6 Cou	ding stigation lid not be 28e. P		- At home, fi		10	Yes 2□No	28f. Location (5 City or Tow	treet and Numb n, State)	er or Rural R	loute Number,
Certification: To	27.	Manyor of Death Rajural 5 Peneral Accident Inve Suicide 6 Could Hornicide Certifler Certifler Certifler Check only 2 Medic	ding stigation id not be immined 28e. 9 bying Physician: To at Epaiminer: On the stigation of the stigation	lace of Injury uilding, etc.	- At home, fu (Specify) my knowledge amination an	mjury M irm, street, fact death occurre	ory, office	Yes 2 No	City or Tox	n, State) ause(s) and ma	unner as state	ed.
10	27.	Yes No.	ding stigation id not be immined 28e. 9 bying Physician: To at Epaiminer: On the stigation of the stigation	lace of Injury uilding, etc.	- At home, fu (Specify) my knowledge amination an	mjury M irm, street, fact death occurre	ory, office	Yes 2 No	and due to the ored at the time, or	n, State) sause(s) and ma tate and place,	anner as state and due to th	ed. e cause(s)
edical Certification: To	27.	Manyor of Death Rejural 5 Pen Paylor 5 Pe	ding stigation id not be immined 28e. 9 bying Physician: To at Epaiminer: On the stigation of the stigation	lace of Injury uilding, etc.	- At home, fu (Specify) my knowledge amination an	mjury M irm, street, fact death occurre	ory, office	Yes 2 No	and due to the ored at the time, or	n, State) ause(s) and ma	anner as state and due to th	ed. e cause(s)
edical Certification: 1	27. 29.	Manyor of Death Rejural 5 Peneral Rejural 5 Peneral Accident 5 Peneral Suicide 6 Couldet Cartifler Cartifler Check only one Signature and title of the state	ding abigation is digital to the immed 28e. P b b wing Physician: To at Examiner: On the mar	tace of Injury uilding, etc.	r - At home, fi (Specify) my knowledge exmination and	njury M irm, street, fact a, death occurre d/or investigation	ory, office	Yes 2 No	and due to the ored at the time, or	n, State) sause(s) and ma tate and place,	anner as state and due to th	ed. e cause(s)
edical Certification: To	27. 29.	Manyor of Death Rejural 5 Pen Paylor 5 Pe	ding abigation is digital to the immed 28e. P b b wing Physician: To at Examiner: On the mar	tace of Injury uilding, etc.	r - At home, fi (Specify) my knowledge exmination and	njury M irm, street, fact a, death occurre d/or investigation	ory, office	Yes 2 No	and due to the ored at the time, or	n, State) sause(s) and ma tate and place,	anner as state and due to th	ed. e cause(s)



State Registrar 111 Penn Street, Baltimore, Maryland 21201

ny

32. Registra/s Signature

30. Name and address of person who completed cause of down (Item 23a) (Type, Print)

1999

TEDDORE

MAY 2

filed (Month, Day, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month May 1999 0810 John Fletcher Comegys 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth The Kent and Queen Anne's Hospital, Inc. Chestertown Kent If Under 24 Hrs If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) Months Days Hours 1₩ 2□ F 219-14-3990 June 3,1907 Maryland Usuel Residenca of Deceden 10a. State 10c. City. Town or Location 10b. County 10d. Inside City Limits QueenAnne's Centreville 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 141 Fairview Farm Lane 21617 U.S.A. Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 12. Was Decedent Ever In U.S. Armed Forces? 11. Maritel Status Bleck, White, etc. 1 Yes 2 No 1 Never Married 2 Married 1 Yes 2√ No Specify: Specify: White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Farming Self employed Farmer 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Alfred Comegys Nellie Mandrell 19a. Informent's Name/Relationship (Type, Print) (Son) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 214 Walnut St., Church Hill, Md. 21623 Henry F. Comegys, Sr. 20b. Pleca of Disposition (Neme of cemetery, cremetery or other placa) 20e. Method of Disposition May 10, 1999 Location - City or Town, Stete Burial 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Chesterfield Cemetery Centreville, Md. 22. Name end Address of Facility 21. Signet well Funerel Service Licensee Fellows, Helfenbein & Newnam Funeral Home 408 S. Liberty St., Centreville, Md. Rer the mode of dying, such as cardiac or respiratory errest. Approximate 23a. Pert1. Enter the disease, or complications but caused the death. Do not enter the mode of dying, such as card shock, or heart tailure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Ceuse (Finel diseese or condition resulting in deeth) Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Wes en eutopsy performed?

Physician /Medical Examiner

Physician

/Medical

Examiner

Md.

Director

Funeral

P

Completed

Be

3

Funeral

Director

Show

r than "natural", or items 23s or 28s-1 short the Medical Examiner must be notified at

with the Marylend

death

Baltimore, Maryland 21215-0020

bemit. Pages 1 end 2 should be filed within Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than

other 1

injury or

buriel-transit pue physician s the buriel 98 980 ed by the e been signed by should be detec certificate Hospital or Attending Physician: 24 hours after deeth. Funeral Director: After this certifica director funeral

Be

P

Certification:

Medical

that the death certificate be execu

P.O.

Records,

Division of Vital

Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Physician/Medical þ Completed

25. Wes case reterred to medical

1 Yes 2 1 No

27. Manner of Death

1 Natural

2 Accident

3 ☐ Suicide

4 Homicide

↑ ☐ Yes

24b. Were eutopsy tindings avellable prior to completion of cause of deeth?

1 ☐ Yes 2 ☐ No

Place of Deeth (Check only one) 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how Injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29e. Certifier (Check only one) 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) end manner es steted.

2 Medical Examiner: On the besis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) and manner stated.

Other

28c. Injury et Work?

3D DOA

2 ER/Outpatient

28e. Plece of Injury - At home, tarm, street, factory, office building, etc. (Specify)

use of deet (Illum 23e) (Type, Print)

29b. Signature and title of certifier

5 ☐ Pending investigation

6 Could not be

29c. License number 3

BROWN

1 Yes 2 No

29d. Date signed (Month, Day, Year)

31. Date tiled (Month, Day, Year)

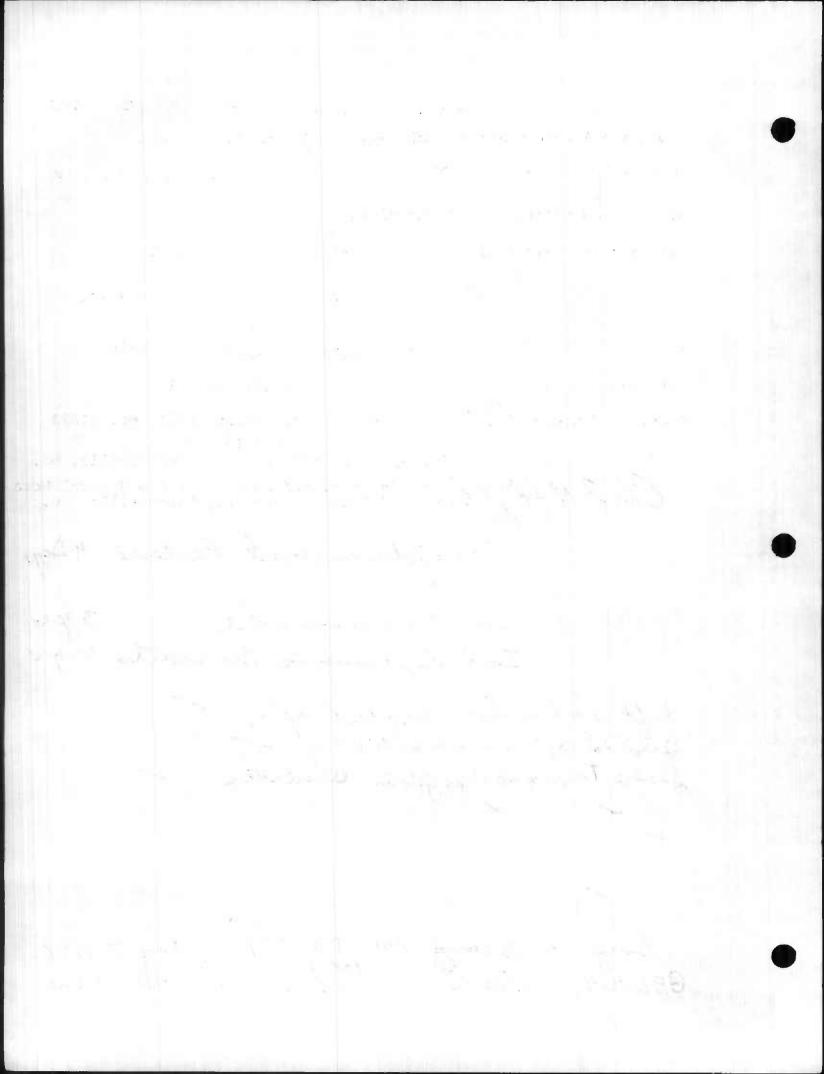
OUNG 32. Registrer's Signeture

Hospital: 1 Impatient

28e. Dete of Injury (Month, Day Year)

State Registrar

To the within 2 To the



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Rea. No. 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Death Month Year **Physician** HOWARD RANDOLPH DANDRIDGE MAY 19,1999 7:19 pm /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY 8. Dete of Birth Month, Day, Year) JUNE 4, 1951 If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) If Under 24 Hrs. 9. Birthplece (State or Foreign **Funeral** Days Hours Months 10 M 20 F WASHINGTON DC 47 579-66-0418 Director **Usual Residence of Decedent** 10 1/9 10a State 10c. City, Town or Location 10b. County 10d Inside City Limits r than "naturel", or items 23s or 28s-f show the Medical Exampler must be notified at 1 N Yes 2 No MD PRINCE GEORGES Director SUITLAND, MD \$ 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 2108 SPAULDING AVE 20746 UNITED STATES Funeral Departit. Pages 1 and 2 should be filed within 72 hours after death Department of Health and Mental Hygiene. Important: If fem 27 le marked other than "natural", or forms 23 eny Injury or other treumatic event, tre Hedical Exeminar must publica. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: BLACK Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) MASONARY FED GOVT 18. Mother's Neme (First, Middle, Maiden Surname) 17 Father's Name (First Middle Last) ALVIN DANDRIDGE MARY GLADYS TAYLOR 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) EVELYN M. GRAY / SISTER 1908 QUE ST S.E. WASHINGTON DC 20020 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete NUMBurial 2 ☐ Cremation 3 ☐ Removel from State HARMONY MEMORIAL PARK 5-27-99 LANDOVER, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
ALEXANDER S. POPE FUNERAL HOMES 2617 PENN. AVE S.E. WASHINGTON DC 20020 23a. Part1. Enter the disease, or complications that eaused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting in death) Multicestric Examiner physician and the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events 0/15 M Physician/Medical Due to (or es a consequence of): resulting in d 23b. Did tobacco use contributa to the cause of death? Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown HYBERTANSION

Physician /Medical Examiner

Baltimore, Maryland 21215-0020

Box 68760.

PO

by Completed 8 2

the death certificate be executed page 2 s hes this After

Hospital To the Hosp within 24 hor To the Fune completely fi

Records, Division of Vitai or Attending Physicien: Certification: n 24 hours efter death, we Funerel Director: Afte pletely filled in by the fun edical

State

Registrar

25. Wea case referred to medical examiner? 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Date of tnjury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 ☐ Could not be 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide 29a. Certifier

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and menner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier

24a. Wes en autopsy performed?

2 1 No

24b. Were autopsy findings available prior to

completion of cause of deeth?

1 Yes 2 No

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Cler Ld Silver Spring MD 2096 CORBIN ANgelA MD 1500 Forest

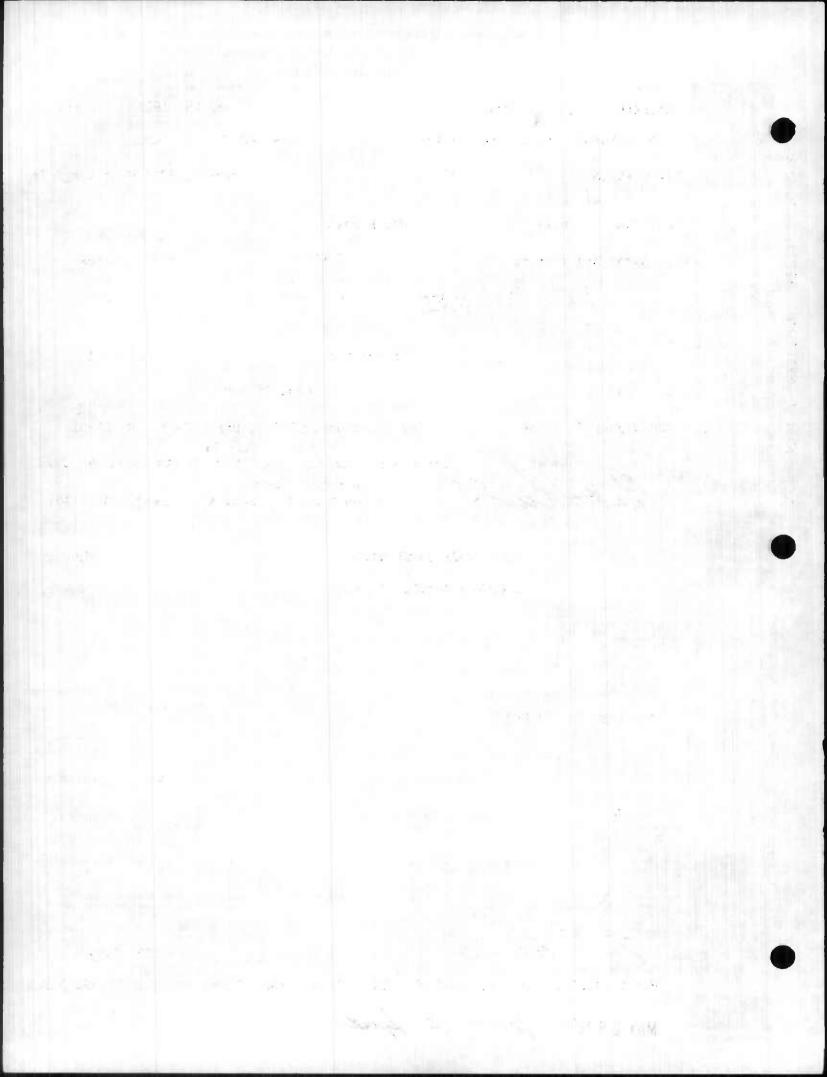
Date filed (Month, Day, Year) 32. Registrar's Signeture

A LI YAN

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	Decedent's Name (First, Middle, Last	st)		Certifica			2. Date of De			3. Time of Deeth
Physician	RICHARD L.	DEPUTY					Month May 2	25, ^{Day} 1999	Yeer	7:15PM
/Medical	4e Fecility Neme (If not institution, give					4b. City, Town, or L	-		of Deeth	7.13111
Examiner	VA MARYLAND HEA		YSTEM			PERRY E	OINT	CEC		
Funeral	Social Security Number 6. S		(In yrs. lest birtl		r 1 Year	If Under 24 Hrs.	8. Date of Bi (Month, De		9. Birtho	lece (Stete or Foreign
Director	214-07-5706 Usuel Residence of Decedent	ØM 2□F	87 Y	rs. Months	Deys	Hours Min.	June 8	8, 1911	West	Virginia
ahow adat	10e. Stete 10b. County		10c. City, Town	or Location					1	0d. Inside City Limits
28a-fa	Maryland Ceci	1		North E	ast					1⊠Yes 2□No
23a or 28a-f aho ust be netthed at rai Director	10e. Street end Number			10f. Zi	p Code			10g. Citizen of V	Whet Cour	itry?
23a	102 River Manor D	rive			219	01		United	Stat	es
	11. Marital Stetus	12. Wes Decedent Ev Armed Forces?	er in U,S.	13. Was Dece	edent of H	dispenic Origin? (Sp an, Mexican, Puert	pecify Yes or No	0- 14. Rec	e - Americ ck, White,	
b y	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 X Yes 2 No If Yes, Give U Yeer or Dates: 1 €	S Armiz	1 ☐ Yes			,,,,,,,		Whi	
Completed	15. Decedent's Ed (Specify only highest gre	lucetion	16e I	Decedent's Usu (Give kind of w	el Occup	pation during most of world)	king	16b. Kind of Bu	usiness/Ind	dustry
nplon.	Elementery/Secondery (0-12)	College (1-4or 5+)			d)				
		2		Machin	ist	40.10.00	. 100		1 & I)ie
Be	17. Fether's Neme (First, Middle, Last)							e, Maiden Sumen	10)	
To To	Guy Deputy					Edna Li				
	19a. Informent's Name/Reletionship (1	Type, Print)	19b.	Meiling Addres	s (Street	end Number or Ru	rai Route Numb	ber, City or Town,	Stete, Zip	Code)
other tr	Erma Deputy / Spo	use				or Drive				
5	20e. Method of Disposition 1⊠ Buriel 2 ☐ Cremation 3 ☐	Removel from State	cemetery	Disposition (Ne r, crematory or	other plea	ce)	May 29	20c. Location -	City or To	own, Stete
	4 Donetion 5 Other (South		North	East Me	thod	list Cem.	1999	North Ea	st, l	Maryland
once	21. Signature of Futheral Service Licent	509/		Crouch	nd Addre	eral Home	2			
any one	World U.L	in		1		Main Stre		rth East	, MD	21901
- 1	23a. Pert1. Enter the disease, or company shock, or heart failure. List only	plications that caused the	he death. Do n						-	Approximete Intervel Between
ian	Shook, or heart railare. Elst only	orio dadao ori occii ililo	•						1	Onset and Death
al	Immediate Ceuse (Finel disease or condition	MYOCARD	IAI. TNF	ARCTTON						Minutes
ner	resulting in death)	θ	ue to (or es e c		١٠				-	riffices
je 💻		CORONARY								Unknown
Examiner	Sequentially list conditions	b	ue to (or es e c		-0					
W.	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury									
edicai Examin	that initiated events resulting in death) Lest	C	ue to (or es e co	onsequenca of)					1	
	resulting in death) Lest								1	
of for use as		d							1	
Physician/M	Pert II. Other significent conditions of	ontributing to death but	not resulting In	the underlying	cause giv	ven in Pert i.	23b. Did	tobacco usa co	ntributa to	the causa of death
by Physic	DADIZINGONIC DI	CEACE					1	Yss 2 □ No	3 Pro	bably 4⊠ Unknow
þ	PARKINSON'S DI	SEASE							1	
leted							24a. We	s en eutopsy formed?	94	ere eutopsy findings eilable prior to
ple									of	mpletion of cause deeth?
Completed							1 🗆	Yes 2 No	1[⊇Yes 2□ No
Be Com	25. Wes case referred to medical					26. Plece of Dea	ith (Check only	one)		
	exeminer? 1 Ves 2 No	Hospital: 1 ☐ Inpatient	t 2 ER/Out	patient 3 D	OA Oth	her: 4 Nursing H	ome 5 ☐ Res	sidence 6 🗆 Oth	ner (Specif	y)
,	27. Menner of Deeth	28a. Dete of Injury (Month, Dey	28b. T	ime of jury	28c. Injur	ry et	28d. Describe	how injury occur	red	
n: To			1007	M		Yes 2 □ No				
	1 X Naturel 5 ☐ Pending 2 ☐ Accident investigation		y - At home, far	m, street, facto	ry, office		28f. Location City or To	(Street end Numb own, Stete)	ber or Rura	al Route Number,
unera On:		28e. Placa of injur building, etc.						ceuse(s) and me	enner es s	teted.
unera on:	2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only 2 Madical Exam	building, etc. ysician: To the best of the basis of e	my knowledge,	deeth occurred	d et the tinn, in my c	me, dete end pleca opinion, deeth occu	, end due to the rred et the time	, date end place,	end due to	o the cause(s)
on:	2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) investigation 6 Could not be determined	28e. Placa of Injurbuilding, etc. ysician: To the best of liner: On the basis of e end manner state	my knowledge,				, end due to the rred et the time			
on:	2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only 2 Madical Exam	building, etc. ysician: To the best of the basis of e	my knowledge,		c. Licens	se number	, end due to the rred et the time	, date end place, 29d. Date signe		
on:	2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) investigation 6 Could not be determined	building, etc. ysician: To the best of the basis of e	my knowledge,			se number	, end due to the		ed (Month,	Dey, Year)
unera on:	2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 29b. Signature and title of certain 30. Neme end eddress of person who	ysician: To the best of iner: On the basis of e end manner state	my knowledge, examinetion end ed.	29 Type, Print)	D428	se number		29d. Date signe	, 199	Dey, Year)
unera on:	2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 29b. Signature and title of certifier 30. Neme end eddress of person who of THOMAS BIONDO,	yelcian: To the best of inner: On the basis of end manner state	my knowledge, examinetion end ad.	29 Type, Print)	D428	se number		29d. Date signe	, 199	Dey, Year)
ne Funeral Director: After the pletely filled in by the funeral edical Certification:	2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 29b. Signature and title of certain 30. Neme end eddress of person who	ysician: To the best of iner: On the basis of e end manner state	my knowledge, examinetion end ad. ath (Item 23e) (* ARYLAND 's Signeture	29 Type, Print)	D428	se number		29d. Date signe	, 199	Dey, Year)

Jam



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9 18635

													Reg. No.			
hysician		edent's Nama	(First, Middle	a, Last)								2. Data of D Month	eeth Dey	Ye	er	3. Time of Deeth
/Medical	K	DBERT	AUGUS	STU	S DAV	IS						MAY	25	199	9	0803
Examiner	4a Ca		not Institution		treet and num		Hosp	ITAL	4	100	wn, or L	ocation of Dea		Ounty of D		CONGES
uneral rector	1	al Security No	umber	6. Sax		7. Age (In yrs	s. lest birthdey,	1 1111	Yaar Deys	If Undar Hours		8. Dete of Bi (Month, D March 18	irth av. Year)	9.	Birthpl	ace (Stete or Fore
•	Usuel	Residence of	Decedent													*
or 28a-f show be notified at Director	Ma. S		10b. County Prince	e Ge	orge's		city, Town or L Clenard								10	od. Inside City Lim 1 Yes 2 □
Pec Pec	10e S	traet and Num	her					10f. Zip (Code				10g. Citize	en of Whet	t Count	try?
23a or mat be	310		ch Str					10.12.10		706				S.A.		
al, or tems 23s or 28s-fe commercement be notified by Funeral Director		rital Status Never Marrie Widowed	ed 2. Marri	ried	2. Was Deced Armed For 1 X Yas If Yes, Give Year or Da	2□No t	0	Wes Decede If Yes, speci 1 Yes 2		ispanic Or n, Mexica Specify:	gin? (Sp i, Puerto	ecify Yas or N Rican, etc.)		I. Race - A Bleck, V Specify:		
"natura posesi leted		(Speci	15. Decedent fy only highes	t's Educ	ation	163.	16e Dece	edent's Usual e kind of work DO NOT use	Occupi done d	etion during mos	t of work	ing	16b. Kind	d of Busine	ess/Ind	lustry
omp	Elei	nentary/Secon			College (1-	4or 5+)	100				. *			Corre		and the
ent, me we ent, me we e Comp	17.5			1 and			CO	mputer	Sp			e (First, Middle		Gover	cinine	ent
2 0			First, Middla,											umame)		
1 the	Roi	ert Au	igustus	B Dar	vis, S	r.				Dor	othy	Maefo	ord			
is marke aumatic To	19a. I	nforment's Na	me/Relations	hip (Typ	oe, Print)		19b. Mail	ling Address	(Street	and Numb	er or Rur	al Route Num	ber, City or	Town, Star	te, Zip	Code)
2	Ger	evieve	V. Da	vis	/Wife		3100	Church	n St	reet	. G1	enarder	, Mar	vlan	d 2	0706
item 27 I other tra		ethod of Disp				20b.	Place of Disp	osition (Nem	e of			Date	T	ation · City	-	
- 2			☐ Cremation 5 ☐ Other (Sp		emoval from S	Mau Mau	ryland Ve					06/03 1999	Chelt	enhai	m, I	Maryland
important: I any Injury o once.	21. S	gnature of Fur	feral Service I	License	2.	AK.	, J		NKI	NS FU	NERA	L HOME		Ma weel	land	20705
	234	100	a disease or	-1	-10	MUL	1	4/4 Ld	nao	ver r	oau,	LdDGO	ver,	Maryl	Lanc	20785
				complic	national that ca	used the de	ath Do not en	ntar the mode	of dvin	a such as	cardiac	or respiratory	errest			Approximate
	200	shock, or hear	t failure. List	onlyon	cations that ca e cause on ea	usad the dea	ath. Do not er	ntar tha moda	of dyin	g, such as	cardiac	or respiratory	errest,			Approximate Interval Between Onset and Death
sician							ath. Do not er				cardiac	or respiratory				Interval Between
edical	Imme	diate Cause (I	Final				ath. Do not er				cardiac	or respiratory				Interval Between
	Imme		Final			losc	ath. Do not en	U CA			cardiac	or respiratory				Interval Between
edical miner	Imme disea result	diate Cause (I	Final			losc	ath. Do not er	U CA			cardiac	or respiratory				Interval Between
edical miner	Imme disea result	diate Cause (I se or condition ng in death)	Final			LOS C Due to	ath. Do not en	O CA			cardiac	or respiratory				Interval Between
adical miner xaminer	Imme disea result	diate Cause (I se or condition ng in death)	Final			LOS C Due to	ath. Do not en	O CA			cardiac	or respiratory				Interval Between
in and viel-transit ransit Examiner	Imme disea result Sequi if any cause	diate Cause (lee or conditioning in death) antielly list confliction important import	Final nditions, mediate thing niury			Due to	ath. Do not er WKOTT (or es a conse (or as a conse	equence of):			cardiac	or respiratory				Interval Between
the buriel-fransit colors of colors	Imme disea result Sequi if any cause	diate Cause (I se or condition ng in death)	Final nations, mediate trying njury			Due to	ath. Do not en	equence of):			cardiac	or respiratory				Interval Between
the buriel-fransit colors of colors	Sequifi any cause Cause that ir result	diate Cause (les or conditioning in death) Intielly list conleading to im. Enter Under (Disease or It) Itiated events	Final nations, mediate trying njury			Due to	ath. Do not er WKOTT (or es a conse (or as a conse	equence of):			cardiac	or respiratory				Interval Between
ding physician and se as the buniel-fransit and leading the buniel	Sequification in the second se	diate Cause (les or conditioning in death) Intielly list conleading to im. Enter Under (Disease or It) Itiated events	Final nations, mediate trying njury			Due to	ath. Do not er WKOTT (or es a conse (or as a conse	equence of):			cardiac	or respiratory				Interval Between
attending physician and for use as the buriel-transit and lary Medical Examiner	Sequification in the second se	diate Cause (I se or condition ng in death) intielly list con- leading to im. Enter Under (Disease or I itiated events ng in death) L	Final nditions, mediate thing niury	6. d.	APTER	Due to	ath. Do not er WKOTT (or es a conse (or as a conse	equence of): aquence of):	WO!	OVAS	CAL	AR D	ISEASE	5	bute to	Interval Between Onset and Death
by the attending physician and Eached for use as the bunial-transit and the state of the state o	Sequification in the second se	diate Cause (I se or condition ng in death) intielly list con- leading to im. Enter Under (Disease or I itiated events ng in death) L	Final nditions, mediate thing niury	6. d.	APTER	Due to	ath. Do not er WKOTI (or es a conse (or as a conse (or es a conse	equence of): aquence of):	WO!	OVAS	CAL	AR D	ISEASE	ese contrib	bute to	Interval Between Onset and Death
by the attending physician and Eached for use as the bunial-transit and the state of the state o	Imme disea result Sequi if any cause Cause that in result	diate Cause (I se or condition ng in death) intielly list con- leading to im. Enter Under (Disease or I itiated events ng in death) L	Final nditions, mediate thing niury	6. d.	APTER	Due to	ath. Do not er WKOTI (or es a conse (or as a conse (or es a conse	equence of): aquence of):	WO!	OVAS	CAL	AR D	SEASt	ese contrib		Interval Between Onset and Death
gned by the attending physician and be deteched for use as the buriel-transit and by Physician/Medical Examiner	Imme disea result Sequi if any cause Causs that ir result	diate Cause (I se or condition ng in death) intielly list con- leading to im. Enter Under (Disease or I itiated events ng in death) L	Final nditions, mediate thing niury	6. d.	APTER	Due to	ath. Do not er WKOTI (or es a conse (or as a conse (or es a conse	equence of): aquence of):	WO!	OVAS	CAL	23b. Dic	SEASt	ise contrib	Prot	the cause of decompletion of cause
gned by the attending physician and be deteched for use as the buriel-transit and by Physician/Medical Examiner	Imme disea result Sequi if any cause Causs that ir result	diate Cause (I se or condition ng in death) intielly list con- leading to im. Enter Under (Disease or I itiated events ng in death) L	Final nditions, mediate thing niury	6. d.	APTER	Due to	ath. Do not er WKOTI (or es a conse (or as a conse (or es a conse	equence of): aquence of):	WO!	OVAS	CAL	23b. Dic	d tobecco u	se contrib No 3D	Prot	the cause of dead pably 4 Unknown aliable prior to mpletion of cause deeth?
has been signed by the attending physician and age 2 should be deteched for use as the buniel-transit and an appleted by Physician/Medical Examiner	Imme disea result Sequi if any cause Causs that ir result	diate Cause (I se or condition ng in death) intielly list con- leading to im. Enter Under (Disease or I itiated events ng in death) L	Final nditions, mediate thing niury	6. d.	APTER	Due to	ath. Do not er WKOTI (or es a conse (or as a conse (or es a conse	equence of): aquence of):	WO!	OVAS	CAL	23b. Dic	d tobecco u	se contrib No 3D	Prot	the cause of decompletion of cause
has been signed by the attending physician and age 2 should be deteched for use as the buniel-transit and an appleted by Physician/Medical Examiner	Imme disea result Sequif any cause Cause that ir result	diate Cause (I se or condition in gind eath) Intielly list contending to implement of the condition of the	Final nditions, mediate thing niury	b. c. d.	ARTER	Due to	ath. Do not er WKOTI (or es a conse (or as a conse (or es a conse	equence of): aquence of):	use givi	en in Part	cardiac	23b. Dic	d tobecco u Yes 2 Sen eutops formed?	se contrib No 3D	Prot	the cause of december of cause deeth?
certificate hes been signed by the attending physician and inector, page 2 should be deteched for use as the buriel-transit and a signed by Physician/Medical Examiner	Sequificance Cause Cause that in result Part II	diate Cause (I) se or condition on the condition of the c	nditions, mediate thying njury ast	b. c. d.	APPER	Due to Due to	ath. Do not er WKOTI (or es a conse (or as a conse (or es a conse	equence of): equence of): equence of): underlying ca	use givi	en in Part	CUL.	23b. Dic 1 = 24a. Wa per	d tobecco u Yes 2 s en eutops formed?	se contrib	Prob	the cause of december of cause deth?
his certificate has been signed by the attending physician and sidirector, page 2 should be deteched for use as the burist-transit. To Be Completed by Physician/Medical Examiner.	Sequif any cause Cause that ir result Part II.	diate Cause (I) se or condition in the light of the condition in the light of the condition in the light of the condition in	nditions, mediate trying njury ast	b. c. d. d. pris cont	ARTER tributing to dea	Due to Due to Due to Ath but not re	(or es a conse	equence of): equence of): underlying ca	use givi	en in Part 26. Placer: 4 N	CUL.	23b. Dic 1 = 24a. Wa per	d tobecco u Yes 2 Sen eutops formed? Yes 2 One) sidence 6	se contrib	Prob	the cause of de ca
his certificate has been signed by the attending physician and sidirector, page 2 should be deteched for use as the burist-transit. To Be Completed by Physician/Medical Examiner.	Sequif any cause Cause that ir result Part II.	diate Cause (I) se or condition in tielly list con leading to im Enter Under (Disease or Italiated events in death) L Other algnifi as case referraminer? Yes 2 1 1 Inner of Deeth	inditions, mediate trying njury ast	d.	ARTER tributing to dea	Due to Due to Due to	ath. Do not er UFKOTI (or es a conse (or es a conse cor es a conse esulting in the	equence of): equence of): underlying ca	use givi	en in Part 26. Placer: 4 N	cardiac CUL	23b. Dic 1 = 24a. Wa per 1 = h (Check only)	d tobecco u Yes 2 Sen eutops formed? Yes 2 One) sidence 6	se contrib	Prob	the cause of december of cause of december and Death which is the cause of december of the cause of the caus
his certificate has been signed by the attending physician and sidirector, page 2 should be deteched for use as the burist-transit. To Be Completed by Physician/Medical Examiner.	Sequif any cause Cause that ir result Part II.	diate Cause (I) se or condition in the light of the condition in the light of the condition in the light of the condition in	inditions, mediate typing njury ast cent conditions of the condition of the cent cent cent cent cent cent cent cen	b. c. d. d. Hons cont	ospital: 1 Ir	Due to Due to Due to Due to ath but not re	(or es a conse (or es a conse (or es a conse esulting In the i	equence of): equence of): underlying ca ent 3 DO of 28	use givi	en in Part	cardiac CUL	23b. Did 24a. Wa per 1 Check only ome 5 Res 28d. Describe	d tobecco u Yes 2 Yes 2 Yes 2 One) sidence 6 how injury	Se contrib	Prot	the cause of decompletion of cause deeth?
rector: After this certificate has been signed by the attending physician and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director. To Be Completed by Physician/Medical Examiner	Sequif any cause Cause that ir result Part II.	diate Cause (Ise or condition in the con	inditions, mediate trying njury ast	b. c. d. d. Hons cont	ospital: 1 Ir	Due to Due to Due to Due to ath but not re	(or es a conse (or es a conse (or es a conse esulting In the esternishment of the esternishme	equence of): equence of): underlying ca ent 3 DO of 28	use givi	en in Part	cardiac CUL	23b. Dic 1 = 24a. Wa per 1 = h (Check only) = 5 = Res 28d. Describe	d tobecco u Yes 2 Yes 2 Yes 2 One) sidence 6 how injury	Se contrib	Prot	the cause of december of cause deth?
rector: After this certificate has been signed by the attending physician and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director. To Be Completed by Physician/Medical Examiner	Sequificance Cause Cause that in result 25. We expected the sequence of the s	diate Cause (Ise or condition in the last of the last	inditions, mediate typing njury ast cent conditions of the condition of the cent cent cent cent cent cent cent cen	b. c. d. d. Hons cont	ospital: 1 Ir	Due to Due to Due to Due to ath but not re patient 2t finjury Day Year)	(or es a conse (or es a conse (or es a conse esulting In the esternishment of the esternishme	equence of): equence of): underlying ca ent 3 DO of 28	use givi	en in Part	cardiac CUL	23b. Dic 1 = 24a. Wa per 1 = h (Check only) = 5 = Res 28d. Describe	d tobecco u Yes 2 Sen eutops formed? Yes 2 One) sidence 6 how Injury (Street and	Se contrib	Protestable Protes	the cause of dea
rector: After this certificate has been signed by the attending physician and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director. To Be Completed by Physician/Medical Examiner	Sequificance Cause Cause that in result 25. We expected the sequence of the s	diate Cause (I) se or condition in tielly list con leading to im Enter Under (Disease or I titated events ing in death) L Other algniffs as case referraminer? Yes 2 1 1 Accident Autural Accident Suicide Homicide	inditions, mediate typing njury ast cent conditions of the condition of the cent cent cent cent cent cent cent cen	b. c. d.	ospital: 1 r 28a. Date o (Month	Due to Due to Due to Due to Due to Ath but not re Ath bu	(or es a conse (or es a conse (or es a conse esulting In the esternishment of the esternishme	equence of): equen	use givi	en in Part 26. Placeer: 4 N (at k? Yes 2 N	cardiac CUL i.	23b. Dic 1 24a. Wa per 1 h (Check only me 5 Res 28f. Location City or To	s en eutops formed? Yes 2 Yes 2 One) sidence 6 how injury (Street and own, State)	Se contrib No 3E Other (: occurred	Protesta Pro	the cause of deepebly 4 Unknown or e eutopsy finding aliable prior to mpletion of cause deeth? I Routa Number, eted.
rector: After this certificate has been signed by the attending physician and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director. To Be Completed by Physician/Medical Examiner	Imme disea result Sequiri any cause Cause that in result Part III 25. W ex ex 11 27. Ma 11 29a. (diate Cause (I) se or condition ng in death) Intielly list con leading to im Enter Under (Disease or I itiated events ng in death) L Other algnifi as case referr aminer? Yes 2 1 Natural Accident Suicide Homicide Certifier Check only	inditions, mediate thying njury ast cent conditions ast cent conditions as cent conditions are cent conditions. The cent conditions are cent conditions are cent conditions are cent conditions. The cent cent cent cent cent cent cent cen	d. d	ospital: 1 Ir 28a. Date o (Month	Due to Due to Due to Due to Due to Ath but not re Ath bu	(or es a conse (or es a conse (or es a conse esulting In the interpretation of the inter	equence of): equence of): equence of): underlying ca ent 3 Doo of 26 M Entreet, factory, with occurred envestigation,	a Oth	en in Part 26. Placeer: 4 N (at k? Yes 2 N	cardiac CUL i.	23b. Dic 1 24a. Wa per 1 h (Check only me 5 Res 28f. Location City or To	d tobecco u Yes 2 Sen eutops formed? Yes 2 One) Sidence 6 Show Injury (Street and pwn, State) Be cause(s) a L, date and p	Se contrib	Protection	the cause of deadobly 4 Unknore eutopsy finding aliable prior to mpletion of cause deeth? I Route Number, eted.
The Functal Director: After this certificate has been signed by the attending physician and plately filled in by the functal director, page 2 should be deteched for use as the buriel-transit of plately filled in by the functal director, page 2 should be deteched for use as the buriel-transit of plately filled in by the function of the plate of the plately plately physician/Medical Examiner.	Imme disea result Sequiri any cause Cause that in result Part III 25. W ex ex 11 27. Ma 11 29a. (diate Cause (I se or condition on gin death) Intielly list cor leading to im Enter Under (Disease or I italed events in gin death) L Other algnifi as case referraminer? Yes 2 1 I nner of Deeth (Natural Accident Suicide Homicide Certifier Check only one)	inditions, mediate thying njury ast cent conditions ast cent conditions as cent conditions are cent conditions. The cent conditions are cent conditions are cent conditions are cent conditions. The cent cent cent cent cent cent cent cen	d. d	ospital: 1 Ir 28a. Date o (Month	Due to Due to Due to Due to Due to Ath but not re Ath bu	(or es a conse (or es a conse (or es a conse esulting In the interpretation of the inter	equence of): equence of): equence of): underlying ca ent 3 Doo of 26 M Entreet, factory, with occurred envestigation,	a Oth	en in Part 26. Placer: 4 N y at x? Yes 2 N ne, dete en pinion, dec	cardiac CUL i.	23b. Dic 1 24a. Wa per 1 h (Check only me 5 Res 28f. Location City or To	d tobecco u Yes 2 Sen eutops formed? Yes 2 One) Sidence 6 Show Injury (Street and pwn, State) Be cause(s) a L, date and p	Se contrib	Protection	the cause of deal obsty with the cause of dea
rector: After this certificate has been signed by the attending physician and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director. To Be Completed by Physician/Medical Examiner	Imme disea result Sequiri any cause Cause that in result Part III 25. W ex ex 11 27. Ma 11 29a. (diate Cause (I se or condition on gin death) Intielly list cor leading to im Enter Under (Disease or I italed events in gin death) L Other algnifi as case referraminer? Yes 2 1 I nner of Deeth (Natural Accident Suicide Homicide Certifier Check only one)	inditions, mediate thying njury ast cent conditions ast cent conditions as cent conditions are cent conditions. The cent conditions are cent conditions are cent conditions are cent conditions. The cent cent cent cent cent cent cent cen	d. d	ospital: 1 Ir 28a. Date o (Month	Due to Due to Due to Due to Due to Ath but not re Ath bu	(or es a conse (or es a conse (or es a conse esulting In the interpretation of the inter	equence of): equence of): equence of): underlying ca ent 3 Doo of 26 M Entreet, factory, with occurred envestigation,	a Oth	en in Part 26. Placer: 4 N y at x? Yes 2 N ne, dete en pinion, dec	cardiac CUL i.	23b. Dic 1 24a. Wa per 1 h (Check only me 5 Res 28f. Location City or To	d tobecco u Yes 2 Sen eutops formed? Yes 2 One) Sidence 6 Show Injury (Street and pwn, State) Be cause(s) a L, date and p	Se contrib	Protection	the cause of deed the cause deeth? I Route Number, eted the cause(s)
rector: After this certificate has been signed by the attending physician and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director. To Be Completed by Physician/Medical Examiner	Imme disea result Sequir any cause Cause that ir result Part III 25. We ex all all all all all all all all all al	diate Cause (I se or condition on gin death) Intielly list con leading to im Enter Under (Disease or I italed events on gin death) L Other algnificated events of the condition of the conditio	ed to medical Solutions, mediate thying njury ast cent condition For investig to Could referred to	b. c. d.	ospital: 1 Ir 28a. Date o (Month	Due to Due to Due to Due to Due to Ath but not re Ath bu	ath. Do not en UKCT (or es a conse (or as a conse (or es a conse esulting in the in ER/Outpatie 28b. Time in Injury home, farm, si ify) mowledge, dee nation end/or in	equence of): equence of): equence of): underlying ca ent 3 DO; of M etreet, factory, th occurred envestigation, 29c. p, Print)	a Oth	en in Part 26. Placer: 4 N y at x? Yes 2 N ne, dete en pinion, dec	cardiac CUL i.	23b. Dic 1 24a. Wa per 1 h (Check only me 5 Res 28f. Location City or To	d tobecco u Yes 2 Sen eutops formed? Yes 2 One) Sidence 6 Show Injury (Street and pwn, State) Be cause(s) a L, date and p	Se contrib	Protection	the cause of deconstruction of cause deeply with the cause of deconstruction of cause deeth? I Routa Number, eted the cause(s)
rector: After this certificate has been signed by the attending physician and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director, page 2 should be deteched for use as the bunel-transit and n by the funeral director. To Be Completed by Physician/Medical Examiner	Imme disea result Sequificance Cause Cause that in result Part III.	diate Cause (I se or condition on gin death) Intielly list con leading to im Enter Under (Disease or I italed events on gin death) L Other algnificated events of the condition of the conditio	ed to medical Solutions, mediate thyling injury ast cent condition Fraction of the condition of the condi	b. c. d.	ospital: 1 Ir Ir 28a. Date o (Month	Due to Due to Due to Due to Due to Ath but not re Ath bu	(or es a conse (or es a conse (or es a conse esulting In the estate of the conse EEP/Outpatie 28b. Time estate of the conse (or es a conse esulting In the estate of the conse A PAM PAM	equence of): equence of): equence of): underlying ca ent 3 DO; of M etreet, factory, th occurred envestigation, 29c. p, Print)	a Oth	en in Part 26. Placer: 4 N y at x? Yes 2 N ne, dete en pinion, dec	cardiac CUL i.	23b. Dic 1 24a. Wa per 1 h (Check only me 5 Res 28f. Location City or To	d tobecco u Yes 2 Sen eutops formed? Yes 2 One) Sidence 6 Show Injury (Street and pwn, State) Be cause(s) a L, date and p	Se contrib	Protection	the cause of de cause of de cause of cause of de cause

State of Maryland / Department of Health and Mental Hygiene 🖣 🖣

Amend # 5, Per FH PGC 5-27-99 cr Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month 5 **Physician** DUKES FICCOLA /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner GROVE NURSING ROCKVILLE CHATTER MONTGOMERY | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, 5. Social Security Number 6. Sex 7. Age (In yrs. iest birthday) 9. Birthplece (State or Fording **Funeral** 10 M 20 F Director 83 1915 CHRISTIANSBURG, 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at 1 □Xes 2 □ No Director D. C. WASHINGTON 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ò 238 3813 MASS. AVE., S. E. 20019 S. A. death Funeral items 2 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. event, the Medical Examiner filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 9 1 ☐ Yes 2 ☐ No þ Specify: BLACK 3 ☐Widowed 4 ☐ Divorced "natural", Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7. Department of Health and Mental Hygiene. Important: if item 27 is merked other than "na any injury or other traumatic event, it. Mental page. Elementery/Secondary (0-12) College (1-4or 5+) + YRS. TEACHER D. C. PUBLIC SCHOOLS Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be JAMES HOUSTON ALEXANDER LUCY PICCOLA JORDAN 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) MARY WATERS-HEBRON--NIECE 804 STONESTREET AVENUE ROCKVILLE, MD 20850 Baltimore, 20e. Method of Disposition

1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from Stete 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 4 ☐ Donetion 5 ☐ Other (Specify) LINCOLN MEMORIAL CEMETERY 6/2/99 SUITLAND, MD 21. Signature of Funeral Service Licenses 22. Name end Address of Fecili PINCKNEY-SPANGLER FUNERAL HOME Per11. Enter the disease, or complications that ceused the deeth, no not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. 524 - 8TH ST., N. E. WASH., D. C. 20002 Approximete Intervel Between Onset end Deeth Physician Adenocascinoma Abdoninal - Metastatie /Medical Immediete Ceuse (Finel 3 W/G disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that Initieted events resulting In deeth) Lest Due to (or es e consequence of): Box 68760, Physician/Medical Due to (or es e consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Qunknown Division of Vital Records, Be Completed by 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 2 NO certificate 1 Tes 1 Yes 22 No or Attending Physicien: 25. Was case a 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Vursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 Yes PALNO 27. Menner of Deeth Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending Investigation 1 Netural 1 Yes 2 No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours af To the Funeral Di completely filled is 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

| Wedloel Examiner: On the besis of exemination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner steted. Medical (Check only one) 29b. Signeture and this of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D28656 30. Neme end eddress of p misch who completed cause of deeth (Item 23e) (Type, Print) AVE, #404B, S. SPRING 8609 STECOND KASSI MD 31. Dete filed (Month, Dey, Year) 32 Registrer's Signeture State MAY 2 7 1999 Registrar

DHMH 16 Bev 6/95

5661 x 2 x his

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Physician 25 1999 1:50p.m. Lillian Belle Davis May /Medical 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Silver Spring Holy Cross Hospital Montgomery If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Euneral** 1□ M 2Q F Months Yrs. 90 Director 21,1909 Virginia 271-12-6160 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No Director Maryland Montgomery Silver Spring 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3386 Chiswick Court, Apt. 50-2B 20906-1649 U.S.A. Funeral 12. Wes Decedent Ever In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Maritel Stetus Bleck, White, etc. within 72 hours after 1 ☐ Yes 2 ☑ No If Yes, Give X 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: À 3 Widowed 4 ☐ Divorced Year or Dates: White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) permit. Peges 1 end 2 should be filled with Department of Heelth end Mental Hygien Important: If them 27 is marked other that any Injury or other traumatic aware state. 4+ Medical Nurse 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Harry Frederick Zahn, Sr. Sarah Virginia Starner 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Jeffery C. Richards, Attorney 75 Washington Street, Poughkeepsie, New York 12603 20b. Pleca of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 5/28/1999 West Point, Virginia 4 ☐ Donetion 5 ☐ Other (Specify) Sunny Slope Cemetery 21. Signeture of Funir L Service Licensee

22. Name end Address of Fecility

Gasch's Funeral Home

4739 Baltrimore Avenue

Hyatrsville, Maryland, 20781

23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enfer the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Deeth Physician /Medical Immediate Cause (Finel diseese or condition resulting in deeth) Examiner es e consequençe of), Examiner ettending physicien end for use as the burial-trensit The law requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or as e consequença of): P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were eutopsy findings evellable prior to completion of cause of death? Completed 24a. Wes an eutopsy peeu hes page 2 1 Yes 2 No 1 Yes 20 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Dinpatient Certification: To 2 ER/Outpetient 3 DOA 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation Injury 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end menner stated. 29e. Certifier edical 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Mil 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) Rajeez Batra, 10801 Lockwood Drive, Silver Spring, Maryland 20901 31. Date filed (Month, Day, Year) 22. Registrer's Signeture

DHMH 16 Rev 6/95

State

Registrar

MAY 2 8 1999

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth Month Day Elma Irene Drake May 1999 1:49 am 21, 4e Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c, County of Deeth Prince George's Prince George's Hospital Center Cheverly If Under 1 Yeer | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Deys 1□ M 210 F Months Hours Min. Yrs. 215-38-6746 89 Aug. 29, 1909 Iowa Usuel Residence of Decedent 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Ves 2 No Maryland Prince George's Riverdale 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4711 Queensbury Road 20737 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes: 14. Rece - American Indian, Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Black, White, etc. 1 □ Never Merried 2 □ Merried 1 ☐ Yes 2 No Specify: Specify: White 3 ₩ Widowed 4 Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) 12 Homemaker Own Home 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) (Unavailable) Kelderhouse (Unavailable) 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Eldon D. Drake - Son 2400 Ridgeview Drive, Chino Hills, CA 91709 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 X Burial 2 Cremetion 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 05/24/99 Brentwood, Maryland Fort Lincoln Cemetery 22. Name and Address of Fecility Gasch's Funeral Home 21. Signature of Funeral Service Licensee 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Pert1. Enter the disnese, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death Ventrales tallycardia Immediate Cause (Finel disease or condition resulting in deeth) GONCED Due to (or es e consequence of): Due to (or as a consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Davel 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Was en eutopsy performed? Right ingenial resteusion, 1 ☐ Yes 2 🛛 No 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

physician end s the buriel-trans

80 esn

signed by t d be detect

certificate hes l

this

After

actor

Funeral Dira 24 hours

death.

or Al

To the Vithin 2

The law requires that the deeth certificate be executed

Attending Physician:

Division of Vital Records, P.O. Box 68760

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

edical

Physician

/Medical

Examiner

Funeral

Director

"natural", or items 23a or 28a-f show

e filed within 72 hours efter death viel Hygiene.

Other then "neturel", or ftems 23.

Vent, the Masses Exertine must

Baltimore, Maryland 21215-0020

Remit. Pages 1 end 2 should be filed within 72 hours effer of Department of Health end Mentel Hygiene.
Important: If item 27 ie marked other than "netural", or iter any highly or other traumatic event, the Mod sell has nine page.

Director

Funeral

à

Completed

the Marylend

Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest

axolemea 25. Wes cese referred to medical 26. Piece of Death (Check only one) Hospitel:

1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

27. Manner of Deeth 1 Neturel 5 Pending 2 Accident

3 Suicide

4 Homicide

28e. Dete of Injury (Month, Day Year) Investigation 6 Could not be determined

1 Inpatient 2 □ ER/Outpetient 3 □ DOA 28b. Time of 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end manner stated.

29c. License number 024720 29d. Date signed (Month, Dey, Yeer) 5-21-

28f. Location (Street end Number or Rural Route Number, City or Town, State)

30. Name end eddress of person who completed ceuse of each (Item 23e) (Type, Print) 6/32 LANDOVER ROAD

CHEVER K. RUSTAGIND CHEVER KY MD 20785 MD 2078

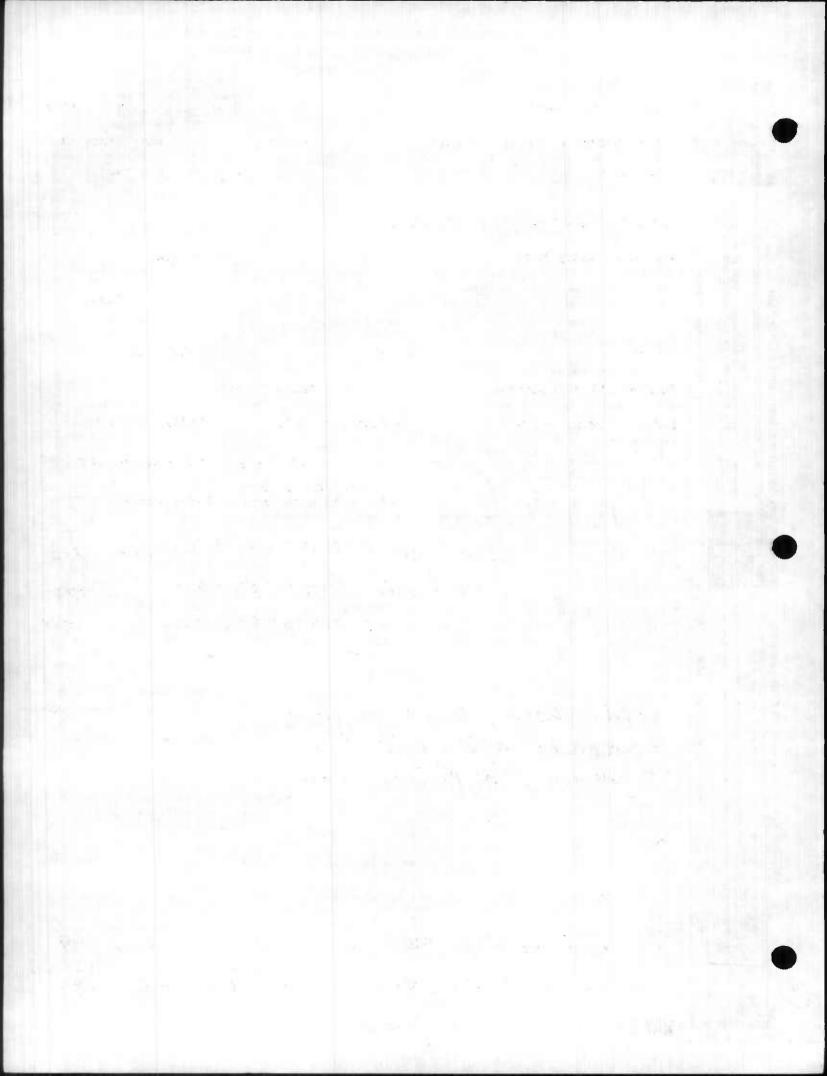
State Registrar 31. Dete filed (Month, Day, Year)



28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

MD

DHMH 16 Rav 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** 5 3250 WILLIAM WADE DREYER SR /Medical 4b. City, Town, or Location of Deeth 4a Fecility Name (If not institution, give street end number) 4c. County of Deeth Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) 7. Age (In yrs. lest birthday) Birthpleca (Stete or Foreign Country) 1⊠M 2□ F Yrs 304-12-5155 84 Indiana March 1,1915 Usuel Residence of Decedent 10e. Stete 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 ☐ Yes 2 No Maryland Wicomico Salisbury Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 227 Canal Park Dr., Apt. 301 21804 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 X Yes 2 No If Yes, Give WW Yeer or Detes: WW 1 Never Married 2 Merried 1 Yes 2 No Specify: Specify White 2 3 X Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Plant Manager Campbell Soup Co. 12 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Albert Frederick Dreyer Minnie Schleicher 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Sarah J. McGrath/Daughter 16048 Emerald Rd., Stony Creek, VA 23882 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☑ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 5/24/99 Salisbury, MD Salisbury Crematory 21. Signature of Funerai Servica Licensee Name and Address of Fecility MOIDSI Holloway Funeral Home Professional Association aired 23a. Pert1. Enter the disease, or complications that Jused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. 501 Snow Hill Rd., Salisbury, MD 21804 Approximate intervel Between Onset and Death REspirators Immediate Cause (Finel disease or condition resulting in deeth) ~ 1 mont Amyotophic leteral Solvania Due to (or es e consequence of): Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or es e consequenca of): 6 Physician/Medical that initiated events resulting in deeth) Lest Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown COPD. Co Prustats þ 24b. Were eutopsy findings availeble prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Impatient 2 ER/Outpatient 3 DOA 27. Menner of Deeth 1 D Naturel 28e. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Tyes 2 No 2 Accident 3 ☐ Suicide 6 ☐ Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide Certifying Physicien: To the best of my knowledge, death occurred et the time, date end piece, end due to the cause(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piace, end due to the ceuse(s) and manner stated. 29a. Certifier edical (Check only one) 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature end title of cartifie 5-23.99 D56613 30. Name and address of person who completed cause of deeth (item 23e) (Type, Print) M. Crouch, 105 Pris Bluff Rd, Solisbury, MO 21801

8 FALLA

0

State Registra

31. Dete filed (Month, Day, Year) MAY 2 4 1999

32. Registrar's Signeture

& Spark

Funeral

Director

28a-f ahow

7 is marked other than "natural", or flems 23a or 28a-f ahor traumatic event, in a Madina Experient mant be notlined at

illed within 7 I Hygiene.

2 should be a

Peges 1 and 2 s ment of Heelth en tam 27

permit. Peges Depertment of Important: If it any injury or o

Physician

/Medical

Examiner

physician end s the buriel-trensit

88 ettending

ed by the deteched

should t

hes

certificete

this funeral

After or Attending

Director: A

thin 24 hours eletthe Funeral Dimpletely filled in Hospital

within 2

death.

efter

The lew requires that the death certificate be executed

P.O.

Division of Vital

Physician:

any ir

the Meryland

Maryland 21215-0020

altimore,

2

2

WILLIAM 304-12

MAY 2 1 1234 James James James 1

Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death Month Day Year Elizabeth 22, 1995 th 4c. County of Death Marie Dashiell shiell May 2 4b. City, Town, or Location of Death 3:20 AM 4a Facility Nama (If not institution, give street and number) Salisbury Center: Genesis ElderCare Salisbury ar If Under 24 Hrs. Hours Min. MD Wicomico Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Yaar 8. Data of Birth (Month, Day, Year) 1 M 20 F Days Months 213-24-1360 94 June 1904 Maryland Usual Rasidence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 □ No PA Philadelphia 10e. Street and Number Philadelphia 10g. Citizen of What Country? North 55th Street U.S.A 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, Whita, atc. 1 Yas 2 No If Yes, Give Year or Dates: 1 Navar Married 2 Married Specify: Black 1 Yes 2 No Specify: 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 1 2 College (1-4or 5+) Domestic None 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) James Conway Jennie Leonard 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) 311 North 55th Street Phila, PA 19139 Floyd Dashiell (Son) 20a. Mathod of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Data 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Removal from Stata Green Acres Salisbury, Md. 4 ☐ Donation 5 ☐ Othar (Specify)

Physician /Medical Examiner

physician and s the burial-transit

been signed by the s should be detached

or Attending Physician: The law requires that the death certificate be asscuted

Records, P.O. Box 68760.

Division of Vital

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show the Madical Examiner must be nothing at

permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic avant, the Medical Examines page.

Baltimore, Maryland 21215-0020

Directo

Funeral

by

Completed

Be

death with the Maryland

Mary

Examiner

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or lawy)

Immediata Cause (Final diseasa or condition rasulting in daath)

21. Signature of Funaral Service Licensee

Due to (or as a consequence of):

23a. Part1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart fail free. List only one cause on each line.

22 Name end Addrass of Facility
Stewart Funeral Home

West Rd. Salisbury, Md. 21801

Approximate Intarval Between Onset and Death

SpuryMD21804

that initiated events rasulting in death) Last	Due to (or as a consequence of):			
Part II. Other significant conditions	contributing to death but not re-	sulting in the underlying ca	usa given in Part I.	23b. Did tobacco use co 1 ☐ Yes 2 ☐ No	ntributs to the cause of death?
				24a. Was an autopsy performed?	24b. Ware autopsy findings available prior to completion of cause of death?
25. Was case referred to medical axaminar?				1 Yas 2 No	1 Yes 2 No
1 ☐ Yas 2 Ø No	Hospital: 1 Inpatient 2	☐ ER/Outpatient 3☐ DO/	Other: 4 Nursing	Homa 5 ☐ Residence 6 ☐ Oth	ner (Specify)
27. Manner of Death 1 ②Netural 5 □ Pending 2 □ Accident invastigation		28b. Tima of Injury M	lc. Injury at Work? 1 Yes 2 No	28d. Describe how injury occur	rred
3 Suicide 6 Could not I determined		noma, farm, street, factory,	office	28f. Location (Street and Numb City or Town, State)	ber or Rural Route Number,
29e. Certifier 1 ☐ Certifying Pl (Check only one)	nysician: To the best of my knowniner: On the basis of examinating and manner stated.	owledge, death occurred e ation and/or investigation,	t the time, dete end plac in my opinion, deeth occ	ce, end due to the cause(s) end mo curred at the time, date end plece,	anner as stated. and due to the cause(s)

State Registrar

0

31. Data filed (Month, Day, Year) MAY 2 5 1999

illiam H.

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

Robins,

DHMH 16 Rsv 6/95

To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun

The second secon E deren The state of the s

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Death Month **Physician** ROWLAND E. DARYNG 5:08 AM MAY 1999 24 /Medical 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner SOUTHERN MARYLAND HOSPITAL CENTER CLINTON PRINCE GEORGE' If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 78 Yrs. If Under 1 Year Birthplece (State or Foreign Country) **Funeral** Days 1X M 2□ F Months July 1, 1920 Washington DC Director 578-03-7392 Usual Residence of Decedent 10d. Inside City Limits 10a. State 10b. County 10c. City. Town or Location r 28a-f show 1 Yes 2 No Directo Maryland Prince George's Temple Hills 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street end Number 7 is marked other than "natural", or items 23a or traumatic evant, the Medical Examinar must be a U.S.A. 20748 permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or Itama 23a any Injury or other traumatic event, the Mode 4600 Old Branch Avenue Funeral 14. Race - American Indien, 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) Bleck, White, etc. 100 Yes 2 No 1945— If Yes, Give Year or Dates: 1955 1 Never Married 25 Married 1 ☐ Yes 2 ☑ No Specify: White Specify P 3 ☐ Widowed 4 ☐ Divorced 16b. Kind of Business/Industry Printing Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) Deputy 15. Decedent's Education (Specify only highest grade completed) 1 College (1-4or 5+) Deputy Elementary/Secondary (0-12) U.S. Government Office Superintendent of Documents 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) Be Anne C. Evans Rowland Earnest Darling 19a. Informent's Neme/Relationship (Type, Print) Frances A. Darling (Wife) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 4600 Old Branch Avenue Temple Hills, MD 20748 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition May Warial 2 ☐ Cremation 3 ☐ Removal from State Suitland, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 1999 Cedar Hill Cemetery 22. Name and Address of Fecility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Road Clinton, MD 20735 23a. Point. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart lailure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediete Cause (Final disease or condition resulting in deeth) MYOCARDIAL INFARCTION WITH CARDIOGENIC SHOCK 4 DAY(Examiner Due to (or es e consequence of) Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence oi): 88 esn 0 23b. Did tobacco use contribute to the cause of death? signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown DIAGETES MELLITUS, ATRIAL FIGRILLATION, CHRONIC ò 24b. Were autopsy findings evailable prior to completion of ceuse of deeth? Completed 24a. Was en eutopsy performed? OBSTRUCTIVE PULLWHARY DISEASE, REHAL FAILURE page 2 : 1 ☐ Yes 2 No 1 Yes 2 X No certificate director, Be 25. Was cese referred to medical examiner? 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To this funerai 27. Menger of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 1 Netural 5 Pending i or Attandin efter death. Director: Aft 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 24 hours efter de le Funeral Directo bletely filled in by the 3 Suicide 28l. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, lectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted. 2 Medical Examiner: On the basis of examinetion and/or Investigetion, in my opinion, death occurred et the time, date end plece, end due to the ceuse(s) and menner stated. 29a. Certifier edical completely (Check only one)

To the To the To the I

15+1

Hospital

Attanding Physician:

the Manyland

with

Baltimore, Maryland 21215-0020

P.O. Box 68760,

Division of Vital Records,

certificate be

MO 30. Neme end eddress of person who completed ceuse of death (Item 23e) (Type, Print) 9131 PICCHAWAY RO VINCENT CHEN, MS

8 Ch

29b. Signeture end title of certifier

CUNTON, MS

29d. Date signed (Month, Dey, Year)

MAY 25,1999

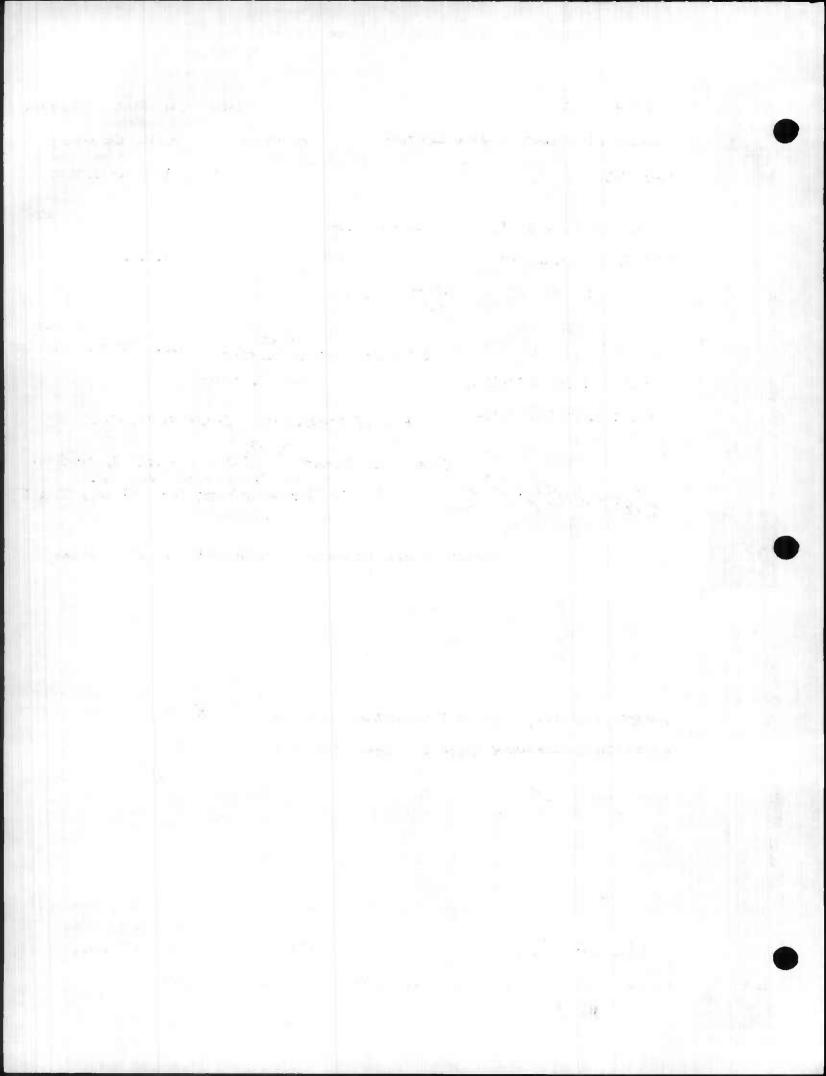
State Registrar

31. Dete filed (Month, Day Year) 2 6 32. Registrar's Signeture 1999

#600

29c. License number

D 28129



State of Maryland / Department of Health and Mental Hygiene 99 | 8642

			Certificate of	f Death		Reg. No.	
	1. Decadant's Nama (First, Middle	a, Last)			2. Data of Das Month		3. Tima of Death
Physician /Medical	Bernice	Jarvis Edwa	rds			25, 199	
Examiner	4a Fecility Nema (If not institution	n, giva street end number)		4b. City, Town, or Lo	cation of Death	4c. County of	of Death
	3207 Tremont Av	renue	Production of the Control	Cheverly		Princ	ce George's
Funeral Director	5. Sociel Security Number 245-34-3309 Usual Residence of Decedant	6. Sex 1 □ M 2 □ F 7. Age (In yrs. 1	Ast birthday) If Undar 1 Yas Months Day		8. Data of Birt (Month, Day March 2	y, Year)	9. Birthplace (State or Foreign Country) North Carolina
and w	10a. State 10b. County	10c. City	, Town or Location		-		10d. Insida City Limits
death with the Manyland ms 23s or 28s-f show rmust be notified at neral Director	Maryland Princ	e George's	Cheverly 10f. Zip Coda			10g. Citizan of W	1 X Yas 2 No
ath with a 23e or neat be	3207 Tremont A		20	0785		U.S. A	
5 22 5	11. Marital Status 1 □ Never Married 2 ☑ Marr 3 □ Widowed 4 □ Divorced	If Yas, Giva	S. 13. Was Decedent of If Yes, specify Cu	Mispenic Origin? (Spuban, Maxican, Puarto o Specify:	acity Yas or No- Rican, etc.)	Specify:	- American Indian, c, Whita, atc. White
l 21215-002 led within 72 hours tygiene. Per than "natural", rt. its Medical Ex-	15. Decadan (Specify only highas		16a. Decedant's Usuai Occ (Give kind of work don	a during most of work	ing	16b. Kind of Bus	sinass/Industry
mple mple	Elementery/Secondary (0-12)	College (1-4or 5+)	lifa. DO NOT usa rati	red)		0 11	
led w	47 5-10-4-31	3	Homemaker	40 Manhada Nasa	- (Final Middle	Own Ho	
ges 1 and 2 should be filed within 72 hours aft to Health and Martial Hygiene. If filem 27 is marked other than "natural", or or other traumatic event, the Madical Exam To Be Completed by F	17. Fathar's Nama (First, Middle, Kelly Jarvi			18. Mothar's Name	Hens.		a)
2 sho end lis male	19a. Informant's Name/Ralations	hip (Type, Print)	19b. Mailing Addrass (Stre	et and Number or Rur	al Route Numbe	er, City or Town,	Stata, Zip Coda)
	Carroll D. Edwa		3207 Tremont	Avenue, (
Baltimore, semil. Pages 1 er oppertment of Hea mportant: If item 2 nry injury or other NGS.	20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (S)	3 □Ramoval from Stata	lace of Disposition (Nama of ametery, cramatory or other p arta Cemetery		Data 05/30/99	Sparta,	City or Town, State
Baltimo permit. Pag Depertment Important: I any injury o	23-Signmus of FunageNeervice	Libenson	22. Nama and Add Gasch's F	uneral Hom	e		ND 00701
	23a. Paw1. Enter the disease-or	complications that caused the dealf		imore Aven			Approximete Interval Batween
Physician	shock, or heart failures List	only one cause on each line.					Onset end Deeth
/Medical	Immediata Cause (Final	Cir	rhosis				7 455
Examiner	disaasa or condition resulting in death)	a	r as a consequence of):				2913
in the second		2.1		use			15 yrs
60, be executed sician and buriel-transit	Sequentially list conditions, if eny, laading to immediate cause. Enter Underlying Ceuse (Disaasa or injury		r as a consaquanca of):	ficien			zyrs
I Records, P.O. Box 68760, The law requires that the deeth certificate be execute ste has been signed by the ettending physician end page 2 should be detected for use as the buriel-trans completed by Physiclan/Medical Exami	Ceuse (Disaasa or injury that initiated avents rasulting In daath) Last	- 1	as a consequence of):	raevi		TAN	145
Box eeth ce strendii for use		d	Cirioc.				
O. E	Part II. Other significant condition	ons contributing to death but not rasu	ulting in the underlying cause	givan in Part I.	23b. Dld 1	lobacco usa con	tributa to the cause of death?
P.O. that the de by the deteched deteched	burnt	nyroids sun			10	Yes 2010	3 ☐ Probably 4 ☐ Unknown
Division of Vital Records, P.O. Boy or Attending Physician: The law requires that the deeth confer dear After this certificate has been signed by the ettend bin by the funeral director, page 2 should be deteched for us ertification: To Be Completed by Physician/	Dance	ntia			24a. Wes	an eutopsy	24b. Were autopsy findings evellable prior to
Reco							complation of cause of death?
Vital Relician: The lician: The lician: The lician: The licians rector, page Be Com	coag	Mariny			101		1 ☐ Yas 2 ☐ No
f Vita ysician: s certific director,	25. Was casa rafarred to madical axaminar?	Hospitel:		26. Place of Deat	4		(O = V)
Phys Phys araldis	1 Yas 2 N6	28e. Data of Injury (Month, Dey Year)	ER/Outpatiant 3 DOA 28c. In Injury	4 LI Nursing Ho		dance 6 Othe	111111
on ding it.	1 Natural 5 ☐ Pendin 2 ☐ Accidant invasti			/ork? □ Yas 2 □ No			
Division of Vita net Hospital or Attending Physician: 124 hours after death this certifice pletch filled in by the funeral director, dedical Certification: To Be Cedical Certification: To Be C	3 Suicida 6 Could i	not be ined 28a. Pleca of Injury - At he building, atc. (Specify	oma, farm, straat, factory, offic	е	28f. Location (S City or Tox	Street and Number vn, Stata)	er or Rurel Routa Number,
Hospital of the Purs of Funeral Cately filled	29a. Certifiar 11 Certifyin	g Physician: To the best of my know	whedea death occurred at the	time data and place	and due to the	causa/s) and mar	nner as stated
To the Hospital o within 24 hours eff To the Funeral Di completely filled if	(Check only 2 Madical one)	Examiner: On the basis of axaminal and mannar stated.	ion and/or Invastigation, in my	opinion, daath occur	rad at tha time,	date and placa, a	and dua to tha causa(s)
within 2 To the comple	29b. Signatura and titla of certifia	1 11. 20-10	29c. Lica	nse number		29d. Data signed	(Month, Day, Year)
	\$ 400ans 4	y yung n	DI	57171)	May 26	5, 1999
(26)	30. Nama and addrass of person	who complated causa of death (Itam	23a) (Type, Print)	12110		1147 20	, -,,,
90	Ellen Yang, M. 31. Data filed (Month, Day, Yaar)	.D., 900 Bestgate		300, Annap	olis, M	aryland	21401
State Registrar	MAY 2 8 19		B. Spark				

B. Sparks

DHMH 16 Rev 6/95

Lyres dies

Peter Sea Line

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 99

1. Decedent's Nama (First, Middle, L. HARRY W. 4a Facility Name (If not Institution, g. 322 CHARRED OA. 5. Social Security Numbar 719-03-1810 Usual Residence of Decedant 10a. Stata 10b. County MARYLAND ANNE A. 10e. Street and Number 322 CHARRED OA. 11. Marital Status 1 Never Married 3 Widowed 4 Divorced (Specify only highest g. Elementery/Secondery (0-12) 12 th 17. Father's Nama (First, Middle, Last	FLEISHMAN ive street and number) K COURT Sax 1 M 2 F 82 RUNDEL I2. Was Decedent E Amed Forces? 1 M Yas 2 M Yes, Give Year or Datas: 1	10c. City, Too ANNAPO	Yrs. Months wn or Location OLIS	ar 1 Year	D. City, Town, or Lo NNAPOLIS If Undar 24 Hrs. Hours Min.	8. Date of Birth (Month, Day	Day 5 1990 4c. County ANNE A	
4a Facility Name (If not Institution, g 322 CHARRED OA 5. Social Security Number 719-03-1810 Usual Residence of Decedant 10a. Stata 10b. County MARYLAND ANNE A 10e. Street and Number 322 CHARRED OA 11. Marital Status 1 Never Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest g Elementery/Secondery (0-12) 12th	ive street and number) K COURT Sax 10 M 2 F 7. Aga 82 RUNDEL K COURT 12. Was Decedent E Armed Forces? 1 M Yes, Give Yes, Give Yes, Give Cours 1. Second	10c. City, Too ANNAPO	Yrs. Months wn or Location OLIS	ar 1 Year s Days	NNAPOLIS If Undar 24 Hrs. Hours Min.	8. Date of Birth	ANNE A	of Death ARUNDEL 9. Birthplaca (Stata or Foreign Country) Washington, DC
322 CHARRED OA 5. Social Security Number 719-03-1810 Usual Residence of Decedant 10a. Stata 10b. County MARYLAND ANNE A 10e. Street and Number 322 CHARRED OA 11. Marital Status 1 Never Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest generatory/Secondery (0-12) 12th	K COURT Sax 1 M 2 F 7. Aga 82 RUNDEL K COURT 12. Was Decedent E Armed Forces? 1 M Yes, Give Year or Datas: 1	10c. City, Tov ANNAPO	Yrs. Months wn or Location OLIS	ar 1 Year s Days	NNAPOLIS If Undar 24 Hrs. Hours Min.	8. Date of Birth (Month, Day	ANNE A	ARUNDEL 9. Birthplace (Stata or Foreign Country) Washington, DC
5. Social Security Number 719-03-1810 Usual Residence of Decedant 10a. Stata 10b. County MARYLAND ANNE Al 10e. Street and Number 322 CHARRED OA 11. Marital Status 1 Never Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest generatory/Secondery (0-12) 12th	Sax 7. Aga 82 RUNDEL K COURT 12. Was Decedent E Armed Forces? 1 & Yas 2 N Yes, Give Year or Datas: 1	10c. City, Tov ANNAPO	Yrs. Months wn or Location OLIS	ar 1 Year s Days	If Undar 24 Hrs. Hours Min.	8. Date of Birth (Month, Day Nov. 15	h /, Year)	9. Birthplaca (Stata or Foreign Country) Washington, DC
Usual Residence of Decedant 10a. Stata 10b. County MARYLAND 10c. Street and Number 322 CHARRED OA: 11. Marital Status 1 Never Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest generators) Elementery/Secondery (0-12) 12th	RUNDEL K COURT 12. Was Decedent E Amed Forces? 1 M Yas 2 M Yes, Give Year or Datas: 1	10c. City, Tov ANNAPO	Yrs. Months wn or Location OLIS	s Days	Hours Min.	8. Date of Birth (Month, Day Nov. 15	, 1916 N	Washington, DC
Usual Residence of Decedant 10a. Stata 10b. County MARYLAND ANNE A 10e. Street and Number 322 CHARRED OA 11. Marital Status 1 Never Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest g Elementery/Secondery (0-12) 12th	RUNDEL K COURT 12. Was Decedent E Amed Forces? 1 D Yas 2 N H Yes, Give Year or Datas: 1	10c. City, Tov ANNAPO	wn or Location OLIS	ip Code		Nov. 15	, 1916 N	Washington, DC
10a. Stata 10b. County MARYLAND ANNE A 10e. Street and Number 322 CHARRED OA 11. Marital Status 1 Never Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest g Elementery/Secondery (0-12) 12th	X COURT 12. Was Decedent E Armed Forces? 1 A Yas 2 N If Yes, Give Year or Datas: 1	ANNAPO	OLIS	ip Code				10d. Inside City Limits
MARYLAND ANNE ANNE ANNE ANNE ANNE ANNE ANNE A	X COURT 12. Was Decedent E Armed Forces? 1 A Yas 2 N If Yes, Give Year or Datas: 1	ANNAPO	OLIS	ip Code				Tou. It alde City Litting
10e. Street and Number 322 CHARRED OA. 11. Marital Status 1 Never Married 2/CMarried 3 Widowed 4 Divorced 15. Decedent's (Specify only highest g Elementery/Secondery (0-12) 12th	X COURT 12. Was Decedent E Armed Forces? 1 A Yas 2 N If Yes, Give Year or Datas: 1	ver in U,S.		ip Code				1 Yes 2 TNo
322 CHARRED OA: 11. Marital Status 1 Never Married AMMarried 3 Widowed 4 Divorced 15. Decedent's (Specify only highest g	12. Was Decedent E		10f. Z	ip Code				21
11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest g Elementery/Secondery (0-12) 1 2 th	12. Was Decedent E					1	10g. Citizen of W	Vhat Country?
1 Never Married AMarried 3 Widowed 4 Divorced 15. Decedent's (Specify only highest g Elementery/Secondery (0-12) 12th	Armed Forces? 1 ☑ Yas 2 ☐ N If Yes, Give Year or Datas: 1			21401			UNITED S	
3 Widowed 4 Divorced 15. Decedent's (Specify only highest g Elementery/Secondery (0-12) 12th	If Yes, Give Year or Datas: 1	0	13. Was Dec	edent of His ecify Cuba	spanic Origin? (Spen, Mexican, Puerto	cify Yes or No- Rican, etc.)	14. Race Blac	e - American Indian, ck, White, etc.
15. Decedent's (Specify only highest g Elementery/Secondery (0-12) 12th	Year or Datas: 1		1 ☐ Yes	V	Specify:			WHITE
(Specify only highest g Elementery/Secondery (0-12) 12th						1		
12th	rade complated)	168	 Decedent's Us (Give kind of w 	ual Occupa vork done d	itlon luring most of worki)	ng	16b. Kind of Bu	usiness/Industry
	College (1-4or 5-	+)					0	
17. rathers Nama (First, Middle, Las	241	C	rane Ope	erator		/Fires still		struction
II I.I		Cas			18. Mother's Name			10)
narry w.	Fleishman,	Sr.			NeTT	ie Burb	age	
19a. Informant's Name/Relationship	(Type, Print)				and Number or Rura			
Sara M. Fleishma	n/ Wife				ak Court	-	olis, M	
20a. Method of Disposition	□Demoval from State	20b. Place cemete	of Disposition (Ni ery, crematory or	ame of rothar place	9)	Date	20c. Location -	City or Town, Stata
		Epiph	any Epis	s. Ch.	Cem.	5-28-99	Forest	ville, Maryland
21. Signature of Furferal Service Vo	enspe		22. Name a	and Addras	s of Facility	DOE D	WAT AC T	DINIED II HOME
D 1/1/2 11/1/11	1-		0070	COLON				
23a Pari 1 Enter the disease or co	molications that caused	the death. Do	2973	SOLON	ONS ISLAI	ID KOAD	EDGEWA'I	TER, MD, 21037 Approximate
shock, or heart failure. List on	y one ceuse on each lin	0.	71101 011107 1110 1111	000 or 0,	, 000, 00 00, 000	, roop.aco.y o		Interval Between Onset and Deeth
Immediate Cause /Final								
disease or condition resulting in deeth)	a. Con	jestin	e litera	A F	allere			
		Due to (or as a	a consequence of	f):				
	b. Ac	20191	c STS	OUS	616			
Sequentially list conditions,		Due to (or as a	consequence of	f):				
cause. Enter Underlying Cause (Disease or injury	C							1
that initiated events resulting in death) Last		Due to (or as a	consequence of	f):				
	4							
RESTANCE NAME	d							
Part II. Other significant conditions	contributing to deeth bu	t not resulting	In the underlying	cause give	en in Part I.	23b. Dld t	obacco use col	ntribute to the cause of death?
						10	Yes 2 No	3 Probably 4 Unknown
								24b. Were eutopsy findings available prior to
						perior		completion of cause of death?
						100	Vas autin	1 ☐ Yes 2 ☑ 190
25 Was case relevant to medical					ne Discout Do "			7 103 Zp#140
examiner?	Hospital:			Othe	ar.			(0
	1 L Inpatier			DOA	4 ☐ Nursing Ho			
1 Natural 5 ☐ Pending		Year)	Injury			Log. Describe I	iow injury occurr	
2 7100/00/11	be					006	Otropic and At a d	has as Dural Courts Minister
	d 28e. Pleca of Inju building, etc	iry - At home, t (Specify)	rarm, street, facto	ory, office		City or Tow	vn, Stete)	rer or mural mouta ryumber,
one)	and manner sta							
				29c. Licanse			29d. Date signer	d (Month, Day, Year)
29b. Signature and title of cartifier								
29b. Signature and title of cartifier	115			1033	069		5/261	199
	20a. Method of Disposition Carbonation	20a. Method of Disposition Method of Disposition	20a. Method of Disposition Method of Disposition 20b. Place 20cement 20cement	20a. Method of Disposition Warrial 2 Cremation 3 Removal from State	20a. Method of Disposition Disposition Commence Commence	20a. Method of Disposition 1. We will 2 Cremation 3 Removal from State 20b. Place of Disposition (Name of cemetry, crematory or other place) 21. Signature of Feral Service from State 22 Name and Addrass of Facility 23a. Parf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac of shock, or heart failure. List only one ceuse on each line. Immediate Cause (Final disease or condition resulting in deeth) Due to (or as a consequence of): 25. Was case referred to medical examiner? 1 Yes 2 No 26. Place of Death 1 Norther significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 26. Place of Death 1 Norther significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 27. Menner of Deeth 1 Norther significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 28. Detection to the determined calculation to the determined calculation to the determined calculation to the determined calculation to the best of my knowledge, death occurred at the time, date end place, at the time that the time, date end place, at the time that the time t	20. Method of Disposition 1. Webrial 2 Cremation 3 Removal from State 4 Conditions 20. Place of Disposition (Name of cemetery, or other place) 21. Signature of Furbrial Service Cemetery 22. Name and Addrass of Facility 23. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory entered or heart failure. List only one ceuse on each line. Immediate Cause Final disease or condition resulting in deeth 25. Part Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory entered to to (or as a consequence of): Due to (or as a consequence of):	20a. Method of Disposition 12 Gremation 3 Removal from State 4 Donatop 5 Chere (Specify) 21. Signature of Fueral Service Memos 22. Name and Addrass of Facility 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. Ust only one ceuse on each line. 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. Ust only one ceuse on each line. 25a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. Ust only one ceuse on each line. 25a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. Ust only one ceuse on each line. 25a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. Ust of the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. 25a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or respiratory errest, shock, or respiratory errest, shock or respiratory errest, sho

32. Registrar's Signature

B. Sparks

State Registrar

DHMH 16 Rev 6/95

31. Data filed (Month, Day, Year)

The state of the s

Please '	Type or P		d / Depa	artment of	Health	and N	II Copies A Mental Hyg	_	lble.	8644
			Ce	rtificate o	f Death)	R	leg. No.		0047
1. Decedant's Neme (First, Middle, Las	it)						2. Deta of Daa			3. Tima of Death
Elizabeth Edith F	OX						May 23,	1999	Year	4:30 am
ta Facility Name (If not Institution, give		er)			4b. City, To	own, or L	ocation of Death	4c. Count	y of Death	
Hospice House of			Choc	anoako	Lint	hicu	m			rundel
5. Social Sacurity Number 6. Sa		Aga (In yrs. la			ar If Under	r 24 Hrs.	8 Dete of Birth		9 Righ	nlace (State or Foreign
	□M 2 1 F		Yrs.	Months Day		Min.	8. Dete of Birth (Month, Day)		Cou	place (Stata or Foreign intry)
Usual Residence of Decedent		83					Dec 4,	1915	New	York
10a. State 10b. County		10c. City	, Town or Lo	ocation						10d. Inside City Limits
	. 3 - 1									1 ☐ Yes 22 No
MD Anne Arun	Jaet	Set	verna	Park						12 100 22110
10e. Street and Number				10f. Zip Code	•		1	log. Citizen of	What Cou	intry?
41 McKinsey Road	1			21	1146			USA		
11. Marital Status	12. Was Decede		S. 13.			rigin? (Sp	pecify Yes or No- Rican, atc.)	14. Ra		icen Indian,
1 ☐ Never Married 2 ☑ Married	Armed Force			If Yas, specify C	uban, Mexica	in, Puarto	Hican, atc.)	Bla	ck, White	, etc.
3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yaar or Date			1 ☐ Yes 25€ N	lo Specify	' :		Speci	ty: W	nite
			16a Daca	dest's Havel Co.	nunation		T	16h Kind of 5	Rueinace#	odueto
15. Decedent's Ed (Specify only highest grad			(Give	dent's Usual Occ kind of work dor DO NOT use ret	re during mo:	st of worl	king	16b. Kind of E	2USII1055/II	idustry
Elementary/Secondary (0-12)	College (1-4	or 5+)			neu)					
12			Home	maker					me	
7. Father's Nama (First, Middle, Last)					18. Moth	er's Nam	ne (First, Middle, I	Malden Suma	me)	
Harold Strathear	cn				Ali	ce S	tacey			
Dr. Harold E. Fox Oa. Method of Disposition 1 Buriel 2 Cremation 3 1 4 Donation 5 Other (Specify	Removel from Sta	ate Ce	aca of Disponentery, cre	osition (Name of matory or other p	olaca)	М	Island, lay 26 1999	MD 2 20c. Location Fairv		
23. Pany Enformed diseasa, or component, or heart feilure. List only commendate Cause (Finel disease or condition	olications that cau one cause on eac		B 4	95 Gov. ter tha moda of o	& Son Ritch dying, such as	s, P ie H s cardiac	LAZ COT	rest,	rk Fi	meral Home MD 21146 Approximate Interval Between Onset end Death
Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initleted events resulting in death) Last	b. 13C	hem Dua to (or	as a consecutive as a c	quence of):	ony	P	athy)		
Part II. Other significant conditions co atrial fibr	ontributing to deat	n but not resu	Iting in the u	i to	given in Part	il.	23b. Did to	V		to the cause of death
veguras to	xtion	-,	4	lme	nt	a	24a. Was a perfor		a	Vere autopsy findings vailable prior to ompletion of causa f deeth?
							1 🗆 Y	es 2 No	1	☐ Yes 2☐ No
25. Was cese referred to medical					26 Die	ne of Don	1 ☐ Y		1	☐ Yes 2☐ No

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

permit. Pages 1 end 2 should be filed within 72 hours efter death with the Merylend Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23e or 28e-f show any injury or other traumatic event, for Medical Example, must be notified at once.

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

Be

27. Manner of Death
Naturel
2 Accident 5 🗌

investigation 6 Could not be determined

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

281. Location (Straet and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

3 Suicide

4 Homicide

Medical Certification: To Be Completed by Physician/Medical Examiner

within 24 hours efter death.

To the Funeral Director: After this certificate hes been signed by the ettending physician end completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit

The law requires that the death certificate be executed

To the Hospital or Attanding Physician:

Division of Vital Records, P.O. Box 68760,

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end manner as steled.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

29b. Signatura and title of certifier

D41955

29d. Data signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Back Ca Elon MD 1454 Ba A Blvd Arnold Mp 21012

31. Data filed (Month, Day, Year)

MAY 2 5 1999

Aparth

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

			- 1500-1									Reg. No.		1
ian	1. [Decedent's Name	e (First, Middle	e, Last)						İ	2. Date of De Month	Day	Year	3. Time of De
ical			Mary	Lou	ise E	ord					May 2	25, 1999	9	4:10
iner	4a	Facility Name (I	f not institution,	, give street	t and number)				4b. City,	Town, or Lo	cation of Deat	h 4c. Count	y of Death	
		Baysio	de Care	Cent	er				Texi	ngton	Park	St	. Ma	rule
	5. S	Social Security N		6. Sex	7. Age	(In yrs.		If Under 1 \	Year If Und	er 24 Hrs.	8. Date of Bir (Month, Da	th	9. Birth	plece (State or F
	2	214-68-9	035	1□ M	2LXF	39	Yrs.	MONUTE	Jays Hours	S IVIII 1.			Mary	
-	-	ual Residence of										-,		2304132
	10a	a. State	10b. County			10c. City	y, Town or Loca	ation						10d. inside City I
to	1	Md.	St.	Mary	s	Le	exingtor	n Park						1 Yes 2
9	10e	s. Street and Nur	mber					10f. Zip Co	ode			10g. Citizen of	What Cou	intry?
0		214 7	1 Ritz	Dr.				20	0653			U.5	5.A.	
Funeral Director	11	Marital Status			/as Decedent E	ever in U.	.S. 13. Wa	as Deceden	nt of Hispanic (Origin? (Spe	cify Yes or No	- 14. Ra	ce - Ameri	ican Indian,
5		1 Never Marri	ied 2□ Marri	A	med Forces? Yes 2 N		If Y	Yes, specify	nt of Hispanic (Cuban, Mexic	an, Puerto	Rican, etc.)	Ble	ck, White,	, etc.
by F		3 Widowed		lf lf	Yes, Give		10	☐ Yes 25x	No Specia	fy:		Specia	y: B1	ack
D		0 🗆 111001100					10- Decede	atla Haval C	Description			10h Kind of C		a di cata c
ete		(Spec	15. Decedent' cify only highes				16a. Deceder	int's Usual C ind of work o O NOT use I	done during m	ost of worki	ing	16b. Kind of E	susiness/ir	ndustry
E E	E	Elementery/Seco	ndary (0-12)	С	ollege (1-4or 5	+)			reureuj			Dest		1
3		10					Coc	ok			-			dustry
Be Completed	17.	Father's Name		Last)					18. Mol			, Maiden Sume	me)	
10		Unknow	wn							Mary	Jeter			
		a. Informent's Na	ame/Relationsh	hip (Type, P	Print)		19b. Malling	Address (S	Street and Num	nber or Rure	A Route Numb	er, City or Town	, State, Zi	ip Code)
		Dennis	Ford				21/4 71	1 Rits	7 Dr	Levin	oton D	ark, Md	206	53
0	20a	a. Method of Disp	position			20b. P	lace of Disposit	tion (Name	of	Hevill	Date	20c. Location		
		1 ☐ Burial 2]			al from State		rthern \			- 1	26/00	Anlina	ton	Wo.
		4 Donation				NOI		-			20/99	Arling	con,	va.
	21.	. Signature of Fu	neral Service	Joensee	2 21		22.	Name and A	Address of Fac	Fra	zier's	Funera:	1 Hom	e.Inc.
		101												
		w	9.5	List	Lu	-	389	9 Rhod	de Isla					C.,2000
	23	a. Part1. Enter th	ne disease of	complication	ns that caused	the deatl				ind Av	.,NW,W	ashingt		C.,2000
	23	la. Part1. Enter the shock, or heal	he diseasur of on the failure and the control of th	complication	ne that caused use on each lin	the deat!		the mode o	of dying, such	and Av	. , NW , Wa	ashingto	on,D.	C.,2000
				complication	ns that caused use on each lin	the death		the mode o	of dying, such	and Av	. , NW , Wa	ashingto	on,D.	C., 2000. Approximate Interval Between
	Imi	da. Part1. Enter the shock, or head mediate Cause (sease or condition sulting in death)	Final	complication only one can	ns/lhat caused use on each lin	the death		the mode o	of dying, such	and Av	. , NW , Wa	ashingto	on,D.	C., 2000. Approximate Interval Between
	Imi	mediate Cause (Final	complication only one can	ns that caused use on each lin	the death		the mode o	of dying, such	and Av	. , NW , Wa	ashingt	on,D.	C., 2000. Approximate Interval Between
	Imi	mediate Cause (Final	complication only one can	ns that caused use on each lin	the death		the mode o	of dying, such	and Av	., NW, War respiratory a	ashingto	on,D.	C., 2000. Approximate Interval Between
	Imr dis res	mediate Cause (sease or conditio sulting in death)	Final	complication only one can a	M	7 es		the mode of	of dying, such	and Av	., NW, War respiratory a	ashingto	on,D.	C., 2000. Approximate Interval Between
	Imr dis res	mediate Cause (sease or conditio sulting in death)	Final	a	M	7 es	n. Do not enter	the mode of	of dying, such	and Av	., NW, War respiratory a	ashingto	on,D.	C., 2000. Approximate Interval Between
	Imr dis res Ser if a cau Cau	mediate Cause (lease or condition sulting in death) equentially list control leading to introl luse. Enter Under luse (Disease or la Initiated events	Final n nditions, nmediate ntying injury	complication only one can a	M	Due to (o	n. Do not enter	eppe of):	of dying, such	and Av	., NW, War respiratory a	ashingto	on,D.	C., 2000. Approximate Interval Between
edical Examiner	Imr dis res Ser if a cau Cau	mediate Cause (sease or conditio sulting in death)	Final n nditions, nmediate ntying injury	a b	M	Due to (o	n. Do not enter	eppe of):	of dying, such	and Av	., NW, War respiratory a	ashingto	on,D.	C., 2000. Approximate Interval Between
edical Examiner	Imr dis res Ser if a cau Cau	mediate Cause (lease or condition sulting in death) equentially list control leading to introl luse. Enter Under luse (Disease or la Initiated events	Final n nditions, nmediate ntying injury	complication only one can a b c d	M	Due to (o	n. Do not enter	eppe of):	of dying, such	and Av	., NW, War respiratory a	ashingto	on,D.	C., 2000. Approximate Interval Between
edical Examiner	See if a cau	mediate Cause (lease or conditions sulting in death) equentially list county, leading to in use. Enter Unde use (Disease or at initiated events sulting in deeth) I	Final n n n n n n n n n n n n n n n n n n	a b c	A	Due to (o	or as a conseque	ence of):	of dying, such a	and Av	or respiratory a	ashingte	on,D.	C., 2000 Approximate Interval Between Onset and Detection of the Control of the
edical Examiner	See if a cau	mediate Cause (lease or condition sulting in death) equentially list control leading to introl luse. Enter Under luse (Disease or la Initiated events	Final n n n n n n n n n n n n n n n n n n	a b c	A	Due to (o	or as a conseque	ence of):	of dying, such a	and Av	or respiratory a	ashingte	on, D.	C., 2000 Approximate Interval Betwee Onset and Dec
edical Examiner	See if a cau	mediate Cause (lease or conditions sulting in death) equentially list county, leading to in use. Enter Unde use (Disease or at initiated events sulting in deeth) I	Final n n n n n n n n n n n n n n n n n n	a b c	A	Due to (o	or as a conseque	ence of):	of dying, such a	and Av	or respiratory a	ashingte	on, D.	C., 2000 Approximate Interval Between Onset and Detection of the Control of the
edical Examiner	See if a cau	mediate Cause (lease or conditions sulting in death) equentially list county, leading to in use. Enter Unde use (Disease or at initiated events sulting in deeth) I	Final n n n n n n n n n n n n n n n n n n	a b c	A	Due to (o	or as a conseque	ence of):	of dying, such a	and Av	23b. Did	ashingte	on, D.	Approximate Interval Between Onset and Dec
edical Examiner	See if a cau	mediate Cause (lease or conditions sulting in death) equentially list county, leading to in use. Enter Unde use (Disease or at initiated events sulting in deeth) I	Final n n n n n n n n n n n n n n n n n n	a b c	A	Due to (o	or as a conseque	ence of):	of dying, such a	and Av	23b. Did	ashingte	on, D.	C., 2000 Approximate Interval Between Onset and Decident of the cause of cobably 4 Universal Universal Decident of the cause of cobably 4 Universal Decident of the Cause of
edical Examiner	See if a cau	mediate Cause (lease or conditions sulting in death) equentially list county, leading to in use. Enter Unde use (Disease or at initiated events sulting in deeth) I	Final n n n n n n n n n n n n n n n n n n	a b c	A	Due to (o	or as a conseque	ence of):	of dying, such a	and Av	23b. Did	ashingte	on , D . ontribute to 3 Pro	C., 2000. Approximate Interval Betwee Onset and Dec ot the cause of cobably 4 Universe autopsy find
edical Examiner	See if a cau	mediate Cause (lease or conditions sulting in death) equentially list country, leading to in use. Enter Unde use (Disease or at initiated events sulting in deeth) I	Final n n n n n n n n n n n n n n n n n n	a b c	A	Due to (o	or as a conseque	ence of):	of dying, such a	and Av	23b. Did	ashingtering to to become ashingtering to the tobecome as a later and the tobecome as an autopsy or autopsy or an autopsy or an autopsy or an autopsy or au	on, D.	Approximate Interval Betwee Onset and Det to the cause of cobably 4 Un Vere autopsy find validable for or foau
Completed by Physiclan/Medical Examiner	See if a caucantha res	mediate Cause (sease or conditions of the condit	Final nditions, mediate trying injury i.ast	a b c	A	Due to (o	or as a conseque	ence of):	of dying, such of	and Av	23b. Did	ashingtering to to become a company of the company	on, D.	Approximate Interval Between Onset and Dec Dec Onset and Dec Dec Onset and Dec Onset and Dec Dec Dec Dec Dec Dec O
Be Completed by Physician/Medical Examiner	See if a caucantha res	mediate Cause (sease or conditions of the country leading to incuse. Enter Understand of the country leading to incuse (Disease or at initiated events sulting in deeth) It. Other significations.	Final nditions, mediate trying injury i.ast	a b c	ting to death bu	Due to (or	or as a consequent as a consequent as a consequent utting in the und	ence of):	se given In Pa	and Avas cardiac control of the cont	23b. Did 12 24a. Was performer.	ashingter ashingter ashingter ashingter ashingter ashingter as a shingter ashingter as	on, D. ontribute to 3 Pro	C., 2000 Approximate Interval Between Onset and Det to the cause of cobebly 4 Universal Univer
To Be Completed by Physician/Medical Examiner	Imridis res	mediate Cause (sease or conditions of the condit	red to mental	a b c d na contribut	ting to death bu	Due to (or	or as a consequent as a consequent as a consequent at the understanding in the understanding	ence of): derlying cause 3 DOA	se given In Par	and Avas as cardiac of as cardiac of the state of the sta	23b. Did 12 24a. Was perfo	ashingtering to to become a company of the company	on , D . ontribute to 3 Pro	C., 2000 Approximate Interval Between Onset and Det to the cause of cobebly 4 Universal Univer
To Be Completed by Physician/Medical Examiner	Imr dis ress	mediate Cause (sease or condition sulting in death) quentially list county, leading to invese. Enter Under Und	Final n nditions, mediate rhyling injuryest	a b c d na contribut Hospit	ting to death bu	Due to (or	or as a consequent as a consequent as a consequent utting in the und	ence of): ence of): ence of): ence of): ence of):	se given In Pa	and Av as cardiac c	23b. Did 12 24a. Was perfo	ashingto	on , D . ontribute to 3 Pro	C., 2000 Approximate Interval Between Onset and Det to the cause of cobebly 4 Universal Univer
To Be Completed by Physician/Medical Examiner	Imr dis ress	mediate Cause (sease or condition sulting in death) quentially list county, leading to invese. Enter Undersuse (Disease or at Initiated events sulting in deeth) I	Final nditions, mediate rying injury last	a b c d na contribut Hospit 28	ting to death but al: 1 Inpatier a. Date of Injur. (Month, Day	Due to (or	or as a consequent as a conseq	ence of): derlying cause 3 DOA 28c.	se given In Paragraphics of dying, such of dying, s	and Average as cardiac of the second of the second Deeth Mursing Hol	23b. Did 1 24a. Was performer 5 Resi	ashingter ashingter ashingter ashingter ashingter ashingter as a shingter ashingter as a shingter ashingter as a shingter as a s	on , D . on tribute to 3 Proceed.	Approximate Interval Between Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Dec Dec Dec Onset and Dec
To Be Completed by Physician/Medical Examiner	Imr dis ress	mediate Cause (sease or condition sulting in death) quentially list county, leading to invese. Enter Under Und	Final n nditions, mediate rhyling injuryest	a b c d na contribut Hospit 28	ting to death but al: 1 Inpatier a. Date of Injur. (Month, Day	Due to (or	or as a consequent as a conseq	ence of): derlying cause 3 DOA 28c.	se given In Paragraphics of dying, such of dying, s	and Average as cardiac of the second of the second Deeth Mursing Hol	23b. Did 12 24a. Was performed to the control of th	ashingter ashingter ashingter ashingter ashingter ashingter as a shingter ashingter as a shingter ashingter as a shingter as a s	on , D . on tribute to 3 Proceed.	C., 2000 Approximate Interval Between Onset and Det to the cause of cobebly 4 Universal Univer
To Be Completed by Physician/Medical Examiner	Imr dis ress	mediate Cause (sease or condition sulting in death) quentially list county, leading to imuse. Enter Under U	Final nditions, mediate rying injury last	a b c d na contribut Hospit 28	ting to death but al: 1 Inpatie ia. Date of Injur (Month, Day)	Due to (or	or as a consequent as a conseq	ence of): derlying cause 3 DOA 28c.	se given In Paragraphics of dying, such of dying, s	and Average as cardiac of the second of the second Deeth Mursing Hol	23b. Did 12 24a. Was performed to the control of th	ashingter and Num (Street and Num	on , D . on tribute to 3 Proceed.	Approximate Interval Between Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Dec Dec Dec Onset and Dec
To Be Completed by Physician/Medical Examiner	Servit a care Care Care Care Care Care Care Care C	mediate Cause (sease or condition sulting in death) quentially list county, leading to imprese. Enter Under	red to mental 5 Pending Investig 6 Could n determin	d d Hospit Hospit g physician	ting to death but al: 1 I inpaties in Date of Injur (Month, Day building, etc.	Due to lo ue to lo Due to lo Due to lo Due to lo Due to lo Due to lo Due to lo Due to lo Due to lo Due to lo Due to lo Due to lo Due to lo Due to lo Due to lo Du	b. Do not enter or as a conseque or as a conseque ulting in the und ER/Outpatient 28b. Time of Injury ome, farm, stree y)	ence of): derlying cause 3 DOA 28c. M Docurred at the mode of	se given In Paragraph 26. Ple Other: Injury et Work? Uyes 2	and Av as cardiac c	23b. Did 123b. Did 24a. Was performed to the control of City or To	ashingter ashingter ashingter ashingter ashingter ashingter as a shingter as a shingte	on, D. ontribute to 3 Proceed 24b. Was a construction of the state of	C., 2000 Approximate Interval Between Onset and Detection of the cause of cobebly 4 Universal Interval Provided Provide
To Be Completed by Physician/Medical Examiner	Servit a care Care Care Care Care Care Care Care C	mediate Cause (sease or condition sulting in death) quentially list county, leading to imuse. Enter Under U	red to mental 5 Pending Investig 6 Could n determin	d	ting to death but al: 1 I inpaties in Date of Injur (Month, Day building, etc.	Due to (or	b. Do not enter or as a conseque or as a conseque ulting in the und ER/Outpatient 28b. Time of Injury ome, farm, stree y)	ence of): derlying cause 3 DOA 28c. M Docurred at the mode of	se given In Paragraph 26. Ple Other: Injury et Work? Uyes 2	and Av as cardiac c	23b. Did 123b. Did 24a. Was performed to the control of City or To	ashingto	on, D. ontribute to 3 Proceed 24b. Was a construction of the state of	C., 2000 Approximate Interval Between Onset and Detection of the cause of cobebly 4 Universal Interval Provided Provide
Be Completed by Physician/M	Imidis res	mediate Cause (sease or conditions of the condit	red to mental S Pending	d	ting to death but all in the last of Injury (Month, Day) ie. Place of Injury building, etc. i: To the best of the basis of the basis of the last of	Due to (or	b. Do not enter or as a conseque or as a conseque ulting in the und ER/Outpatient 28b. Time of Injury ome, farm, stree y)	ence of): ence o	se given In Paragraph 26. Ple Other: Injury et Work? Uyes 2	and Av as cardiac c as cardiac	23b. Did 123b. Did 24a. Was performed to the control of City or To	ashingter ashingter ashingter ashingter ashingter ashingter as a shingter as a shingte	on , D . ontribute to a product of the contribute to a product of the contribute of	Approximate Interval Betwee Onset and Dec Dec Onset and Dec Dec Onset and Dec
edical Certification: To Be Completed by Physician/Medical Examiner	Imidis res	mediate Cause (sease or condition sulting in death) quentially list county, leading to impressed in the course (Disease or sulting in death) I was case reference in the case of the course (Disease or sulting in death) I was case reference in the case of the	red to mental S Pending	d	ting to death but all in the last of Injury (Month, Day) ie. Place of Injury building, etc. i: To the best of the basis of the basis of the last of	Due to (or	b. Do not enter or as a conseque or as a conseque ulting in the und ER/Outpatient 28b. Time of Injury ome, farm, stree y)	ence of): ence o	se given In Pa	and Av as cardiac c as cardiac	23b. Did 123b. Did 24a. Was performed to the control of City or To	ashingter and Numer, State)	on , D . ontribute to a product of the contribute to a product of the contribute of	Approximate Interval Betwee Onset and Dec Dec Onset and Dec Dec Onset and Dec
edical Certification: To Be Completed by Physician/Medical Examiner	Imridis res	was case reference was in a condition of the condition of	red to mental S Pending injury	d	ting to death but all in the last of linium to the last of linium (Month, Day) ite. Place of linium building, etc. it. To the best of linium the lasts of linium manner sta	Due to (or	th. Do not enter or as a consequent expected to the consequent ER/Outpatient 28b. Time of Injury or as a consequent or as a consequent expected to the consequent or as a consequent or as a consequent or as a consequent or as a consequent expected to the consequent or as a	ence of): ence o	se given In Pa	and Av as cardiac c as cardiac	23b. Did 123b. Did 24a. Was performed to the control of City or To	ashingter and Numer, State)	on , D . ontribute to a product of the contribute to a product of the contribute of	Approximate Interval Betwee Onset and Dec Dec Onset and Dec Dec Onset and Dec
edical Certification: To Be Completed by Physician/Medical Examiner	Imridis res	mediate Cause (sease or condition sulting in death) quentially list county, leading to impressed in the course (Disease or sulting in death) I was case reference in the case of the course (Disease or sulting in death) I was case reference in the case of the	red to mental S Pending injury	d	ting to death but all in the last of linium to the last of linium (Month, Day) ite. Place of linium building, etc. it. To the best of linium the lasts of linium manner sta	Due to (or	b. Do not enter or as a conseque or as a conseque ulting in the und ER/Outpatient 28b. Time of Injury ome, farm, stree y)	ence of): ence o	se given In Pa	and Av as cardiac c as cardiac	23b. Did 123b. Did 24a. Was performed to the control of City or To	ashingter and Numer, State)	on , D . ontribute to a product of the contribute to a product of the contribute of	Approximate Interval Betwee Onset and Dec Dec Onset and Dec Dec Onset and Dec

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

	1	. Decedent's Name	a (First, Middle	a. Last)				tificate of		1	2. Date of D	Reg. No.		3. Tima of Death
nysician		Virginia			F1ynn						Month	Day	Yaar	
Medical	1	a Facility Nama (I			-	norl			4h City To	wn or Lo	May cation of Dea	26, 19		11:10 am
xaminer		5708 Sem				rei y					ights			orge's
1000	5	. Social Sacurity N		6. Sax		Aga (In vrs	. last birthday)	If Undar 1 Yaar			8. Data of B	irth		
neral ector		579-42-8 Jsual Rasidanca of	126		M 2∏ F	65	Yrs.	Months Days	Hours	Min.	(Month, D	ll, 1933	Wash	placa (Stata or Foraign http) lington, D(
and	1	Oa. Stata	10b. County		•		ity, Town or Lo						1	0d. Insida City Limits
notffied at		Maryland		e Ge	orge's	Ber	wyn Hei	T						21
o d	1	0e. Street and Nur						10f. Zip Coda				10g. Citizan of 1	What Cour	ntry?
ara les	3	5708 Sem	inole S	_		F	10 40 1	20740		-1-0 (0	-'A-MN	U.S.A.	a Amaria	can Indian,
por Funeral Director		Marital Status Never Marri Widowed			2. Was Decede Armad Force 1 Tas 2 If Yas, Giva Yaar or Data	as? ⊠No		Was Decedent of I f Yas, specify Cub I ☐ Yes 2∑ No		n, Puarto I	Rican, atc.)	Blac	ck, Whita,	atc.
edical Exploration	3		15. Decedant	's Educa			16a, Deced	lant's Usual Occur	patlon			16b. Kind of B	.,,	
		(Special Special Speci	cify only highas	st grada	complated) College (1-4	or 5+)	(Giva lifa L	dant's Usual Occup kind of work dona DO NOT usa retire	during mos	t of workin	ng	Telepho		
C I	1	7. Fathar's Nama	(First, Middla,	Last)			02022		18. Motha	ar's Neme	(First, Middle	e, Maiden Sumen		
To Be Comp	í	Joseph L			Sr.						e M. E			
T	-	19a. Informant's Na	-				19b. Mailin	ng Addrass (Straai	t end Numb	er or Rura	l Route Numi	ber, City or Town	Stata, Zir	Coda)
treu		James J.						Seminole						
other t	2	Oa. Mathod of Disp			pouse	20b.		sition (Nama of natory or other pla		, ,	Data	20c. Location		
0 0		1 Burial 2			moval from St	ata				06/	02/00	Chaltan	ham	Manyland
any injury or once.		4 Donation	1		7	MIL		an's Ceme		-	03/99	Cheffei	mam,	Maryland
any le	1	N /	//	1	M			Nama and Address E						
		23a Parti Epter II	west	0,	11/a	0	4	739 Balt	imore	Aven	ue, Hy	vattsvil:	le, M	D 20781
cian			et foillete. Fint	complica	ations/that cay	wes the caa	ath. Do not ante	ar tha moda of dyi	ng, such as	cardiac o	r raspiratory		1	Approximete
tical iner	0	Immediata Causa (disaase or conditio resulting in daath)	Final	complica only one	ations that cause on each	Dua to (ath. Do not anti	ar tha moda of dyi		pha			26	
dical liner	0	Immediata Causa (disaase or conditio resulting in daath)	Final n	a.	ations that cause on such	Dua to (tote	quence of):		1		arrast,	er	Approximete Interval Batween
he burial-transit upon lical Examiner	o r	mmediata Causa (Final nditions, naditions, madiata orlying Injury	a. b.	ations that cause on ast	Dua to (to t	juence of):		1		arrast,	er	Approximete Interval Batween
the burial-transit autical edical Examiner	or o	Immediata Causa (disaase or condition resulting in daath) Sequentially list confany, leading to mause. Enter Unde Causa (Disaasa or hat initiated avants	Final nditions, naditions, madiata orlying Injury	a. b. d.	ations that cause on sat	Dua to ((or as a consaq	juence of):		1		arrast,	26	Approximete Interval Batween
or use es the burial-transit and in the burial-transit and in the burial-transit and in the burial-transit and in the burial	or o	Immediata Causa (disaase or condition resulting in daath) Sequentially list confiant, leading to impause. Enter Understausa (Disaasa or hat initiated avants rasulting in death) L	Final in militions, madiata shying lifting sat	a. b. c. d.	Me	Dua to ((or as a consequence or a consequ	juence of): uence of): uance of):	2501	pha	geal	ca nc		Approximete Interval Batween Onsat and Death
or use es the burial-transit and in the burial-transit and in the burial-transit and in the burial-transit and in the burial	or o	Immediata Causa (disaase or condition resulting in daath) Sequentially list confany, leading to mause. Enter Unde Causa (Disaasa or hat initiated avants	Final in militions, madiata shying lifting sat	a. b. c. d.	Me	Dua to ((or as a consequence or a consequ	juence of): uence of): uance of):	2501	pha	geal	arrast, Co NC	ontributa to	Approximete Interval Batween Onsat and Death
be detached for use as the burial-transit and laborate by Physician/Medical Examiner	Silico	Immediata Causa (disaase or condition resulting in daath) Sequentially list confiant, leading to impause. Enter Understausa (Disaasa or hat initiated avants rasulting in death) L	Final in militions, madiata shying lifting sat	a. b. c. d.	Me	Dua to ((or as a consequence or a consequ	juence of): uence of): uance of):	2501	pha	geal	ca nc	ontributa to	Approximete Interval Batween Onsat and Death
2 should be detached for use as the buriat-transit and policy and	Silico	Immediata Causa (disaase or condition resulting in daath) Sequentially list confiant, leading to impause. Enter Understausa (Disaasa or hat initiated avants rasulting in death) L	Final in militions, madiata shying lifting sat	a. b. c. d.	Me	Dua to ((or as a consequence or a consequ	juence of): uence of): uance of):	2501	pha	23b. Dic 1 [arrast, Co NC	antributa to 3 ☐ Pro	Approximete Interval Batween Onsat and Death
2 should be detached for use as the buriat-transit and policy and	Silico	Immediata Causa (disaase or condition resulting in daath) Sequentially list confiant, leading to impause. Enter Understausa (Disaasa or hat initiated avants rasulting in death) L	Final in militions, madiata myling lifting satt	a. b. c. d.	Me	Dua to ((or as a consequence or a consequ	juence of): uence of): uance of):	2501	pha	23b. Dic 1 [24e. We per	d tobacco use co	antributa to 3 Pro	Approximete Interval Batween Onsat and Death Onsat and Death of the cause of death of death of the cause of death of deat
2 should be detached for use as the buriat-transit and policy and	Sil COUNTY	Immediata Causa (disaase or condition resulting in death) Sequentially list confirm a cause. Enter Unde Causa (Disaasa or hat initiated avants rasulting in death) I. Part II. Other algniff	ricant condition	a. b. c. d.	Me	Dua to ((or as a consequence or a consequ	juence of): uence of): uance of):	es Son	pha	23b. Dic 1 [24e. We per	d tobacco use colly yes 2 Mo	antributa to 3 Pro	Approximete Interval Batween Onsat and Death O
irrector, page 2 should be detached for use as the buriat-transit and and and and and and and and and an	Sili GCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	Immediata Causa (disaase or conditio resulting in daath) Sequentially list con f any, leading to im ause. Enter Unde Causa (Disaase or hat initiated avants rasulting in death) I.	nditions, madiata hyling Injury Last	a. c. d. d. sins contr	Me	Dua to (Dua to (Dua to ((or as a consequence or a consequ	juence of): uance of): uance of): nderlying cause gi	van In Part I	pha.	23b. Dia 1 = 24e. We per	d tobacco use colly se a eutopsy formed? Yes 2 No	antributa to 3 Pro	Approximete fintarval Batween Onsat and Death
director, paga 2 should be detached for use as the burial-transit	or since of the same of the sa	Immediata Causa (disaase or condition resulting in death) Sequentially list confirmed from the cause. Inter Under Causa (Disaasa or hat initiated avants rasulting in death) I. Part II. Other algniff axaminar? 1	inditions, madiate whyling injury Last	a. c. d. hos contri	ributing to deat	Dua to (Dua to (Dua to (th but not re-	(or as a consequence or a conseq	uence of): uence of): uence of): uence of): uance of): addedying cause given the control of	van In Part I	Pho.	23b. Dic 1 = 24e. We per	d tobacco use colly se a eutopsy formed? Yes 2 No	3 Pro 24b. Way cof 11	Approximete fintarval Batween Onsat and Death
n by the tuneral director, page 2 should be detached for use as the burial-transit Laboration: To Be Completed by Physician/Medical Examiner	or since of the same of the sa	Immediata Causa (disaase or condition resulting in death) Sequentially list confiany, leading to impause. Enter Unde Causa (Disaase or het initiated avants asulting in death) I. Part II. Other aignification of the causa disaase of the cau	icant condition	a. b. c. d. d. Ho gation not be	ributing to deat	Dua to (Dua to (Dua to (Dua to (th but not received a continuous partiant 2 E Injury Day Year)	(or as a consequence or a consequence or a consequence or a consequence or a consequen	uence of): uence of): uence of): uence of): uance of): addedying cause given the control of	26. Plecchar: 4 Niry at rick?	Pho I. Be of Death ursing Hor	23b. Did 1 = 24e. We per 1 = (Check only ma 5 D Fee 28d. Dascribe	d tobacco use co Yes 2 No se en eutopsy formed? Yes 2 No ona)	3 Pro 24b. Wasses of 18	Approximete Interval Batween Onsat and Death Onsat and Death Onsat and Death of the cause of death?
n by the tuneral director, page 2 should be detached for use as the burial-transit Laboration: To Be Completed by Physician/Medical Examiner	e de la constant de l	Immediata Causa (disaase or conditio resulting in death) Sequentially list confiany, leading to im ause. Enter Unde Causa (Disaase or hat initiated avants resulting in death) I. Part II. Other algnifi Part II. Other algnifi 1 Yes 2 2 4 4 4 4 4 4 4 4	nditions, madiata rhyling Injury Last icant condition	d. Ho gation not be ined	ibuting to deal	Dua to (Injury Day Year) Injury - At h, atc. (Space	(or as a consequence or as	uence of): uence of): uence of): uence of): uance of): at 3□ DOA Ot 28c. Inju Wc M 1□	26. Plece har: 4 Niny at risk?	Pho e of Death ursing Hor No	23b. Did 1 = 24e. We per 1 = (Check only ma 5 D Fee 28d. Dascribe	d tobacco use cod Yes 2 No ona) sidance 6 Oth a how injury occur (Straaf and Numiown, Stata) e ceuse(s) end m	annar es s	Approximete Interval Batween Onsat and Death Death Onsat and D
n by the tuneral director, page 2 should be detached for use as the burial-transit Laboration: To Be Completed by Physician/Medical Examiner	er side of the sid	Immediata Causa (disaase or condition resulting in death) Sequentially list configure, leading to impause. Enter Under Causa (Disaasa or hat initiated avants rasulting in death) I. Part II. Other algniff Part III. Other algniff Part II. Other algniff	icant condition red to medical Mo h 5 Pandin invastic 6 Could r datarmi	d. d. Ho gation not be ined	ributing to deat spital: 1 Inp 28a. Data of (Month, 28e. Place of building	Dua to (Injury Day Year) Injury - At h, atc. (Space	(or as a consequence or as	uence of): uence of): uence of): uance	26. Plechar: 4 Niry at ryk? JYas 2	Pho e of Death ursing Hor No	23b. Did 1 = 24e. We per 1 = (Check only ma 5 D Fee 28d. Dascribe	d tobacco use cod Yes 2 No ona) sidance 6 Oth a how injury occur (Straaf and Numiown, Stata) e ceuse(s) end m	annar es s	Approximete Interval Batween Onsat and Death Death Onsat and D
director, paga 2 should be detached for use as the burial-transit	er side of the sid	Immediata Causa (disaase or condition resulting in death) Sequentially list confiany, leading to impause. Enter Unde Causa (Disaasa or het initiated avants asulting in death) I. Part II. Other aigniff axaminar? 1 Yes 2 3 4 4 4 4 4 4 4 4 4	icant condition red to medical Mo h 5 Pandin Invastic 6 Could r datarmi	d. d. Ho gation not be ined	ributing to deat spital: 1 Inp 28a. Data of (Month, 28e. Place of building	Dua to (Injury Day Year) Injury - At h, atc. (Space	(or as a consequence or as	uence of): uence of): uence of): uence of): uance	26. Plechar: 4 Niry at ryk? JYas 2	Pho. I	23b. Die 1 24e. We per 1 1 28d. Dascribe 28d	d tobacco use co d tobacco use co Yes 2 No se en eutopsy formed? Yes 2 No cona) sidance 6 Ott e how injury occur (Straat and Numi own, Stata) e ceuse(s) end ma, data and placa, 29d. Data signe	24b. Wave confirmed 24b. Wave confirmed annar es s and dua tod (Month,	Approximete fintarval Batween Onsat and Death Onsat Onsa
n by the tuneral director, page 2 should be detached for use as the burial-transit Laboration: To Be Completed by Physician/Medical Examiner	2 2 2 2	Immediata Causa (disaase or condition resulting in death) Sequentially list confiany, leading to impause. Enter Unde Causa (Disaasa or het initiated avants asulting in death) I. Part II. Other aigniff axaminar? 1 Yes 2 3 4 4 4 4 4 4 4 4 4	red to medical formula for the conditions of the	a. c. d. d. d. hos control gation not be ined g Physice Examine	espital: 1 Inp 28a. Data of (Month, 28e. Place of building	Dua to (Injury - At I , atc. (Spacest of my km is of axamin r stated.	(or as a consequence or as	uence of): uence of): uence of): uence of): uance	26. Plecchar: 4 Norry at risk? I'me, data ar opinion, das sa number	Pho. I	23b. Die 1 24e. We per 1 1 28d. Dascribe 28d	d tobacco use co Yes 2 No se en eutopsy formed? Yes 2 No (Straaf and Numi own, Sfafa) e ceuse(s) end m a, data and placa,	24b. Wave confirmed 24b. Wave confirmed annar es s and dua tod (Month,	Approximete fintarval Batween Onsat and Death Onsat Onsa
n by the tuneral director, page 2 should be detached for use as the burial-transit Laboration: To Be Completed by Physician/Medical Examiner	2 2 2 2	Immediata Causa (disaase or condition resulting in death) Sequentially list configure, leading to impause. Enter Under Causa (Disaasa or hat initiated avants rasulting in death) I. Part II. Other algniff Part III. Other algniff Part II. Other algniff	red to medical formula for the conditions of the conditions of the condition of the conditi	d. d. Ho gration not be ined g Physice Examine who com	espital: 1 Inp. 28a. Data of (Month, 28e. Place of building clan: To the best and manne	Dua to (Injury - At I Atc. (Space) Set of my kn is of axamin. r stated.	(or as a consequence or as	uence of): uence of): uence of): uence of): uance	26. Plecchar: 4 Niny at rick? J Yas 2 Ime, data ar oplnion, das sa number	Phose of Death ursing Horn No	23b. Did 1 [24e. We per 1 [28d. Dascribe 28f. Location City or To	d tobacco use collection of the collection of th	annar es s and dua t bed (Month,	Approximete fintarval Batween Onsat and Death Onsat

DHMH 16 Rav 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

sician edical	1. Decedent's Name (First,	Middle, Last)								2. Date of De	Reg. No. eeth Day	Year	3. Time of Deeth	
enical	RENA	ODEN :	FORBES								,1999	Tear	3:15pm	
miner	4a Facility Neme (If not inst	titution, give s	street end numb	er)			41	o. City, To	wn, or Lo	cation of Deet				
	CRESCENT CIT 5. Social Security Number	TY NUR		OME	. lest birthday	If Under 1		RIVE!			P.G.			
al or	217-30-3813		M 211 /	101	Yrs.		Days	Hours	Min.	8. Dete of Bir (Month, De MAY 1	9, Yeer) 2,1898		nplace (Stete or Foreign untry) RYLAND	
	Usuel Residence of Decede										-,10,0			
-	10a. State 10b. Co				ity, Town or L	ocation							10d. Inside City Limits 1 Yes 2 No	
Director	MD PR	INCE G	EORGES	L	ANHAM	10f. Zip C	`ode				10g. Citizen of	What Co		
	7216 KIDMOR	E LANE					0706				UNITE			
runeral	11. Maritel Stetus		12. Was Decede	ent Ever in U	J,S. 13.				gin? (Spe	ecify Yes or No Rican, etc.)		ce - Amei	rican Indien,	
2	1 Never Married 2 ☐ 3 🕅 Widowed 4 ☐ Dive		Armed Force 1 Yes 2 If Yes, Give Yeer or Date	Ď.No		1 ☐ Yes 2		Specify:	, rueno	ricali, etc./		nck, White		
Completed	15. Dec (Specify only i	cedent's Educ	cation e completed)		16a. Dece	dent's Usual	Occupa done di	tion uring most	of worki	ing	16b. Kind of E	Business/1	Industry	
1	Elementery/Secondary (0		College (1-4	or 5+)	1	kind of work DO NOT use MESTIC	retired)				PRIVAT	rif		
	17. Father's Neme (First, Mi	iddle, Last)		-17.	1 1001	-10110		18. Mothe	r's Neme	e (First, Middle	, Maiden Sumai			
	MACK ODEN									ODEN				
	19a. Informant's Name/Rela	ationship (Ty	pe, Print)		19b. Mail	ng Address (Street e	nd Numbe	er or Rura	al Route Numb	per, City or Town	, Ste te, Z	(ip Code)	
	JOHN THOMAS	FORBE	S/ SON	len.				LANE	, LA		20706	011	T- 0	
	20a. Method of Disposition 1 □XBuriel 2 □ Crema 4 □ Donation 5 □ Oth		emovel from Sta	ato	Plece of Disp cemetery, cre ESURRE	metory or oth	er plece		5	Dete -28-99	20c. Location			
	21. Signature of Funeral Se	ervice License	7		2	2. Name and	Add of	DER CHIL	Š.PO	PE FUNI	ERAL HOM	1E		
	Clex ,	5 /2	wh			5538 M	ARLB	BORO :	PIKE	, FOREST	CVILLE, M	1D 20		
	23a. Part1. Enter the disees shock, or heert failure.	se, or compo	cetions that cause on eed	sed the dea th line.	ith. Do not en	ter the mode	of dying	g, such es	cardiec (or respiretory e	errest,		Approximate interval Between Onset and Death	
	Immediate Cause (Final			1	2. +	M	110	00		-0 111	Sort	-	mmites	2
	disease or condition resulting in death)	е)		cute or es e conse	nuence of):	Jo	C Ce	Vac	as w	Jarca	4.	7,11,1213	
Je.				10		4-01100 0171		//	- 1					
=				10	che	mie		MIC	ent	Clis	eare	i	415	i
.Aamil	Sequentielly list conditions, if any, leading to immediate	•)	Due to (or as e conse	quence of):	,	nic	19.	Clis	eare	1	yrs	
	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events))	0	oron		4	ai	ther	clis	farcti eare nosie	1	frs	
ical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last) :	0	or as e conse		1	ai	ther	clis	eare 105ie		Jrs Jrs	
ical	that initiated events) }	0	oron		4	ai	unt Vien	clis	eans MSid		yrs fre	
Cal	that initiated events	{) I	Due to (d	OYO M	quence ola:							Grs Joseph State of the cause of death?	
	resulting In death) Last	{	I	Due to (d	or as e conse	quence of:	use give		A	23b. Did		ontribute		
	resulting In death) Last	{	I	Due to (d	or as e conse	quence of:	use give	en in Pert I	A	23b. Dld	tobacco use co	ontribute	robably 4 Unknow	
	resulting In death) Last	{	I	Due to (d	OYO M	quence of:	use give	en in Pert I	A	23b. Did	tobacco use c	ontribute 3 Pi	were autopsy findings aveilable prior to completion of cause	
	resulting In death) Last	{	I	Due to (d	or as e conse	quence of:	use give	en in Pert I	A	23b. Did 1 □ 24e. Was	tobacco use co Yes 2□ No s an eutopsy	ontribute 3 Pe	were autopsy findings aveilable prior to	
	Part II. Other eignificant co Congel Electro 25. Was case referred to m.	anditions continue	I	Due to (d	or as e conse	quence of:	use give	on in Pert I	u'a	23b. Did 1 □ 24e. Was	tobacco use co Yes 2□ No s an eutopsy ormed?	ontribute 3 Pe	Were autopsy findings aveilable prior to completion of cause of death?	
	Part II. Other eignificant co Congel Electro 25. Was case referred to mexaminer? 1 yes 276No	anditions continue ley tex	itributing to deat	Due to (contribution) The but not result of the contribution of t	or as e conse	underlying cau	use give	28. Piece	of Deet	23b. Did 1 □ 24e. Wa: peri	tobacco use co Yes 2□ No s an eutopsy ormed?	ontribute 3 Pr	Were autopsy findings aveilable prior to completion of cause of death?	
	Part II. Other eignificant co Congel Electro 25. Was case referred to mexaminer? 1 Yes 22 No 27. Menner of Deeth 28. Watural 5 P	onditions con time ley tele medical H	tributing to deat	Due to (contribution) The but not result of the contribution of t	or as e consecutive sulting in the consecutive amula	underlying cau	Othe	28. Plece	of Deet	23b. Did 1 □ 24e. Was perf 1 □ th (Check only)	Yes 2 No s an eutopsy ormed? Yes 2 No one)	ontribute 3 Per 24b.	Were autopsy findings aveilable prior to completion of cause of death?	
	Part II. Other eignificant co Congel Clechio 25. Was case referred to mexaminer? 1 Yes 2 No 27. Menper of Deeth 1 Natural 5 Part 2 Accident Ir 3 Suicide 6 C	edical Herestigation Could not be	itributing to deat Local Provided to the second of the s	Due to (contract to the but not result of th	sulting in the conservation of the conservatio	inderlying cau	Othe	28. Piece	of Deet	23b. Did 1 □ 24e. Was perf 1 □ h (Check only) me 5 □ Res 28d. Describe	Yes 2 No s an eutopsy ormed? Yes 2 No one) idence 6 □Ot how injury occu (Street and Num	ontribute 3 Pi 24b.	Were autopsy findings aveilable prior to completion of cause of death?	
Certification: To Be Completed by Physician/Medical	Part II. Other eignificant co Congell Cleecho 25. Was case referred to mexaminer? 1 yes 22 No 27. Menner of Deeth 2 Accident 3 Suicide 6 C	onditions con two ley tex Pending nivestigation	itributing to deat Local Provided to the second of the s	Due to (contract to the but not result of th	sulting in the carrier of the carrie	inderlying cau	Othe	28. Plece	of Deet	23b. Did 1 □ 24e. Was perf 1 □ h (Check only) me 5 □ Res 28d. Describe	I tobacco use co	ontribute 3 Pi 24b.	Were autopsy findings aveilable prior to completion of cause of death? 1 Yes 2 No	
Certification: To Be Completed by Physician/Medi	Part II. Other significant co Congel Electro 25. Was case referred to mexaminer? 1 yes 2 No 27. Menner of Deeth 1 Natural 5 Part II. Natural 3 Suicide 6 Cd 4 Homicide	anditions con Two Ly tex Pending Penvestigation Could not be determined	dospitel: 1 Inp 28a. Date of (Month, 28e. Pleca of building	Due to (control to the but not result of the	sulting in the carrier of the carrie	inderlying cau Int 3 DOA Int 3	Other Control office	28. Plece	of Deet	23b. Did 1 □ 24e. Was perf 1 □ th (Check only) me 5 □ Res 28d. Describe 28f. Location City or To and due to the	I tobacco use co	ontribute 3 Pi 24b. ther (Specimed	Were autopsy findings aveilable prior to completion of cause of death? 1 Yes 2 No cify)	
edical Certification: To be Completed by Physician/Medical	Part II. Other significant co Congel Cleckoo 25. Was case referred to mexaminer? 1 Yes 2 No 27. Menner of Deeth 2 Accident 3 Suicide 6 Cd 4 Homicide	enditions con two ley tec Pending nvestigation could not be determined ritiying Phys dilcai Examin	dospitel: 1 Inp. 28a. Date of (Month, 28e. Pleca of building	Due to (control to the but not result of the	sulting in the carrier of the carrie	nt 3 DOAM Treet, factory, h occurred at twestigetion, i	Other C. Injury Work 1 1 1 1 office	28. Piece 21: 42 Nu e, dete an ininion, dee	of Deetlering Ho	23b. Did 1 □ 24e. Was perf 1 □ th (Check only) me 5 □ Res 28d. Describe 28f. Location City or To and due to the	tobacco use collection in the collection of the	ontribute 3 Per 24b. ther (Sperimed)	Were autopsy findings aveilable prior to completion of cause of death? 1 Yes 2 No city) ural Route Number, s stated. to to the cause(s)	
edical certification; To be completed by Physician/Medical	Part II. Other eignificant co Congel enditions con two ley tec Pending nvestigation could not be determined ritiying Phys dilcai Examin	dospitel: 1 Inp. 28a. Date of (Month, 28e. Pleca of building	Due to (control to the but not result of the	sulting in the carrier of the carrie	nt 3 DOA nt A DOA reet, factory, h occurred at vestigetion, i	Other c. Injury Work 1 1 v office	28. Plece 31: 4 Nu ret 1? Yes 2 -	of Deeth	23b. Did 1 □ 24e. Was perf 1 □ h (Check only) me 5 □ Res 28d. Describe 28f. Location City or To and due to the time,	tobacco use college of the san eutopsy ormed? Yes 2 No one) idence 6 Other order of the san eutopsy ormed? Yes 2 No one) idence 6 Other order of the san eutopsy ormed?	ontribute 3 Per 24b. ther (Sperimed)	Were autopsy findings aveilable prior to completion of cause of death? 1 Yes 2 No city) ural Route Number, s stated. to to the cause(s)		
calcal commences to be completed by hydridinal medical	Part II. Other eignificant co Congel enditions con Live Ly tex Pending nvestigation Could not be letermined rtifying Phys dical Examir	dospitel: 1 Inp. 28a. Date of (Month, 28e. Pleca of building	Due to (control of the but not respect to the	sulting in the calculation of th	nt 3 DOA nt A DOA reet, factory, h occurred at vestigetion, i	Other c. Injury Work 1 1 v office	28. Plece 31: 4 Nu ret 1? Yes 2 -	of Deeth	23b. Did 1	I tobacco use co	ontribute 3 Pt 24b. ther (Special red)	Were autopsy findings aveilable prior to completion of cause of death? 1 Yes 2 No cify) ural Route Number, s stated. to the cause(s) h, Dey, Year)		
To Be Completed by Physician/Medical	Part II. Other eignificant co Congel Cleckoo 25. Was case referred to mexaminer? 1 Yes 2 No 27. Menner of Deeth 1 Natural 5 P Accident 3 Suicide 6 C C Check only one) 29b. Signature and title of c	ledical Heading Physical Could not be determined electrifier error who co	dospitel: 1 Inp. 28a. Date of (Month, 28e. Pleca of building	Due to (control of the but not respect to the	sulting in the carrier of the carrie	number of the control	Other c. Injury Work 1 1 v office	28. Plece 31: 4 Nu ret 1? Yes 2 number	of Deeth	23b. Did 1	tobacco use collection in the collection of the	ontribute 3 Pt 24b. ther (Special red)	Were autopsy findings aveilable prior to completion of cause of death? 1 Yes 2 No cify) ural Route Number, s stated. to the cause(s) h, Dey, Year)	

the second second the second

PERMIT AND DESCRIPTION OF A P.

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene (Certificate of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Dey **Physician** 9:30 am 21 1999 Rayfield Foreman, Jr. May /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 514 Flower Street Worcester If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Days 10M 20 F Months 214-36-7295 60 Director July 11,1938 MD Usual Residence of Decedent the Meryland 10a State 10c. City. Town or Location d 2 should be filed within 72 hours efter death with the Merylan th end Mentel Hyglene.
7 Is marked other than "natural", or items 23s or 28s-f show traumatic event, or Medical Executor. 10b. County 10d Inside City Limits 1 XYes 2 No Director MD Worcester Berlin 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 514 Flower Street 21811 U.S. Funerai Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11 Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? 1 Never Married 2 Married 1 Yes 2X No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: Black by 3℃ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) custodian National Park Demmit Peges 1 and 2 should be file.
Department of Health and Mentel Hygh
Important: If item 27 is marked
any indury or other 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Rayfield Foreman, Sr. Elizabeth Purnell 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Belinda Foreman Dixon/daughter 1006 Arthur Ct., Apt. 575, Salisbury, MD 21801 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Calvary UMC Cemetery 5/26/99 Berlin, MD 21811 21. Signature of Albertal Service b 22. Name and Address of Facility Lewis N. Watson Funeral Home 1618 West Rd., Salisbury, MD 21801 Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final ASCVI FEW YEATS disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner The law requires that the death certificate be executed physician end the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initioted events resulting in death) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as a consequence of): ettending p Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the bed s been signed by the 1 Yee 2 No 3 Probably 4 thknown ALCO HOLISM by 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? Completed irector, page 2 s 1 Yes 2 No 1 □ Ves 2 □ No or Attending Physician: director. Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 | Inpatient 2 | ER/Outpatient 3 | DOA Certification: To this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After Natural 5 Pending death. 1 ☐ Yes 2 ☐ No investigation 2 Accident ofter death Director: / 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours eft To the Funeral Di completely filled in 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edical (Check only one) 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

10

Registrar

31. Dete filed (Month, Day, Year) MAY 2 5 1999

ZWORTH 32. Registrar's Signature 263 SNOW S. SNOW HILL No. 853

0091 2 S YAV

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 99 18619

			Certificate of De	eath	Reg. No.	0012
Dhoraicia	1. Decedent's Neme (First, Middle, Last)			2. Date of Dea Month	Day Year	3. Time of Death
Physician /Medica Examine	Ronald Thomas	Lee eet and number)	Foskey 4b.0	May 19, City, Town, or Location of Death	1999]1PM
Funeral Director	Salisbury Center; G 5. Social Security Number 6. Sex	enesis ElderCa 7. Age (In yrs. last bi	irthday) If Under 1 Yeer If	Galisbury, Md. f Under 24 Hrs. 8. Dete of Birth Hours Min. Dec. 3,		place (State or Foreign try) 1and
9 E-	10a. Stete 10b. County	10c. City, Tov	wn or Location		1	IOd. Inside City Limits
Sefek	MD Wicomico 10e. Street and Number	Salis				1 Nas 2 No
		t	10f. Zip Code 21	.804	10g. Citizen of What Cour	itry?
5-0020 72 hours after decenatural, or herre	1 Nevar Married 2 Merried 3 Widowed 4 Divorced	Was Decedent Ever in U,S. Armed Forces? 1 25 Yes 2 □ No If Yes, Give Year or Dates:	13. Wes Decedent of Hispa If Yes, specify Cuban, I	anic Origin? (Specify Yes or No- Mexican, Puerto Rican, etc.) Specify:	14. Race · Amaric Black, White, Specify: Whi	etc.
72 h	15. Decedent's Educati (Specify only highest grade of	on 168	Decedent's Usuel Occupation (Give kind of work done duri	on ina most of workina	16b. Kind of Business/Inc	dustry
Maryland 21215-0020 d 2 should be filed within 72 hours at the and Mental Hyglene. 7 is marked other than "natural", or traumatic event, the Medical Exam		College (1-4or 5+)	(Give kind of work done duri life. DO NOT use retired) Roofer		Roofing C	Company
DO LINE HAGING A CONTRACT IN THE CONTRACT IN T			18	B. Mother's Neme (First, Middle,	Maiden Surname)	
yian Mental Mental mkad o	Vincent Foskey			Myrtle Mosley	Foskey Richa	ardson
2 should and Mer is marks summatic	19a. Informent's Neme/Reletionship (Type,	Print) 196	b. Meiling Address (Street and	Number or Rural Route Number	r, City or Town, Stete, Zip	Code)
Sattimore, M wemit. Pages 1 and 3 Department of Health important: If New 27 in iny Injury or other tri	Naddah Mae Gordy/Si 20a. Method of Disposition 1 □ Burial 2 ☑ Cremation 3 □ Rem 4 □ Donetion 5 □ Other (Specify) 21. Signature of Funeral Service Licensee	ovel from State 20b. Place Comete	00 Fillmore St of Disposition (Name of ony, cremetory or other place) idge Crematory 22. Nama and Addrass of	Dete 5-21-99	ry, MD 2180 20c. Location - City or To Cambridge,	own, Stete
D Pop Par	Hoven Hann	Cum	Short Funera	1 Home		
Physician IMedical Examiner	23a. Pert1. Enter the disease, or complicat shock, or heert feilure. List only one of Immediate Cause (Final disease or condition resulting in deeth)	LUNG	not enter the mode of dying, s	St. Delmar, D. such as cardiac or respiretory ar	F. 19940 rest.	Approximete Intervel Between Onset and Death
requires that the death certificate be executed seen signed by the attending physicien and hould be detached for use as the burial-transit	Cause (Disease or injury thet initiated events resulting in death) Last		consequence of):			
death ce attendi	Pert II. Other algnificant conditions contrib	uting to death but not resulting	in the underlying cause given i	in Pert I. 23b. Did t	obacco use contribute to	o the cause of death?
res that the death ce signed by the attendit to detached for use the det		SZON		1/9<	fea 2 No 3 Pro	bably 4 Unknow
1 U 0 =		m		24e. Wes	med? ev	ere autopsy findings vailable prior to empletion of cause death?
The lew ate hes pege 2				101		□Yes 20 No
certificate			20	6. Place of Deeth (Check only o		
_ 5 00	examiner?	pitet: 1 Inpatient 2 ER/O	Other	Nursing Home 5☐ Resid		ly)
or Attending ther death. Historic: After In by the fune				28d. Describe h	ow injury occurred Street and Number or Rura	
To the Hospital within 24 hours a To the Funeral D completely filled i				date end plece, end due to the door, deeth occurred at the time, d		
of the omple	29b. Signeture and title-of certifier	The state of the s	29c. License nu	umber	29d. Date signed (Month,	Dey, Year)
F 3 F 8) / MI		03	9813	5/706	39
# WH	30. Name and address of person who comp	leted cause of death (Item 23a)		eles Brown n	m 7.6	304
State Registrar	BANV 2 7 10100	32. Registrar's Signature	& Some		-) 010	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decodent's Name (First, Middle, Last) 2. Date of Deeth **Physician** /Medical Town. 4c. County of Deeth or Location of Posts Examiner NURSINO if Under 1 Year Director Usuel Residence of Decedent the Marylend 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits show 7 is marked other than "natural", or itema 23a or 28a-f shor traumatic event, the Medical Examiner must be notified at Director 1 Ves 2 □ No Washington DC 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20037 United States 2555 Pa Ave N.W. death Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No if Yes, Give Year or Dates: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours efter to Depertment of Haalth and Mental thygiena. Important: If item 27 is marked other than "natural", or her any injury or other traumatic event, it is Medical Exercises. 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1□ Yes 2□ No þ Specify: White 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 4 USDA Nutriction Analyst 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Adelaide Friend Charles James Friend 19b. Mailing Schross Benans Winbern Bore ASIA wurder, Willy or Town, Stete, Zip Code, 19a. Informent's Name/Relationship (Type, Print) Brook Suite 900 Red Bar Building, Washington DC 20006 Arthur E. Tarantino / Robert 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 🏋 Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Lee Crematroy May 27, 1999 Clinton, Maryland 22. Name and Address of Facility Lee Funeral Home, Inc 6633 Old 21. Signeture of Funeral Service Licansee Alexandria Ferry Road, CLinton, Maryland 20735 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in deeth) scular Insofranz Examiner anos clavosin bunial-transi Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last and Due to (or es e consequença of) be axec Box 68760. Physician/Medical the Due to (or as e consequence of): as attanding P.O. I signed by the a Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, 2 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to Completed completion of cause of death? certificate 2 PNo 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours aftar deeth.

To the Funeral Director: After this certifies 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) funerai 27. Menner of Death 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No Now 2 Accident illed in by the 3 Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide edicai 15 Certifying Physicien: To the best of my knowledge, death occurred at the time, date end placa, end due to the cause(s) and menner as stated.

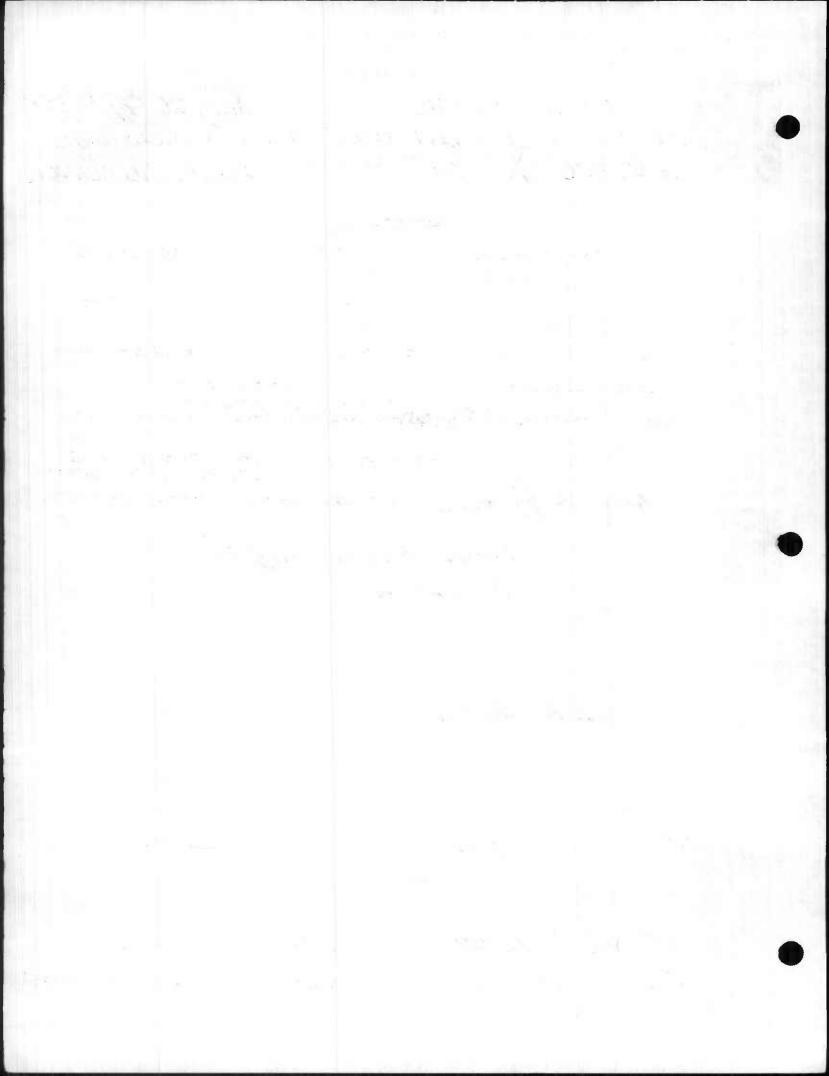
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) end manner stated. 29e. Certifier completaly 29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Mogth, Dey, Yeer) who completed cause of death (Item 23e) (Type, Print) Cong. Att., Cheux Chase, Md. 20815

mhau MD.

32. Registrer's Signeture

Registrar

State



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) **Physician** MAY 19, 1999 GARY LEE GABBERT 14:14 /Medical 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street end number) 4c. County of Deeth Examiner PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGE'S If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dev. Yeer) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1X M 2□ F Months Deys Hours Yrs. Director 218-40-1486 APR. 18, 1942 WEST VIRGINIA Usuel Residence of Decedent the Merylend r 28a-f show 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Directo PRINCE GEORGE'S MARYLAND BOWIE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with "naturel", or items 23a or 12007 TOWANDA LANE 20715 UNITED STATES deeth Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11. Meritel Stetus Bleck, White, etc. Definit: Pages I and 2 should be filed within 72 hours after d
Depertment of Health and Mental Hygiene.
 Important: If item 27 is marked other than "paturel", or item
any injury or other traumatic event, the Medical Examinations. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 BARBER (SELF-EMPLOYED) COSMETOLOGY 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be EVA V. HOLBROOK PAUL S. GABBERT 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) DORIS GABBERT, WIFE 12007 TOWANDA LANE, BOWIE, MARYLAND 20b. Pleca of Disposition (Neme of cemetery, cremetory or other placa) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) FORT LINCOLN CEMETERY 5/24/99 BRENTWOOD, MARYLAND 22. Neme end Address of Fecility
FORT LINCOLN FUNERAL HOME 3401 BLADENSBURG RD., BRENTWOOD, MARYLAND 20722 23a Part Leng 14 disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, about, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) nemonio Examiner Examiner thet the deeth certificate be executed physician and s the burial-trans Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events Due to (or is e consequence of) Box 68760 Physician/Medical Due to (or es e consequenca of): resulting in death) Lest 88 for use as use 23b. Did tobacco use contribute to the cause of death? ed by the deteched Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Yes 2 No 3 Probably 4 Unknown Records. þ The law requires 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? been si Completed 24e. Wes en eutopsy performed? certificate has b ONES 1 Yes 1 ☐ Yes 2 ☐ No Physician: director, 25. Wes case referred to medical exeminer? Be 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No No 1 Inpatient 2 ER/Outpetient 3 DOA 1 ☐ Yes this After this 27 Menuter of Deeth 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury et Work? or Attending Natural 5 Pending 1 Tyes 2 No death. investigation 2 Accident i ofter death I Director: A d In by the f 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 | Homicide • Funers of Funers Dietely filled In Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and menner as stated.

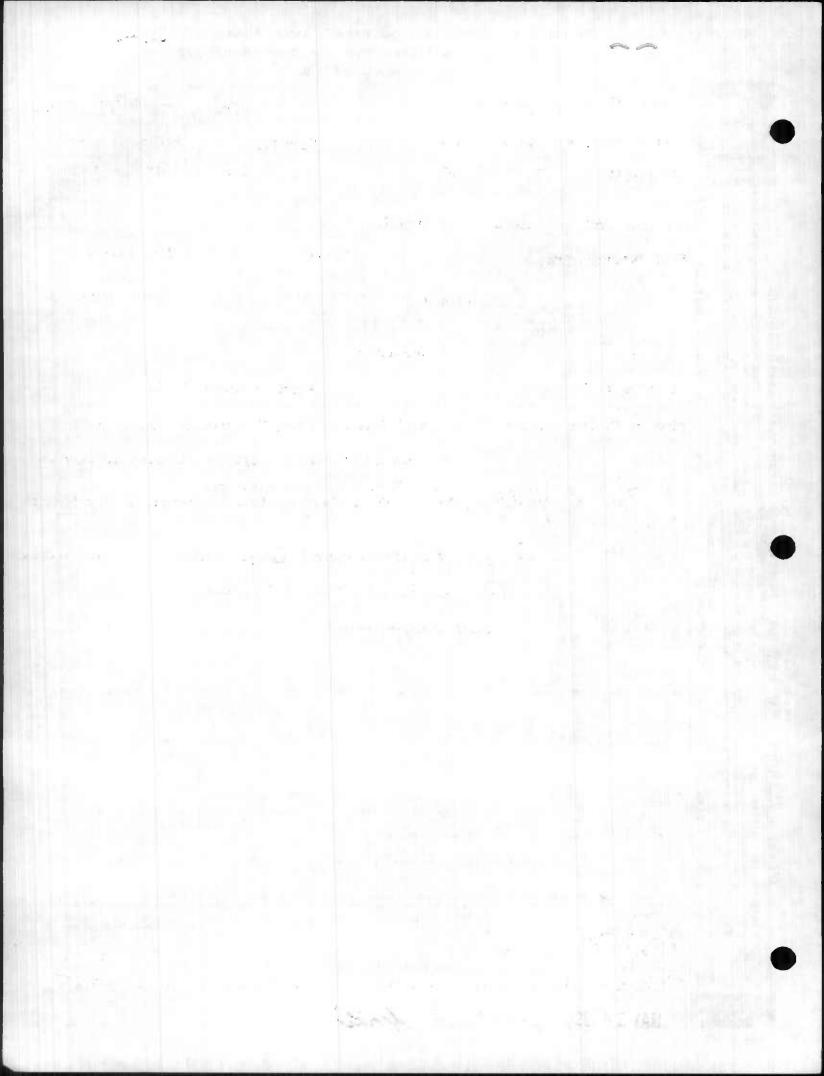
Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end placa, and due to the cause(s) end menner stated. 29a. Certifier edical (Check only To the the 29d. Dete signed (Month Day, Year) 29b. Signeture end title of certifies 29c. License number 0 30. Name end address of person who completed ceuse of death (Item 23e) (Type, Print) JAMES CATAVENIS, M.D., 3001 HOSPITAL DRIVE, CHEVERLY, MARYLAND 20785 31. Dete filed (Month, Day, Yeer) 32. Registrer's Signature MAY 2 4 1999 Registrar

S. FINDS LABOR

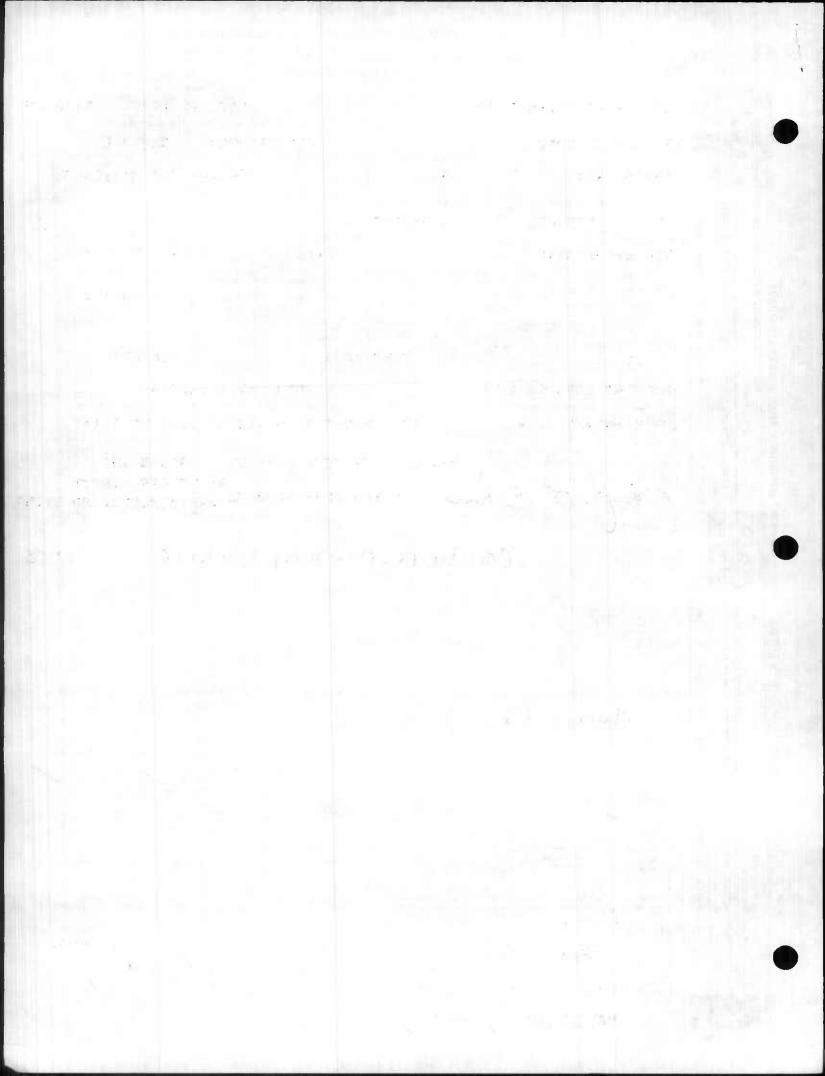
LARRY COUNTY PARTY AND THE AREA

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 99 18652

	_	Decedent's Name		a, Last)								2. Data of De		V	3. Time of Dea
Physician		RUF	-43	C	ナヤい	dely	S					Month	Day	1990	1070
/Medical Examiner	4	Facility Nama (II	not institution	n, giva stre	eet and nur	m <i>ber</i>)				4b. City,	Town, or Lo	ocation of Dea	1	ty of Death	
		Prince G	eorges	Hosp	oital	Cent	er			Che	verly		Princ	e Geo	rges'
Funeral		Social Sacurity N		6. Sax			yrs. last birt	thday)	If Under 1 Ya	ar If Und	lar 24 Hrs.	8. Data of Bi (Month, D		-	placa (Stata or Fo
Director	-	38-14-55 ual Rasidance of		1 23 M	1 2 F	3	30	Yrs.	MOTITIS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7, 1918	Nor	th Caroli
et; or items 23s or 28s-f show Examiner must be notified at by Funeral Director		a. Stata	10b. County				c. City, Towr								10d. Insida City Li 1 ☐ Yes 2 🖔
or 28ef e	Ma	ryland		e Geo	orges	'	Hyatts	svil					40- Olimon of	114/5-14 (0-11)	
D P		e. Street and Nur							10f. Zip Cod	784			10g. Citizan of		
r hems 23 instrant	6/	03 Stoc	kton L		. Was Dace	ndent Ever	in II C	12 14			Origin? (Sn	noity Vac or N		ce - Amari	
The The	111.	Marital Status 1 □ Navar Marri	ad 2 Marri		Armed Fo	rcas?	III 0,5.	IS. W	/as Dacedant (Yas, specify C	Cuban, Maxi	can, Puarto	Rican, atc.)	Bi	ack, Whita,	
by F		3 ™ Widowed			H Vac Ci	10	43-1940	6 1	☐ Yas 2⊠I	No Spec	ify:		Spec	ity: Wi	nite
"naturel", edical Exa leted by		0 = 111001100	15. Decedent			alas. 1) -			ant's Usual Oc	cupation			16b. Kind of I	Businass/In	ndustry
			ify only highas	st grada c	ompleted)			(Giva k	aind of work do	na during m	ost of work	ing			,
ther than		Elamantary/Secon	ndery (0-12)		Cotlege (1	1-40r 5+)	Ac	coun	ntant				Accou	nting	5
55		Fathar's Nama	First, Middla, I	Last)			1			18. Mo	thar's Nem	a (First, Middle	, Malden Suma	ime)	
ls marked out aumatic ever To Be		Charles	T. Grul	bbs						Pat	ricia	Elovse	Louis		
Tage -	-	a. Informant's Na			, Print)		19b.	. Mailing	Addrass (Str				ber, City or Town	n, State, Zij	o Coda)
27 is	C	harles T	Crub	he	Son		67	U3 6	Stockto	n I an	о Ну	attewi	lle, Man	rvlan	1 2078/
othe		a. Mathod of Disp		03,	5011	20	0b. Placa of	Dispos	ition (Nema or atory or other	f	e, my	Data Data	20c. Location		
T TO		1 Standard 2 Donation			noval from	State			coln Ce		5	/20/99	Dwont	Loos	Marylan
Important: I any Injury o ance.	-	. Signature of Eq		-			FOIL .	-	Name and Ad		,	/20/33	brenty	wood,	Marylan
1111				only one	cause on e	ech line.	daam. Dor	TOT BITTE	I (Ha HIOQa OI	aying, such	as cardiac	or raspiratory	arrast,		
an end niel-transit Examiner	Se if a	madiata Causa (sease or condition sutting in death) squantially list cor any, laading to Im usa. Enter Unda suse (Disease or	nditions, madiata riying injury	. (5	Cause on e	ote Di a Due	My to (or an a) to (or as a c	conseque	pence of):	aying, such	as cardiac	euch	errast,		Intarval Between
by the ettending physician end school for use as the buriel-transit by sician/Medical Examiner	Se if a car Ca tha	sease or condition sulting in death)	n nditions, madiata rtying injury .ast	8 6	Qui	Due Due	My to (or as a control of or a control of o	consequ	sence of): pence of): pence of):	icl ell	Onj	23b. Did	-0-		Interval Betwee Onsat and Das
igned by the ettending physician end be deteched for use as the buriel-transit by Physician/Medical Examiner	Se if a can Ca tha	sease or condition sulting in death) sulting in death) squantially list coron, leading to impress the condition of the condit	nditions, madiata rtying injury ast	8 6	Qui	Due Due	My to (or as a control of or a control of o	consequ	sence of): pence of): pence of):	icl ell	Onj	23b. Did	i tobacco use c	3 □ Pro	to the cause of dobably 4 90n
hes been signed by the ettending physician end pe 2 should be deteched for use es the buriel-transit myleted by Physician/Medical Examiner	Se if a can Ca tha	sease or condition sulting in death) sulting in death) squantially list coron, leading to impress the condition of the condit	nditions, madiata rtying injury ast	8 6	Qui	Due Due	My to (or as a control of or a control of o	consequ	sence of): pence of): pence of):	icl ell	Onj	23b. Did 1 24a. Wei	I tobacco use co] Yes 2 □ No s en eutopsy ormed?	3 Pro	to the cause of dobably 4 90n /era autopsy find valiable prior to ompletion of causidately?
hes been signed by the ettending physician end pe 2 should be deteched for use es the buriel-transit myleted by Physician/Medical Examiner	Se if a Ca that rass	ease or condition sulting in death) equantially list coruny, laading to imuse. Enter Unda use (Disease or at initiated events sulting in death) Let III. Other signification.	nditions, madiata rtying injury .ast	a S	Qui	Due Due	My to (or as a control of or a control of o	consequ	sence of): pence of): pence of):	ell ell givan in Pa	Organitum.	23b. Did 1	i tobacco use college 2 No sen eutopsy formed?	3 Pro	to the cause of dobably 4 90n /era autopsy find valiable prior to ompletion of causidately?
to certificate has been signed by the ettending physician end if it is clor, page 2 should be deteched for use as the buriel-transit of the completed by Physician/Medical Examiner	See if a car car car car car car car car car c	ease or condition sulting in death) sulting in death) squantially list coruny, laading to linuse. Enter Unda use (Disease or at initiated events sulting in death) lint II. Other algniff	nditions, madiata rtying injury .ast .cant conditio	a S	Duting to de	Due Due Due Due	to (or as a control or a contr	consequence of the consequence o	pence of): pence of): pence of): darlying cause	elle givan in Pa	Ordinate I	23b. Did 1 24a. Wes	I tobacco use colling yes 2 □ No sen eutopsy ormed?	3 Pro	Interval Betwee Onsat and Daa
his cartificate has been signed by the ettending physician end at director, page 2 should be deteched for use as the burial-transit. To Be Completed by Physician/Medical Examiner.	Se if a caucathar ras	was casa rafarre examinar? Was casa rafarre examinar? Was casa rafarre examinar? Menner of Deett Nother of Deett Nother of Deett Nother of Deett	nditions, madiata rlying injury .ast	d Hos	buting to de	Due Due Due Inpatient	to (or as a control or as a co	consequence of the consequence o	pence of): pence of): pence of): darlying cause 28c. I	26. Pl Othar: 4 njury at Work?	ort I. ece of Daat Nursing Ho	23b. Did 1 24a. Wesperi	i tobacco use college 2 No sen eutopsy formed?	24b. Was constituted of	Interval Betwee Onsat and Daa observed to the cause of dobably 4 on observed to be observed to b
irector: After this certificate hes been signed by the ettending physician and in by the funeral director, page 2 should be deteched for use as the burial-transit in the funeral director, page 2 should be deteched for use as the burial-transit in the funeral direction. To Be Completed by Physician/Medical Examiner	Se if a caucathar ras	was casa rafarrexaminar? Was casa rafarrexaminar?	nditions, madiata rhying injury ast	Hos gg gation not be	buting to despital: 1 128e. Date (Mont	Due Due Due Due Inpatient of Injury Yas	to (or as a control of trasulting in the control of transulting in the c	consequence of the consequence o	pence of): pence of): pence of): darlying cause 28c. I	26. Pl Other: 4 njury at Work? 1 Yes 2	ort I. ece of Daat Nursing Ho	23b. Did 1 24a. Wesperl 1 1 h (Chack only) ma 5 Ras 28d. Dascribe	I tobacco use con year 2 No sen eutopsy formed? Yas 2 No ona) sidence 6 0 0 how injury occidence	3 Pro 24b. W acc of 11	Interval Betwee Onsat and Daa
at Director: After this certificate hes been signed by the ettending physician end led in by the funeral director, page 2 should be deteched for use as the burial-transit led in by the funeral director, page 2 should be deteched for use as the burial-transit Certification: To Be Completed by Physician/Medical Examiner	Se if a concentration of the c	was case referred according to the country of the c	nditions, madiata rhying injury .ast cant condition of Panding invastig of Could r datami	Hos gation not be ined	buting to de la pital: 1 1 28e. Date (Monitoria) 28a. Place building: 10 tha br: 0n tha br: 0n tha br:	Due	to (or as a control of trasulting in trasult	ansequent that under the tripatient trima of njury	derlying cause 3 DOA 28c. M occurred at the	26. Pl Other: 4 njury at Work? 1 Yas 2	int I. Bece of Daat Nursing Ho	23b. Did 1 24a. Wesperi 1 1 Ras 28d. Dascribe 28f. Location City or To	I tobacco use con yes 2 No sen eutopsy ormed? Yas 2 No ona) sidence 6 0 ona how injury occi	3 Pro 24b. Wan occord 11 what (Special arred)	Interval Betwee Onsat and Daa onsat and Daa obably 4 on obably 4 on or of cause of dash? If yera autopsy findivallable prior to ompletion of cause of dash? If yes 2 to on of cause of dash?
irrector: After this certificate hes been signed by the ettending physician and in by the funeral director, page 2 should be deteched for use as the burial-transit in the funeral director. Page 2 should be deteched for use as the burial-transit in the funeral direction. To Be Completed by Physician/Medical Examiner	See if a coal coal coal coal coal coal coal co	was case referred according to the country of the c	nditions, madiata rhying injury .ast .cent condition	Hos gation not be ined	buting to de la pital: 1 1 28e. Date (Monitoria) 28a. Place building: 10 tha br: 0n tha br: 0n tha br:	Due Due Due eath but no Inpatient of Injury th, Day Yac of Injury ang, atc. (S)	to (or as a control of trasulting in trasult	ansequent that under the tripatient trima of njury	derlying cause 3 DOA 28c. M occurred at the astigetion, in n	26. Pl Other: 4 njury at Work? 1 Yas 2	ece of Daat Nursing Ho	23b. Did 1 24a. Wesperi 1 1 Ras 28d. Dascribe 28f. Location City or To	I tobacco use con year 2 No sen eutopsy formed? Yas 2 No ona) sidence 6 0 how injury occurs (Street and Number, Stata)	3 Pro 24b. W acc of 11 withar (Special urred	Interval Betwee Onsat and Daa Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat Annual Route Number of daath?
The Function Director. After this certificate has been signed by the ettending physician end plately filled in by the funeral director, page 2 should be deteched for use as the bunel-transit entering the funeral director. To Be Completed by Physician/Medical Examiner	See if a coal coal coal coal coal coal coal co	was casa rafarrexaminar? I Department of Deeth 1 Department of Deeth 1 Deeth 1 Deeth 2 Deeth	nditions, madiata rhying injury .ast .cent condition	Hos gation not be ined	buting to de la pital: 1 1 28e. Date (Monitoria) 28a. Place building: 10 tha br: 0n tha br: 0n tha br:	Due	to (or as a control of trasulting in trasult	atpatient Tima of njury Irm, stra	darlying cause 3 DOA 28c. M 29c. Lice	26. Pl Othar: 4 — njury at 10 Yas 2 10 ce e tima, data ny opinion, o	ort I. ece of Daat Nursing Ho and place, feath occurrer	23b. Did 1 24a. Werper 24a. Werper 25d. Location City or To	tobacco use colored? Yes 2 No s en eutopsy orned? Yas 2 No ona) sidence 6 O how injury occi (Street and Nun own, Stata) a causa(s) and r , deta end place 29d. Data sigr	3 Pro 24b. Way occopt 11 whether (Special urred manner as a, and due to	Interval Betwee Onsat and Daar
The formula state decreases the conflictate has been signed by the ettending physicial process. The formula by the funeral director, page 2 should be detected for use as the bur added in by the funeral director, page 2 should be detected for use as the bur edical Certification: To Be Completed by Physician/Medical	See if a coal coal coal coal coal coal coal co	was casa rafarrexaminar? I Department of Deeth 1 Department of Deeth 1 Deeth 1 Deeth 2 Deeth	nditions, madiata rhying injury .ast .cent condition	Hos gation not be ined	buting to de la pital: 1 1 28e. Date (Monitoria) 28a. Place building: 10 tha br: 0n tha br: 0n tha br:	Due	to (or as a control of trasulting in trasult	atpatient Tima of njury Irm, stra	darlying cause 3 DOA 28c. M 29c. Lice	26. Pl Othar: 4 — njury at 10 Yas 2 10 ce e tima, data ny opinion, o	ort I. ece of Daat Nursing Ho and place, feath occurrer	23b. Did 1 24a. Werper 24a. Werper 25d. Location City or To	tobacco use colored? Yes 2 No s en eutopsy formed? Yas 2 No ona) sidence 6 O how Injury occi (Street and Num own, Stata) a causa(s) and re, deta end place	3 Pro 24b. Way occopt 11 whether (Special urred manner as a, and due to	Interval Betwee Onsat and Das



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended Item 23a, Part I Per Phy., 5/25/99, Carroll County, wil Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth 22 1999 Month MAY **Physician** 5:33 PM GENEVA WILLETTA GREEN /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4a Facility Neme (If not institution, give street end number) Examiner 1714 STONE ROAD WESTMINSTER CARROLL If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Months Deys 1□M 2□F Yrs. 83 OCT.8,1915 **Director** 216-48-4455 MARYLAND Usuel Residence of Decedent with the Manylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director MD CARROLL WESTMINSTER 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 1714 STONE ROAD 21158 UNITED STATES deeth Funeral 14. Race - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Merried Specify: WHITE altimore, Maryland 21215-0020 1 Yes 2 No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER DOMESTIC es 1 end 2 should be filed v of Health and Mental Hygie I Item 27 is marked other t r other traumatic event, th 11 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) DELBERT EARL GREEN MARY ETTA PARRISH 19e. Informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 sh Depertment of Health and Important: If Nem 27 Is m any Injury or other traum 2002e. IDA BOWMAN/SISTER 1714 STONE ROAD, WESTMINSTER MD 21158 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) MT. PLEASANT CEM. 5/26/99 GAMBER, MD 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility 91 WILLIS STREET MYERS FUNERAL HOME WESTMINSTER, MD 21157 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset end Death **Physician** orespiratory failure Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner Congestive Heart Failure and I-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury Due to (or es e consequence ot): certificeta be axecu buriel physician the burie P.O. Box 68760 Physician/Medical thet initieted events resulting in deeth) Last Due to (or as e consequence of): 80 esn ed by the e 23b. Did tobacco use contribute to the cause of deeth? Part II. Other aignificant conditions contributing to death but not resulting in the undertying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown ementi 2 Division of Vital Records, þ 24b. Were eutopsy findings available prior to completion of ceuse of deeth? 24e. Was en autopsy performed? Completed paga 2 s hes 1 ☐ Yes 2 No 1 ☐ Yes 20 No certificate Physician: 25. Was cese referred to medicel exeminer? Be 26. Place of Death (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 🗹 Residence 6 ☐ Other (Specify) 10 1- Yes 2 Ne 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this 28e. Dete of Injury (Month, Dey Year) funeral 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation or Attending 1 Natural eftar death. 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 24 hours edicai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, and due to the ceuse(s) end manner as stated. To the Hosp within 24 hor To the Fune completely fi Medical Examiner: On the besis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signature end 29c. License number MAY Ruzbarsky M.D. 30. Name end eddress of person who completed ceyse of deeth (Item 23e) (Type, Print) P Ste Air rive ninster. 31. Dete tiled (Month, Day, Year) 32. Registrer's Signeture MAY 2 5 1999 Registrar

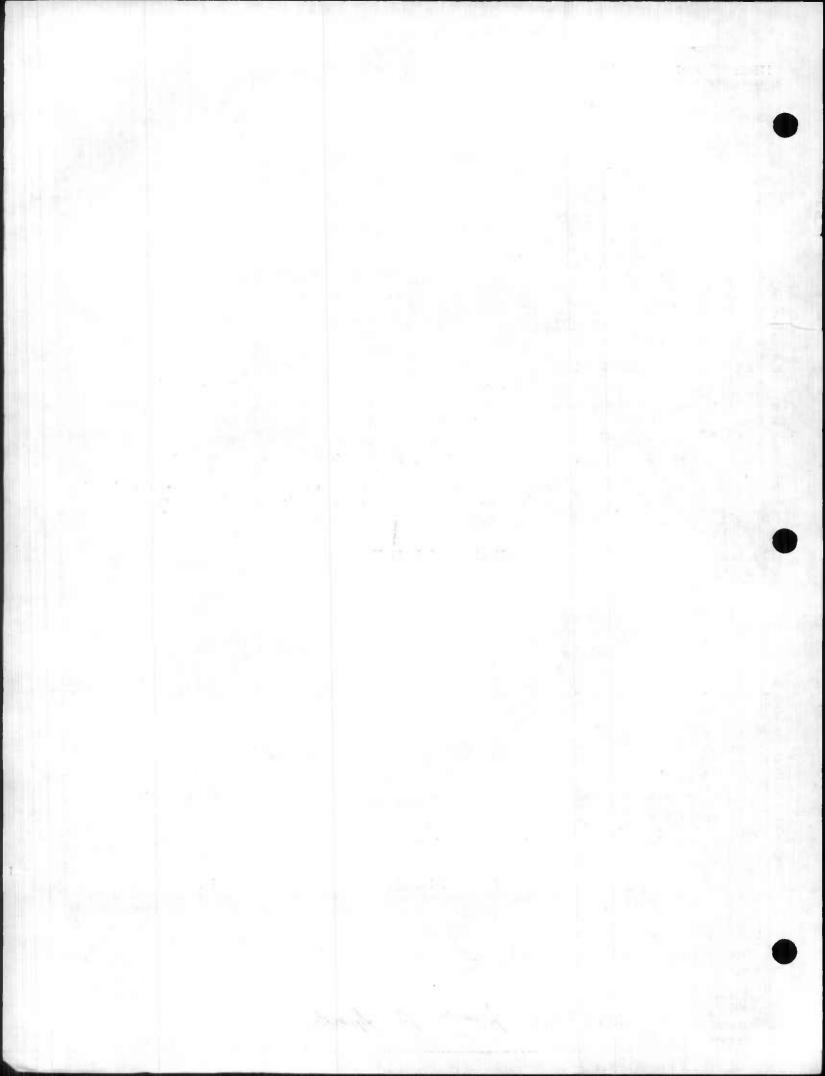


Physicia		1. Decedent's Ner		0 G772 6-1	b-99	WK. Ce	ertificate of	Death	2. Dete of De Month	Reg. No.	Year	3. Time of Death
Physicia /Medic	al .		HRISTIN			LDAN			JUNE	E 3, 199	19	0950 AM
Examin	er			give street end no GENERAL		PITAL		4b. City, Town, or L. WESTMINST		,	of Death	T.
Funeral Director		5. Sociel Security 217–86-	Number	6. Sex 1 ☐ M 2 ☐ F	7. Age	(In yrs. last birthda)	y) If Under 1 Year Months Days	If Under 24 Hrs.	8. Dete of Bird (Month, De Feb 12		9. Birthp Coun	lace (State or Foreign try) yland
1		Usuel Residence	of Decedent 10b. County			10c. City, Town or I	Location				1	0d. Inside City Limits
Fied at	Į.	MD	How	ard			Wood	bine				1 ☐ Yes X☐ No
or 284	Director	10e. Street and No					10f. Zip Code			10g. Citizen of \		try?
23			20 Camde	n Meadow			Was Doordont of	21797	ocity Vac or No		.S.A.	an Indian
al', or h	by Funeral		rried 2 Marri	Armed F	orces? 2 X No live		If Yes, specify Cut	Hispanic Origin? (Spoan, Mexican, Puerto Specify:	Rican, etc.)	Specify	ck, White,	
"natural", edical Ex	eted	(Spe	15. Decedent	's Education t grade completed	0	(Giv	edent's Usual Occu	during most of work	ing	16b. Kind of B	usiness/Inc	lustry
L Par	Completed	Etementery/Sec	condery (0-12)	College 1	(1-4or 5+	-)	DO NOT use retire			Comp	puter	
umatic avent, it	Be	17. Father's Neme						18. Mother's Nam				
traumatic avent,	2			Bruce Gul	dan					Pearson		
		Miss Me			(Dau			orive Elkr			Stete, Zip	Code)
iry or other tr				3 □Removel from	n State	20b. Plece of Disposemetery, cr Carrol	emetory or other ple	on Serv.	Dete 6/7/99	20c. Location -		
any Injury or		21. Signature of F	unerel Service I	Licensee Have	da	7		ess of Facility JNERAL HOM Le, MD 217				195)
		23a. Part1. Enter shock, or he	the disease, or art failure. List	complications that	used t			ing, such es cardiac				Approximete Intervel Between
sician edical		Immediate Cause	(Final	MIII T	י ז חו ר	DDUC INTOVI	CATION					Onset and Deeth
niner		diseese or conditi resulting in death)		e. MOT 1		DRUG INTOXI					F.	
sit	niner			b								
ial-tran	Examiner	Sequentially list of eny, leeding to i cause. Enter Und	mmediete		D	Oue to (or as e cons	equence of):					
es the bur	Medicai	Cause (Disease of thet initieted even resulting in death)	r Injury ts	c	D	ue to (or es e conse	equence of):					
of for use	Physician/M	Post II Other alan	Mana an dhi	d.	danah bua			Landa David	One Plat	Manager	1	the cause of death'
	by Phys	Pert II. Other sign	meant conditio	ns contributing to c	death Dut	not resulting in the	underlying cause g	Nen in Pert I.		Yes 2 No	3 Prot	1/
2 should b	Completed								24a. Wes perfo	an eutopsy med?	av	ore autopsy findings ailable prior to mpletion of cause death?
page 2	Con								10.	Yes 2□No	10	Yes 2□ No
	o Be	25. Was case refe examiner?		Hospitel:	T			26. Place of Deet	-			
eral d	-	YSYes 2 27. Menner of Dea	ith	28a. Dete	Inpatien of Injury	28b. Time	of . 28c. Inju	4LI Nursing Ho		dence 6 □Oth how injury occur		y)
the fun	Certification:	1 Neturel 2 Accident 3 Suicide	5 ☐ Pending investig	etion found 6-3-	99	rouna:	M 1	Yes 2 No	UNKNOWN	Street and Numb	her or Rure	I Route Number,
d in b	Cer	4 Homicide	determi	build	ding, etc.	(Specify): RESIDENCE	street, fectory, office		City or Too WOODBINE	vn, Stete) 156	20 CAM	DEN MEADOWS
<u> </u>	e l	29a. Certifier (Check only one)		xaminer: On the b		examination end/or i		ime, date and place, opinion, deeth occur				
To the Funeral Director: After the completely filled in by the funeral	edicai	01107					29c. Licen					

Registrar DHMH 16 Rev 6/95

State

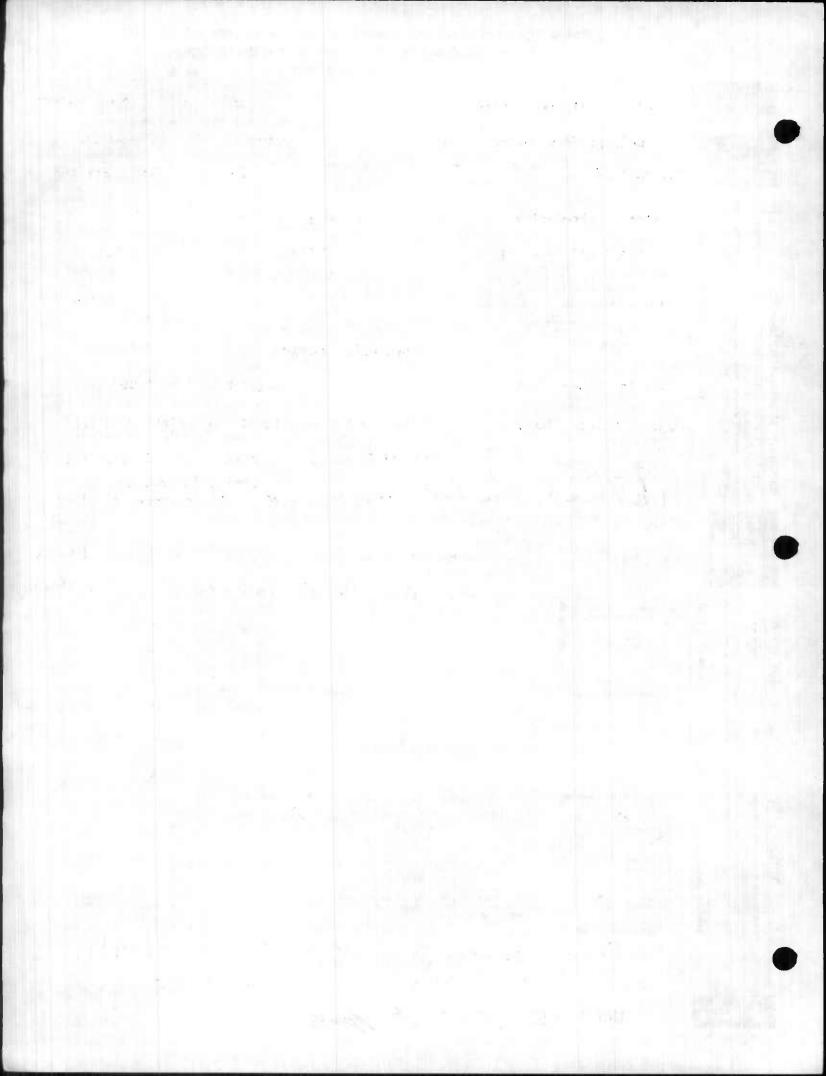
JUN 07 1999



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene QQ 19555

			Certific	ate of Death		Reg. No.	/	0.000
3	1. Decedent's Name (First, Middle, Las	t)			2. Dete of Dec	_	Vear	3. Time of Deeth
Physician / Medical	Hilda Flore	ne Glisan			May	22 ^{Dey}	1999	6:00PM
Examiner	4e Fecility Neme (If not institution, give	street end number)		4b. City, Town	, or Location of Deeth	4c. County	of Deeth	
	College View	Center		the second secon	derick		ederi	
Funeral Director	5. Social Security Number 6. Se 213–42–1277	7. Age (In yrs	Yrs. Ist birthdey) If U	nder 1 Year If Under 24 ths Deys Hours	Min. 8. Date of Birt (Month, De) Jan. 16	y, Year) 5, 1902		ace (Stete or Foreig ry) Cyland
pu »	Usuel Residence of Decedent 10e. State 10b. County	100 0	ity, Town or Location				16	d. Inside City Limit
e Meryle	Maryland Freder			1t. Airy				1 ☐ Yes 2 🖪 N
th with the Me 23e or 28e-f e	10e. Street end Number 12502 Old Ani	napolis Rd.	101	. Zip Code 21771		10g. Citizen of V	Vhet Count U.S.A	-
72 hours effer death with the Meryland natural; or items 23s or 28s-f show real Exactive result be notified a steed by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in I Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes:		ecedent of Hispenic Origin specify Cuben, Mexican, F as 2 No Specify:	n? (Specify Yes or No Puerto Rican, etc.)	14. Race Biec Specify	a - America ck, White, e	
ed within 72 hours ygiene. ner than "natural", it, the Medical Exi Completed by	15. Decedent's Edu (Specify only highest gred	ucation	16e. Decedent's	Usuel Occupation	f working	16b. Kind of Bu	siness/Indi	ustry
within "rene. than "rene.	Elementery/Secondery (0-12)	College (1-4or 5+)		f work done during most of Tuse retired)	, moraling	1		
filed withir Hygiene. ther than ent, the w	6		tarm w	ife/ manager			iry	
Se vet H	17. Father's Neme (First, Middle, Last)	V			Neme (First, Middle,		1	
	William Albert I	Horton			rgaret Lou			
2 0 0 6	19a. Informent's Neme/Reletionship (T			Iress (Street and Number of				
C = 0 -	June E. Glisan/ da			Old Annapoli				
8 = = 0	20e. Method of Disposition 1 🔀 Burial 2 Cremetion 3 🗆 4 Donetion 5 Other (Specify,	Removel from State	Placa of Disposition cometery, crematory Central C	or other place)	5/26/99	nr. Lib		
permit. Pege Department o Important: If any Injury or pace.	21. Signature of Fundai Servica License). Warlle	/	e and Address of Fecility D2 Liberty R	Hartzler F	uneral ertytown		21762
•	23e. Pert1. Enter the disease, or comp shock, or heert feilure. List only of	lications that caused the decone cause on watch line.			rdiac or respiretory e	rrest,		Approximete Intervel Between Onset end Deeth
Physician /Medical Examiner	Immediete Cause (Finei diseese or condition resulting in death)	a. Pre	o Maria					Iuk
P .		Due to	(or es e consequence					1 mont
nsit		p. Con	Jestiva		Failure		<u> </u>	1 .Ainasti
icate be executed physiclen end s the buriel-transit	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury	C	or es e consequence	oi):				
# D. S	that initiated events resulting in deeth) Lest	Due to (or es e consequence	of):				
at the death ce d by the ettendi eteched for use Physiclan/I								
the de ny the e sched i	Pert II. Other significant conditions co	ntributing to death but not re	sulting in the underly	ing cause given in Pert I.	23b. Did	tobacco ues coi	ntribute to	the cause of deat
es that the de igned by the be deteched by Physical by		LC/Car			10	YSS 2. No	3 Prob	ably 4 Unkno
been s should should					24e. Wes	en eutopsy rmed?	con	ore eutopsy findings bleble prior to mpletion of cause deeth?
The lew ate hes page 2					10	Yes 200	10	Yes 2□ No
certificate rector, pag	25. Wes case referred to medical			26. Plece o	f Deeth (Check only of	one)		
Physician: this certific ral director. : To Be	exeminer?	Hospitel: 1 ☐ Inpatient 2[☐ ER/Outpatient 3[Other:	Ing Home 5 ☐ Resi		er (Specify)
Attending Physical Attending Physical Attentions by the funeral Affication: 1	27. Menner of Deeth 1 Statural 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury et Work?		how injury occur	red	
or At ofter of in by	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At building, etc. (Spec		ctory, offica	28f. Location (City or To	Street end Numb wn, Stete)	er or Rurel	l Route Number,
To the Hospital within 24 hours of To the Funeral completely filled Medical Ce		relcian: To the best of my kn Iner: On the basis of examinend menner steted.						
within To the comple	29b. Signeture end title of cartifier			29c. License number		29d. Date signe	d (Month, I	Dey, Year)
- > - 0	> Custin	Prace-	8.	009689	7	5/1	24/	99
	30. Name and address of person who o			C+ Engl	owiel- MD	21701		
	Austin Pearre		00 W. 9th	ot. rred	erick, MD	21/01		
State	31. Date filed (Month, Day, Year)	32. Registrer's Sign	neture 4	1 .				



Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day Month **Physician** May 25, 1999 15:28 Mary Louise Ganzmann /Medical 4a Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 123 Cherry Hill Road Elkton 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) May 7, 191 Birthplece (State or Foreign Country) Min. Hours 1□ M 28 F Months Deys 212-16-0277 83 1916 Maryland Usuat Residence of Decedent 10a. Stete 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 ☐ Yes 2 No Director Maryland Cecil Elkton 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 123 Cherry Hill Road 21921 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Yes 2X No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: þ 3 □Widowed 4 □ Divorced White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Bustness/Industry Elementary/Secondery (0-12) College (1-4or 5+) 10 School Bus Driver Transportation 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Fether's Name (First, Middle, Lest) Be Bessie A. Smith William E. Ayers 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) 2874 Singerly Road, Elkton, Maryland 21921 Elaine Sheldon/ P.O.A. 20b. Plece of Disposition (Neme of Dete 20c. Location - City or Town, State 20a. Method of Disposition cemetery, cremetory or other place) ₽ Buriel 2 Cremetion 3 Removat from State Cherry Hill
Methodist Cemetery
22. Name and Address of Fecility 5/28/99 4 ☐ Donetion 5 ☐ Other (Specify) Cherry Hill, Maryland 21. Signature of Funerel Service Licensee Hicks Home for Funerals, P.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. 103 W. Stockton St., Elkton, Maryland 21921 Approximete Interval Between Onset and Death tmmediate Ceuse (Finet diseese or condition resulting in death) Due to (or as e consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of): Physician/Medical Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings aveitable prior to completion of ceuse of death? Completed 24e. Was en eutopsy performed' 1 Yes 2 No 1 ☐ Yes 2 ☐ No. 25. Was case referred to medicet Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Hesidence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Date of Injury (Month, Dey Year) 28c. Injury et Work? 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending investigation 1 BNatural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) end menner es steted.

2 Madical Examiner: On the bests of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end manner stated. 29a. Certifier Medical (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

State Registrar

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, it a Madical Examiner mint be notified at

parmit. Pages 1 end 2 should be filed within 72 hours after death 1 Department of Haelih and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Example mentalons.

Physician /Medical

Examiner

physician end s the burial-transit

USB OS attending i

been signed by the should be datached

has

certificata

filled in by tha

complately

I or Attending Physician: after death. Director: After this certifica funeral director,

To the Hospital or within 24 hours aft To the Funeral Di

requires that the death certificate be axecuted

P.O. Box 68760

Records,

Division of Vital

Maryland 21215-0020

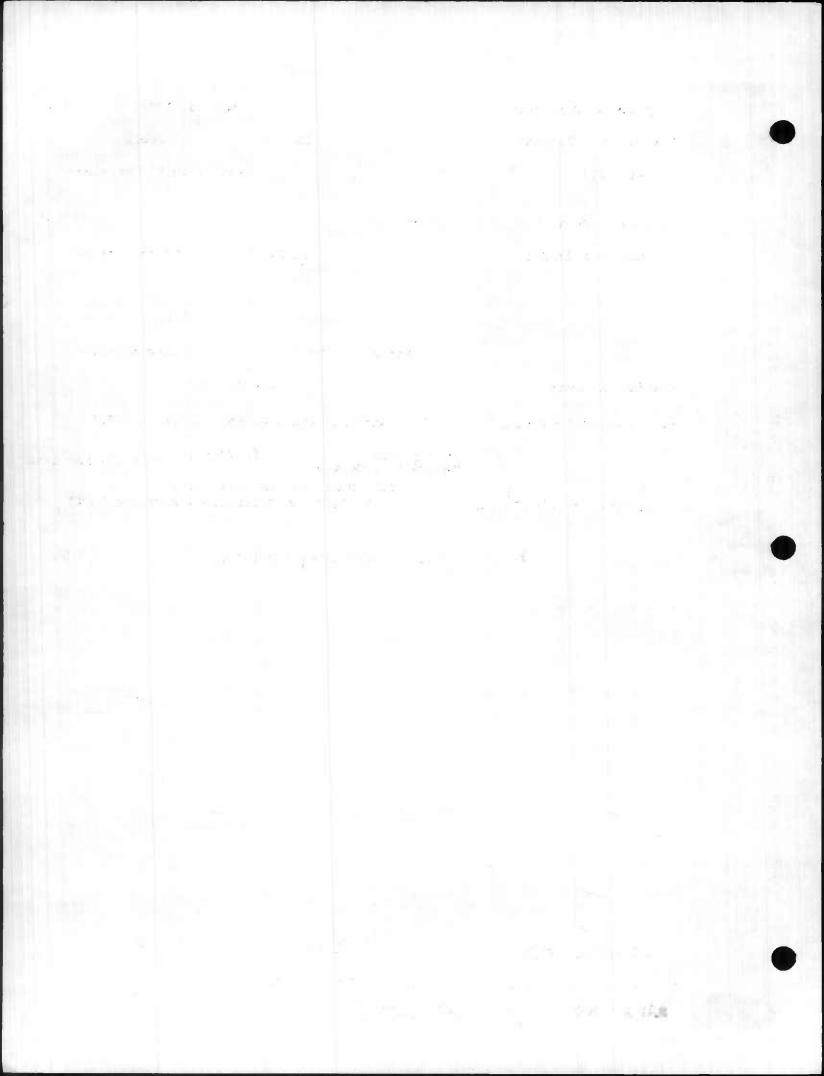
altimore.

the Meryland

with

901 Warburton Road, Elkton, Maryland 21921 William Renzulli, M.D. 32. Registrer's Signature

30. Name end eddress of person who completed ceuse of death (ttem 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

1	0	pro	-	my
				- 1
	U	U	W	-

Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Day Month **Physician** 3:20pm Galina L. Grabowski 25,1999 May /Medical 4a Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death Examiner 8811 Colesville Rd. Apt 1119 Silver Spring Montgomery If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (in yrs. last birthday) 92 Yrs. 5. Social Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Months 099-26-2078 Director Nov 19,1906 Russia Usual Residence of Decadent the Maryland 10a State 10c City Town or Location 10b. County 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Y Yes 2 No Md Montgomery Director Silver Spring 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country? 20910 8811 Colesville Rd. Apt 1119 USA Funeral Pages 1 and 2 should be filed within 72 hours after deeth nent of Health and Mentel Hygiene.
In: If Hear 27 Is marked other than "natural", or Itema 23 mir. If Hear or 19 is marked other than "natural", or thema 13 mir or other traumatic event, it as Headies Experimeter mass mry or other traumatic event, it as Headies Experimeter mass. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: SpecifWhite à XXWidowed 4 □ Divorced Completed 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry McGraw-Hill Elementary/Secondery (0-12) College (1-4or 5+) Editor Publishers 12 17. Father's Name (First, Middle, Last)
Leontiy Stas 18. Mother's Name (First, Middle, Maiden Sumame) Be Stashkewich Benigda Zelensky 19a. Informant's Name/Relationship (Type, Pnht) Grand 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Tatiana Zinkevich/Daughter 6512 Ermin St. Burke, Va. 22015 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Bunal 2 □ Cremation 3 □ Removal from State permit. Page Department of Important: If any Injury or once. Rock Creek Cemetery 5/28/99 4 ☐ Donation 5 ☐ Other (Specify) Wash. D.C. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility PHILIP D. RINALDI FUNERAL SERVICE 11818 New Hampshire Ave.Silver Spg, Md. Shilip D. Kenelds 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final 40RTIC STENOSIS disease or condition resulting in deeth) Examiner Due to (or as a consequence of):

CONGESTIVE HEART FAILVRE Examiner physician and s the burief-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760 Physician/Medical Due to (or as a consequence of): attending p 23b. Did tobacco use contributa to the causa of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the s should be detached P.O. 1 Yas 2 No 3 Probably 4 Unknown þ Records, 24b. Were autopsy findings eveileble prior to completion of cause of death? Completed 24a. Was an autopsy 1 ☐ Yes 2 No 1 TYes 2 TNo certificate Division of Vital 25. Was case referred to medical director, Be 26. Place of Death (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 9 this 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: After 1 Natural 2 Accident 5 Pending death. 1 Yes 2 No investigation or Attend efter death Director: 3 ☐ Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) completely filled in by 4 Homicide 24 hours e 29a. Certifier 🖄 Cartifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) and menner es stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and plece, end due to the cause(s) and manner stated. within 2 To the 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and-title of certilis (comma m) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) 1080/ LOCKWOOD DR. SILVER SPRING MD THAN DIAMOND, 37. Registrar's Signature 31. Date filed (Month, Day, Year)
MAY 2 6 1999 State Registrar

JEE 4 3 Ab.

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9 | 8658

					Cei	mouto or	Death		Reg. No.		
Physician	1. Decedent's Nan	me (First, Middl	a, Last)					2. Dete of Do	eeth Day		Time of Death
/Medical	VIVIA		NOGS					MAY	21		:45 AM
Examiner	1		n, giva street and nu				4b. City, Town, or				
			by Hos			If Under 1 Yaar		SHINGTO			EURGES
uneral	5. Social Security I		6. Sax 1 □ M 2X F	7. Aga (In yrs.	Yrs.	Months Deys		. (Month, Di	ay, Year)	9. Birthplace Country)	(Stata or Foreig
ector	238-62-75 Usual Rasidance of			58				December	13, 1940	Hembers	on, N.C.
H	10a. Stata	10b. County		10c. City	, Town or Lo	cation				10d. I	nside City Limits
to.	20744	Prince	e George's	s For	rt Wasl	hington					XYas 2□N
Directo	10e. Street and Nu					10f. Zip Code			10g. Citizan of \	What Country?	
0	906 Othr	man Dri	ve			20744			United	States	
Funeral	11. Maritel Status		12. Wes Dec	edant Ever in U,	S. 13. y	Was Decedent of	Hispanic Origin? (an, Maxican, Pue	Specify Yes or No	o- 14. Rac	a - Amarican I	ndian,
	1 Nevar Man	rried 25 Merr	Armed Fo	2√E No				rto Hican, etc.)		ck, While, etc.	can_
by	3 Widowed	4 Divorced	tf Yas, Giv Yeer or D	/a etas:		1□ Yas 2□χNo	Specify:		Specify	Amer	
Completed	/Sne	15. Deceden	t's Education st grada completed)		16a. Deced	dent's Usual Occu	pation during most of w	orkina	16b. Kind of B		
npi	Elementary/Sec		Collega (1-4or 5+)				J. Kang	1		
S			six year	rs	Reg	istered			Govern		
a B	17. Father's Name							ma (First, Middle	, Maidan Suman	na)	
To Be C	George V							Nelson			
	19a. Informent's N						and Number or F				(e)
	Kirk A.		- Son	001 0			rive Ft.				
	20a. Mathod of Dis		3 Ramoval from	Stata		sition (Nama of natory or other pla		Data	20c. Location -	City or Town,	State
		5 Other (S		Li	ncoln 1	Memorial	Cemeter	y 5/26/99	Suitla	nd, MD	
- BOUCE	21. Signature of F	Imeral Service	Logreso	\	22	. Nama and Addre	ess of Fecility	tewart F	uneral F	lome. T	nc.
ouce.	NON	From	10.00	+ JAK	4	001 Benn	ing Rd.,			-	
	23a. Part Lintar	tha diseasa, or	complications that conly one cause on a	aused tha daath							proximata rval Between
ian			, , , , , , , , , , , , , , , , , , ,							On	set and Death
cal	Immediata Causa disaasa or condition	ion		SE	8/5	15					
er	rasulting in daath))	a	Dua to (o	r as a conseq	juence of):					
Examiner				Pano	· v ta	001	1 a				
Cam	Sequentially list co	onditions,	C	Due to (or	as a conseq	Jenoe on:				1	
	Sequentially list co if any, laading to in cause. Entar Und Cause (Disaase o	darlying	. (hear	o th	eral	04				
edical	that initiated evant rasulting in death)	ts		Dua to (or	as a conseq	uence of):	0				
Me			d	Sar	Coi	0051	5				
ysic	Pert II. Other signi	ificant condition	ons contributing to de	eath but not rasu	ulting in the ur	ndartying cause gi	ven in Part I.	23b. Dld	tobacco use co	ntribute to the	cause of death
돈	Acut	e (1	457,43	1 () Va/	1110	2 5	1 1	Yes 2 No	3 Probabl	y 4 🖾 Unknov
					-	VIII	1				11.
d by	71	1		1		VIII		242 Was	e an autoneu	24h Wara a	utonsy findings
eted by	Thr	om b	o cy tok	ren;	9	VIII		24a. Was	s an autopsy ormed?	aveilab	tutopsy findings le prior to Ition of cause
mpleted by	Thr	om b	o cy top	Peni	q	VIII		24a. Was	ormed?	aveilab	tutopsy findings le prior to tion of cause h?
Completed by Physician	Thr	omb	o cy top	Peni	9			perf	s an autopsy ormed? Yas 2⊠ No	aveilab	le prior to ition of cause h?
Be	Zh. Was casa rafa axaminar?		Hospital:	Pen;	q			perf	ormed? Yas 2⊠ No	aveilab comple of daat	le prior to ition of cause h?
To Be	axaminar? 1 ☐ Yas 2 X ☐] No	Hospital:		@ER/Outpatien	IT JLI DUA	her: 4 Nursing	perf 1 ☐ eath (Check only Homa 5 ☐ Ras	Yas 2፟፟፟Ñ No ona) idenca 6 □Otr	aveilab comple of daat 1 🗆 Ya	le prior to tion of cause h?
To Be	axaminar? 1 ☐ Yas 2€ 27. Mannar of Dea 1 ★ Natural] No ath 5 ☐ Pandin	Hospital: 120 (Mon	npatiant 2 of Injury	GER/Outpatien 28b. Tima of Injury	28c. Inju	her: 4 Nursing ry at rk?	perf 1 ☐ eath (Check only Homa 5 ☐ Ras	ormed? Yas 2⊠ No ona)	aveilab comple of daat 1 🗆 Ya	le prior to ition of cause h?
To Be	axaminar? 1 Yas 20 27. Mannar of Dea	No ath 5 □ Pandin Invasti	Hospital: 128a. Data (Monigation not be	of Injury th, Day Year)	28b. Time of Injury	28c. Inju	her: 4 Nursing	perf 1 ☐ eath <i>(Check only</i> Horna 5 ☐ Ras 28d. Dascribe	Yas 2Ñ No ona) idenca 6 □Oth how injury occur	aveilab comple of daat 1 Ya	le prior to tition of cause h?
To Be	axaminar? 1 Yas 20 27. Mannar of Dea 1 Natural 2 Accident	No S Pandin Invastig Could	Hospital: 128 28a. Data (Monigation Inot be lined 28a. Placa	of Injury th, Day Year)	28b. Tima of Injury	28c. Inju	her: 4 Nursing ry at rk?	perf 1 □ eath (Check only Homa 5 □ Ras 28d. Dascribe	Yas 2፟፟፟Ñ No ona) idenca 6 □Otr	aveilab comple of daat 1 Ya	le prior to tition of cause h?
Certification: To Be	axaminar? 1 ☐ Yas 2€☐ 27. Mannar of Dea 1 ₹ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicida	No th 5 □ Pandin Invasti 6 □ Could datarm	Hospital: 1 Al 28a Data (Moning Jation not be ined 28a Placa buildi	of Injury th, Day Year) of Injury - At ho ng, atc. (Specify	28b. Tima of Injury ma, farm, str	28c. Inju	her: 4□ Nursing iry at rk?) Yas 2□ No	perfine perfin	Yas 2to No ona) idenca 6 □Ott how injury occur (Street and Numl wm, Stata)	aveilaticomple of deat 1	le prior to tition of cause h? s 2 No
Certification: To Be	axaminar? 1 ☐ Yas 2 ☐ 27. Mannar of Dea 1 ☐ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicida 29a. Cartiliar (Check only	No tth 5 Pandin Invastig 6 Could in datarm	Hospital: 1 28a. Data (Moninot be ined 28a. Placa building Physician: To the Examiner: On the building Physician: To the building Physician (Monino Physician) (Monino Physici	of Injury th, Day Year) of Injury - At hong, atc. (Specify best of my knownsis of axaminat	28b. Time of Injury	28c. Inju Wc M 1 C	her: 4 Nursing ny at nk? Yas 2 No	perfine the performance of the performance that	Yas 2 No ona) idenca 6 Oth how injury occur (Street and Numb wm, Stata)	aveilate comple of deat 1	le prior to tition of cause h? s 2 No
To Be	axaminar? 1 ☐ Yas 2€☐ 27. Mannar of Dea 17 ☐ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicida 29a. Cartiflar (Check only one)	No S Pandin Invastic Could datarm	Hospital: 1 28a. Data (Moning Physician: To the Examiner: On the bend manifested and manifested page 1.00 pt. 10 p	of Injury th, Day Year) of Injury - At ho ng, atc. (Specify	28b. Time of Injury	28c. Inju Wc M 1C eet, factory, office	her: 4 Nursing ry at rk?) Yas 2 No ma, data and plac opinion, daath occ	perfine the performance of the performance that	Yas 2₺ No ona) idenca 6 □Oth how injury occur (Street and Numb wm, Stata) causa(s) and m, data and place,	aveilaticomple of daet 1 Ya Par (Specify) red ber or Rural Ro annar as states and due to the	le prior to tition of cause h? s 2 No uta Number, cause(s)
edical Certification: To Be	axaminar? 1 ☐ Yas 2 ☐ 27. Mannar of Dea 1 ☐ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicida 29a. Cartiliar (Check only	No S Pandin Invastic Could datarm	Hospital: 1 28a. Data (Moning Physician: To the Examiner: On the bend manifested and manifested page 1.00 pt. 10 p	of Injury th, Day Year) of Injury - At hong, atc. (Specify best of my knownsis of axaminat	28b. Time of Injury	28c. Inju Wc M 1C eet, factory, office	her: 4 Nursing ny at nk? Yas 2 No	perfine the performance of the performance that	Yas 2 No ona) idenca 6 □Oth how injury occur (Street and Numblewn, Stata) causa(s) and mand, data and place, 29d. Data signe	aveilate comple of deat 1	le prior to tition of cause h? s 2□ No uta Number, cause(s)
edical Certification: To Be	axaminar? 1 Yas 2 27. Mannar of Dea 1 4 Natural 2 Accident 3 Suicide 4 Hornicida 29a. Cartiliar (Check only one) 29b. Signatura enc	No S Pandin Invastig Could datam 123 Certifyin d titla of cartifial	Hospital: 1 28a Data (Moning pation not be inned 28a Placa building Physician: To the Examiner: On the bend maning	of Injury th, Day Year) of Injury - At ho ng, atc. (Specify best of my know asis of axaminat har stated.	28b. Tima of Injury ma, farm, str () wledga, daath ion and/or inv	28c. Inju. 28c. Inju. Wc M 10 eet, factory, office n occurred at tha treastigation, in my 29c. Lican	her: 4 Nursing ry at rk?) Yas 2 No ma, data and plac opinion, daath occ	perfine the performance of the performance that	Yas 2 No ona) idenca 6 □Oth how injury occur (Street and Numblewn, Stata) causa(s) and mand, data and place, 29d. Data signe	aveilaticomple of daet 1 Ya Par (Specify) red ber or Rural Ro annar as states and due to the	le prior to tition of cause h? s 2□ No uta Number, cause(s)
edical Certification: To Be	axaminar? 1 Yas 2 27. Mannar of Dea 1 4 Natural 2 Accident 3 Suicide 4 Hornicida 29a. Cartiliar (Check only one) 29b. Signatura enc	No S Pandin Invastig Could datam 123 Certifyin d titla of cartifial	Hospital: 1 28a. Data (Moning Physician: To the Examiner: On the bend manifested and manifested page 1.00 pt. 10 p	of Injury th, Day Year) of Injury - At ho ng, atc. (Specify best of my know asis of axaminat har stated.	28b. Tima of Injury ma, farm, strr wedga, daath ion and/or inv	28c. Inju Wc M 1E eet, factory, office on occurred at that trastigation, in my	her: 4 Nursing my at rk?) Yas 2 No ma, data and placopinion, daath occ sa number	eath (Check only Homa 5 Ras 28d. Dascribe 28f. Location City or To	Yas 2 No ona) idenca 6 Oth how injury occur (Street and Numb wm, Stata) cause(s) and m data and place, 29d. Data signe	aveilate comple of deat 1 Yes	le prior to tition of cause h? s 2 No uta Number, cause(s) Year)
edical Certification: To Be	axaminar? 1 Yas 2 2 2 2 2 2 2 3 2 3 2 3 2 3 2 3 2 3 3 2 3	No S Pandin Invastic Could a datarm S Certifyin Medical ditla of cartifian	Hospital: 128a. Data gation not be ined 28a. Placa buildi g Physician: To the Examiner: On the be end many who complated cards	of Injury th, Day Year) of Injury - At ho ng, atc. (Specify best of my know asis of axaminat har stated.	28b. Tima of Injury ma, farm, stri wledga, daath ion and/or inv 23a) (Type,	eet, factory, office o occurred at that trastigation, in my 29c. Lican Print) O Bek	her: 4 Nursing Iny at Ink? I) Yas 2 No Ima, date and place opinion, death occ sa number IP OG (INCH AUE	eath (Check only Homa 5 Ras 28d. Dascribe 28f. Location City or To	Yas 2 No ona) idenca 6 Oth how injury occur (Street and Numb wm, Stata) cause(s) and m data and place, 29d. Data signe	aveilate comple of deat 1 Yes	le prior to tition of cause h? s 2 No uta Number, cause(s) Year)
edical Certification: To Be	axaminar? 1 Yas 2 27. Mannar of Dea 1 4 Natural 2 Accident 3 Suicide 4 Hornicida 29a. Cartiliar (Check only one) 29b. Signatura enc	No tith 5 Pandin Invastig 6 Could datarm 12 Certifyin 2 Medical d titla of cartifies	Hospital: 1 1 28a. Data (Moning pation not be ined 28a. Placa building Physician: To the Examiner: On the bend maning who complated cards	of Injury th, Day Year) of Injury - At ho ng, atc. (Specify best of my know asis of axaminat har stated.	28b. Tima of Injury ma, farm, stri wledga, daath ion and/or inv 23a) (Type,	28c. Inju Wc M 1E eet, factory, office on occurred at that trastigation, in my	her: 4 Nursing Iny at Ink? I) Yas 2 No Ima, date and place opinion, death occ sa number IP OG (INCH AUE	eath (Check only Homa 5 Ras 28d. Dascribe 28f. Location City or To	Yas 2 No ona) idenca 6 Oth how injury occur (Street and Numb wm, Stata) cause(s) and m data and place, 29d. Data signe	aveilate comple of deat 1 Ya	le prior to tition of cause h? s 2 No uta Number, cause(s)

Burton of the

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 99 | 8659

			Ce	rtificate of	Death		Reg. No.	
	1. Decedent's Name (First, Middle, La	st)				2. Date of Dea	-	3. Time of Death
Physician	MARY LC	UISE	GRAY			MAY 23	3, ¹ 999	1700 p.
/Medical Examiner	4a Facility Name (If not institution, giv	e street and number)		4	4b. City, Town	or Location of Death	4c. County o	f Death
Zamino	Calvert Memo	orial Hospi	tal	P	rince FR	ederick	Calver	rt
Funeral	5. Social Security Number 6. 5	Sex 7. Age (In vi	s. last birthday)	If Under 1 Year	If Under 24	Hrs. 8. Date of Birt		Birthplace (State or Foreig Country)
Director	213 38 0870	□M 2□F 86	Yrs.	Months Days	Hours	Min. (Month, Da May 2	1 1913	Maryland
	Usual Residence of Decedent					1107		
72 hours after death with the Maryland natural; or itams 23a or 28a-f ehow deal Examiner must be notified at eted by Funeral Director	10a. State 10b. County		City, Town or Lo					10d. Inside City Limits
Mar	Maryland Calver	P	rince	Frederi	ck			1 ☐ Yes 2 ☐ No
r 284	10e. Street and Number			10f. Zip Code			10g. Citizen of Wh	nat Country?
3a o	3460 Sixes Roa	be		20678		200	United	States
me 2	11. Marital Status	12. Wes Decedent Ever In	U,S. 13.	Was Decedent of H	lispanic Origin	? (Specify Yes or No	14. Race	- American Indian,
urs after death with the Ma al', or itams 23a or 28a-fe train het must be nortified by Funeral Director	1X Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☐ ★o		If Yes, specify Cube		uerto Hican, etc.)		, White, etc.
by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1□ Yes 2□XNo	Specify:		Specify:	white
2 ho	15. Decedent's E		16a. Dece	dent's Usual Occup	ation		16b. Kind of Bus	Iness/Industry
led within 72 ho hygiene. her then "natura nt, the Wedies!	(Specify only highest gra Elementery/Secondery (0-12)	College (1-4or 5+)	life	kind of work done DO NOT use retired	1)			
iene iene the	Elementery/Secondery (0-12)	5+	schoo	1 Teach	er/ ac	dimistra	Public S	chool
be filed within tal Hygiene. of other than event, the Mar	17. Father's Name (First, Middle, Last)			18. Mother's	Neme (First, Middle,	Maiden Sumame)
Mental H Mental H srked ott stic ever	Luther L	afyette Gra	a v		Fran	ces Dock	ett Wi	lliams
should and Men marke umarke	19a. Informant's Name/Relationship (-	-	na Address (Street		or Rural Route Number		
d 2 s th ar trau	Nancy L. Porte	***						MD 20678
1 and Haalth em 27 ther to	20a. Method of Disposition	201	Place of Disp	osition (Name of		Date	200 Location - C	ity or Town State
permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Haath and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Itams 23a or 28a-f ehow with injury or other traumatic event, the Medical Evant her must be notified at ance. To Be Completed by Funeral Director	1 Burlal 2 Cremation 3 C	Removal from State Ce	entral	matory or other place. Cemete:	ry May	27 199	Prince FR	ederick Maryland
the tant	4 Donation 5 Other (Special	"						
permit. Departi	21. Signature of Funeral Service Lice	1599	2	2. Name and Addre	ss of Facility	Rausch Fune	ral Home P	A
00380	1) Muu	DCI 1	4405	Broomes Is	s. Rd. R	ort Republic	Maryland	20676
391	23a. Part1. Enter the disease, or com shock, or heart feilure. List only	plications that caused the de one cause on each line.	eath. Do not en	ter the mode of dyir	ng, such as ca	rdiac or respiratory a	rrest,	Approximete Interval Between
Physician								Onset and Death
/Medical	Immediate Cause (Final disease or condition	Conges	tive L	unt .	Tail	ure		2911
Examiner	resulting in death)	Due to	(or es e conse	unt quence of):				
ne ne								
rans rans	Sequentially list conditions.	Due to	(or as a conse	quence of):				
an a	Sequentiatly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury							
eath certificate be associted attanding physician and for use as the burial-fransit clary. Medical Examiner	that initiated events resulting in death) Last	c. Due to	(or as a consec	quence of):				
ng ph as th	resulting in death) Last							
anding use a		d						
as that tha death o igned by the attanc be detached for us by Physician.	Part II. Other significant conditions of	ontributing to death but not r	esulting In the u	inderlying cause giv	en in Pert I.	23b. Did	tobecco use cont	tribute to the cause of death
by the ache		3				10	Yes 2 No	3 Probably 4 Unknow
as that igned if be det								
requires that the seen signed by the hould be detached by the seed by Physical							an autopsy	24b. Were autopsy findings
the law requir page 2 should Completed						pend	rmed?	available prior to completion of cause of death?
The law ate has the page 2 s								
Cate Cate						10	Yes 2 No	1 ☐ Yes 2 ☐ No
Physicien: The rhis certificate ral director, page TO Be Co	25. Wes case referred to medical examiner?	Hospital:	,	100		Death (Check only o	one)	
shysic this ca al dire	1 Yes 2 No	1 L Inpatient 2	ER/Outpatie		4 LI Nursi	ng Home 5 Resi		
fter free noon	27. Menner of Deeth 1 Naturat 5 ☐ Pending	28e. Date of Injury (Month, Day Year)	28b. Time of Injury	Wor			now injury occurre	d
Attending or death. Cotor: After by the fune iffication	2 ☐ Accident investigatio			M 1	Yes 2 No			
r Att	3 Sulcide 6 Could not be determined	28e. Place of Injury - Al building, etc. (Spe	t home, farm, st <i>cify)</i>	reet, factory, office		28f. Location (Street and Numbe vn, State)	r or Rural Route Number,
To the Hospital or Attending Physicien: The I within 24 butus after death. To the Funeral Director: After this certificate ha completally filled in by the funeral director, page Medical Certification: To Be Com								
ne Hospi n 24 hou ne Funer pletaly fil edical		ysician: To the best of my k						
the H the F the F mplete	one)	and manner stated.		- January W. M. January W. Januar	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
With to the	29b. Signature and title of certifier	0		29c. Licens	e number	-	29d. Date signed	(Month, Day, Year)
	1 (haules	Benntt 4	9.	Die	C C C X	0	5/2	4/79
	30. Neme and address of person who			Print)			1	
		ennett, M.D			derick	, MD 206	578	
State	31. Date filed (Month, Day, Year)	32. Registrags Sig	nature	1. 1	,			
Registrar		5 1999 Den	we	19. de	outs	,		

A CONTRACT TO SERVED TO THE

A OFFICE WAY TO SEE THE

1 Sept 127

A REAL PROPERTY.

THE DESCRIPTION OF THE PARTY OF

THE RESERVE THE SECOND STREET SECOND

The Person is any age of the control of

Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth Day Month Year **Physician** ISABEL May 21, 1999 9:50 PM **GORE** /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street end number) 4c. County of Death Examine 228 Canal Park Dr Apt. 105 Salisbury Wicomico If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) If Under 1 Year Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** Days Months 1 M 2 1 F Vrs 225-07-0013 Director 85 February 7, 1914 Mexico Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ahow Pages 1 and 2 should be filed within 72 hours after death with the Maryla nant of Health and Mental Hygiena.

Int: if item 27 is marked other than "natural; or items 23a or 28a-f ahov bry or other traumatic event, the Medical Example in the Deliver at 1 Yes 27 No Maryland Wicomico Director Salisbury 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 228 Canal Park Dr., Apt. 105 21804 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 X No If Yes, Give Year or Dates: altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Domestic 11 Homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be William Dozier Barnard 2 Hilda Soderberg 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Dr. R.J. Gore Jr./Son 1412 S. Salisbury Blvd. #4, Salisbury, MD 21801

20b. Placa of Disposition (Name of cometery, crematory or other place)

Dete 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: if any injury or 5/22/99 Salisbury, MD Salisbury Crematory

22. Name and Address of Facility 21. Signature of Funeral Service Licensee M01051 Holloway Funeral Home Professional Association 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Appshock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final arrhythmia cardiac hour disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Physician/Medical Examiner that the death cartificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last physician and the burial-tran Due to (or as a consequence of): P.O. Box 68760 tha Due to (or es e consequence of) 80 usa 0 tha Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the causa of death? 1 Yes 2 No 3 Probably 4 Unknown à signed b Division of Vital Records, à 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed been paga 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No cartificata or Attending Physicien: director. Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home Residence 6 Other (Specify) 1º 1 Yes 2 No this funaral 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Certification: Aftar Naturel 5 Pending investigation after death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completaly filled in Certifying Phyalcian: To the best of my knowledge, death occurred et the time, dete end place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature end title of contiller 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) 100 Power St. Salishwy MD 15 MO lvia 31. Date filed (Month, Day, Year) 32. Registrer's Signeture State

DHMH 16 Rev 6/95

Registrar

MAY 2 4 1999

weight by comment

Piease Type or Print in Biack Indelibie ink. Assure Aii Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

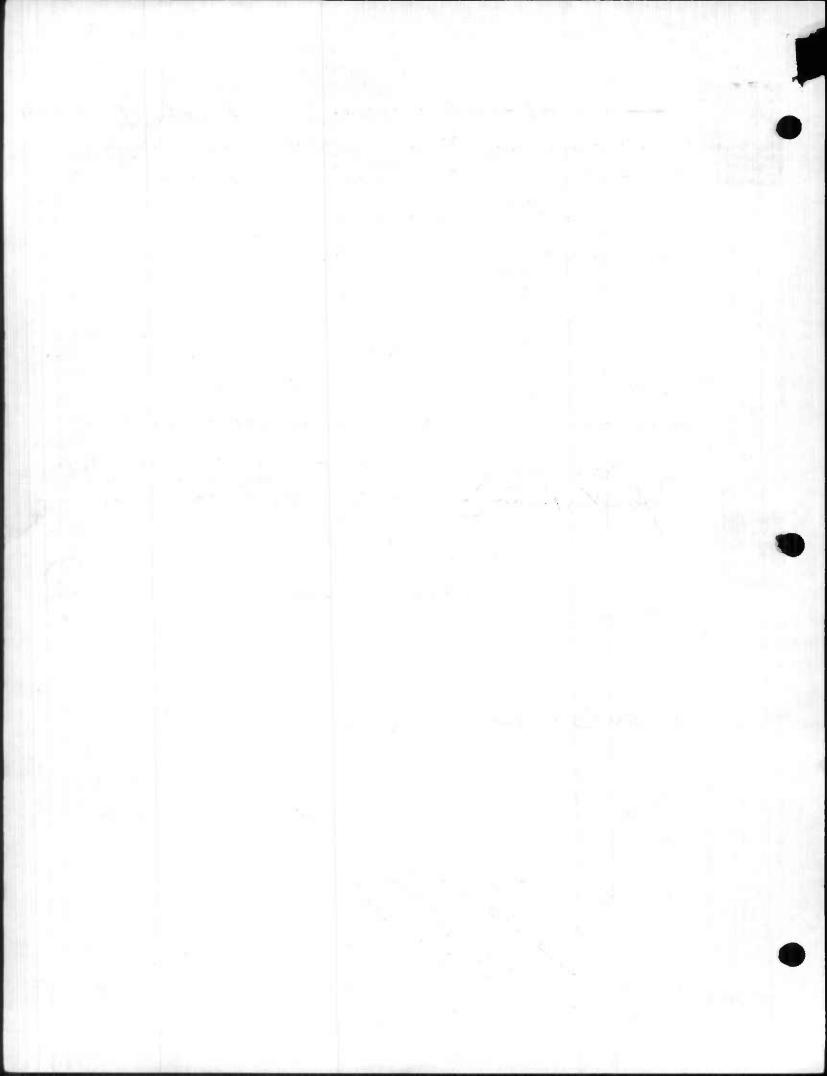
			Ce	ertificate	of Death	F	leg. No.	10001
	1. Decedent's Neme (First, Middle, Li	ast)		=1340.		2. Dete of Dea Month		3. Time of Death
Physician /Medical	MATTIE HARRI	S				MAY 20		1725
Examiner	4a Fecility Neme (If not institution, gir	ve street end number)			4b. City, Town, o	r Location of Death	4c. County of	
	ANNE ARUNDEL M	EDICAL CEN	TER		ANNAPO			ARUNDEL
Funeral		Sex 7. Age (In	yrs. last birthday	Months D	ear If Under 24 H ays Hours Mi		Year)	Birthplace (State or Foreign Country)
Director	358-16-7863	84	Yrs.			JUNE 1		
2	Usuel Residence of Decedent 10a. Stete 10b. County	10	c. City, Town or L	ocation				10d. Inside City Limits
Alaryda Maryda Maryda Or	MARYLAND ANNE		SEVERNA					1) Yes 2 □ No
virt the Ma tor 28a-f a be notified Director	10e. Street end Number			10f. Zip Co	de	1.	log. Citizen of W	hat Country?
Dir Dir	809 OLD COUNTY	V DOAD						nat Country?
after death with the Marys or terms 23a or 28e-1 eho rather, must be notified at Funeral Director	11. Merital Stetus	12. Wes Decedent Eve	in U.S. 13		146	(Specify Yes or No-	US 14. Bace	- American Indien.
ther of the form	1 Never Merried 2 Merried	Armed Forces? 1 ☐ Yes 2 No			of Hispanic Origin? Cuban, Mexican, Pu	erto Rican, etc.)	Black	, White, etc.
by by	3₺ Widowed 4 Divorced	If Yes, Give Yeer or Detes:	10 10	1 Yes 2	No Specify:		Specify:	BLACK
	15. Decedent's E		16e. Dec	edent's Usuel O	ocupation		16b. Kind of Bus	siness/Industry
Medi ple	(Specify only highest gr Elemantary/Secondary (0-12)	rade completed) Collega (1-4or 5+)	(Giv lifa.	e kind of work d DO NOT use n	one during most of watered)	rorking	STANLE	V HOME
the the	12th	4 vrs.	SALES	MANAC	ER		PRODUC	
be filed within 72 ho tal Hygiens of other than "naturn event, the Medical. Be Completed	17. Father's Neme (First, Middle, Las.					ama (First, Middla,		
Manta Manta To F	KEIFFER PO	WELL				E SAUNDE		
of and	19a. Intorment's Name/Reletionship	(Type, Print)	19b. Mai	ling Addrass (Si	reet and Number or	Rural Route Numbe	r, City or Town, S	Stata, Zip Code) 20721
it. Pages 1 and interest of Health if New 27 injury or other tr	RANDOLPH SCOTT		1170	1 LOCU	ST GLEN			ILLE, MD.
~126	20e. Method of Disposition		Ob. Plece of Disp cemetery, cri	oosition (Name o	of place)	Dete	20c. Location - (City or Town, State
Pages ment of any or o	1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special Contents)		cedar h	ill ce	metery 5	/26/99	BROOKL	YN. MD.
S in the	21. Signature of Funerel Service Lice	nsee	2		ddress of Fecility			
89188	Harry 1	1. Lees	2	WM. RE	ESE & SC	ONS MORT	UARY,	P.A.
	23a. Pert1. Enter the disease, or con shock, or heert leilure. List anh	nplications that caused the	deeth. Do not er	nter the mode of	bying, such as card	MARRIA	Si, MD.	214 Approximata
Physician	Shock, or neer reliare. List only	y one causa on eech lina.						Onset and Death
/Medical	Immediate Ceuse (Final disease or condition	(.c	ardiom	Alexan.				
Examiner	resulting in death)	a .	to (or as a conse	1				1
je je		^		arten	Liseri.			
axecuted on and rist-transit	Sequentially list conditions.		to (or es e conse		which is			
e axe	Sequentially list conditions, if any, leeding to immediata causa. Enter Underlying Cause (Disaese or injury that initiated events							
death certificate be axecuted e attending physicien and of or use as the burial-transit sician/Medical Examir	thet initieted events resulting in death) Last	C. Due	to (or as a conse	equance of):				
5 O 6 -	Toolang in death, East							1
attendin I for use	TEST STATE OF THE	d						1
od fo	Pert II. Other significant conditions	contributing to deeth but no	ot resulting in tha	underlying caus	a given in Part I.	23b. Did t	obacco use con	tribute to the cause of death?
v requires that the death cer been signed by the attendir should be detached for use letted by Physician/A	P	1.1.1-	1			101	es 2 No	3 Probably
es thu	Premone	Kent Jan	4500			-		/
en si buld						24a. Wes o		24b. Were eutopsy tindings evailable prior to
The lew requir								completion of cause of daath?
The lew sate hes page 2						1 D Y	es 2 DyMo	1 ☐ Yes 2 ☐ No
cartificate rector, pag	25. Wes casa referred to medical				26. Place of D	eath (Check only o		
2 8 8 111	axaminer? 1 ☐ Yas ♣☐ No	Hospitel:	2 ☐ ER/Outpatio	ent 3 DOA	Other: 4 Nursing	Homa 5 ☐ Rasid	ence 6 Othe	r (Specify)
S G		28e. Data of Injury (Month, Day Ye	ar) 28b. Time Injury	of 28c.	Injury at Work?	28d. Describe h	ow injury occurre	be
g Physician: er this carlific neral director. nr: To Be (27. Menner of Death	(mornin, buy 10	u.,	М	1 Yes 2 No			
eth. r: After this cone funeral dire ation: To	Naturel 5 Pending 2 Accident investigation							
ending Physical Cation: To	f⊠Naturel 5 Pending	28e. Plece of Injury	At home, term, s	treet, lectory, of	fice	28f. Location (S City or Tow	treet and Numbe n, Steta)	er or Rural Route Number,
ending Physical Cation: To	Naturel 5 Pending Accident investigation Suicide 6 Could not be	00 01 11-1	At home, term, s pecify)	treet, lectory, of	fice	28f. Location (S City or Tow	itreet and Numbe n, Steta)	or or Rural Route Number,
eeth. or: Atter this the funeral di cation: To	1 Naturel 2 Accident 3 Suicide 4 Homicida 5 Pending investigation determined	28e. Plece of Injury building, atc. (S	pecify) y knowledge, dee	oth occurred et ti	ne tima, data and pla	City or Tow	n, Steta)	nnar es stated.
ending Physical Cation: To	1 Naturel 2 Accident 3 Suicide 4 Homicida 29a. Certifier (Check only one) 5 Pending investigation description of the control	28e. Plece of Injury building, atc. (S	pecify) y knowledge, dee	eth occurred et ti nvestigetion, in	ne tima, data and pla my opinion, daath oc	City or Tow ce, and dua to tha c curred et the time, o	n, Steta) cause(s) and mar data end plece, e	nnar es stated. nd due to the ceuse(s)
ending Physical Carlon: To	1 Naturel 2 Accident 3 Suicide 4 Homicida 29a. Certifier (Check only) 29 Medical Examples	28e. Plece of Injury building, atc. (S	pecify) y knowledge, dee	eth occurred et ti nvestigetion, in	ne tima, data and pla ny opinion, daath oc cense number	City or Tow ce, and dua to tha c curred et the time, o	n, Steta) cause(s) and mar data end plece, e	nnar es stated.
To the Hospital or Attending Physic within 24 hours effactoeth. To the Funeral Director: After this of completely filled in by the funeral director. Medical Certification: To	1 Naturel 2 Accident 3 Suicide 4 Homicida 29a. Certifier (Check only one) 5 Pending investigation description of the control	28e. Plece of Injury building, atc. (S	pecify) y knowledge, dee	eth occurred et ti nvestigetion, in	ne tima, data and pla my opinion, daath oc cense number	ce, and dua to the curred et the time, c	ause(s) and mar data end plece, e	nnar es stated. nd due to the ceuse(s) (Month, Dey, Year)
ending Physical Cation: To	1 Naturel 2 Accident 3 Suicide 4 Homicida 29a. Certifier (Check only one) 5 Pending investigation description of the control	28e. Plece of Injury building, atc. (S hysician: To the best of mminer: On the basis of exa and manner stated	pecify) y knowledge, dee minetion end/or i	oth occurred et ti nvestigetion, in 29c. Li	ne tima, data and pla my opinion, daath oc cense number	ce, and dua to the curred et the time, c	ause(s) and mar data end plece, e	nnar es stated. nd due to the ceuse(s) (Month, Dey, Year)
eeth. or: Atter this the funeral di cation: To	1 Naturel 2 Accident 3 Suicide 4 Homicida 29a. Certifier (Check only one) 29b. Signeture and title of certifier	28e. Plece of Injury building, atc. (S hysician: To the best of mminer: On the basis of exa and manner stated	pecify) y knowledge, dee minetion end/or i	oth occurred et ti nvestigetion, in 29c. Li	ne tima, data and pla my opinion, daath oc cense number	City or Tow ce, and dua to tha c curred et the time, o	ause(s) and mar data end plece, e	nnar es stated. nd due to the ceuse(s) (Month, Dey, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				State of	of Marylar		rtment of F tificate of		nd Mental H	Hygiene 9	18	662
	·		Decedent's Name (First, Midd	le, Last)					2. Date of Month	Deeth Dev	Yeer	3. Time of Deeth
	Physician /Medica		Ashlee J. Hop	ewe'll					May	18,		9:55PM
À	Examine	40	Facility Name (If not institution	n, give street and nu	ım <i>ber)</i>			4b. City, Town	n, or Location of D	eeth 4c. Count	y of Death	
			Holy Cross Ho	spital			COLUMN .	Silver	Spring	Montg	omery	
Г	Funeral	5. 5	Social Security Number	6. Sex 1 ☐ M 2 Ā F	7. Age (In yrs.	. last birthday) Yrs.	If Under 1 Year Months Days		Min. 8. Date of (Month,	Birth Dey, Year) 18, 1999	Cour	
L	Director	Us	N/A ual Residence of Decedent					1 2	0 May	10, 1999	Mary	Land
	anytan ahow		e. Stete 10b. County		10c, Ci	ity, Town or Loc	cation				1	10d. Inside City Limits 1 ☐ Yes 2X No
	or 28a-f a	Ma	ryland Prince	e Georges	' L	aurel_	10f. Zip Code			10g. Citizen of	What Cour	
	with with	1 1	3016 Old Stage	Coach Ro	ad		20708			United		
	ofter death v r Neme 23a	11.	Maritel Status	12. Was Dec	edent Ever in L	J,S. 13. V		lispanic Origi	n? (Specify Yes or Puerto Rican, etc.)		ce - Americ	can Indien,
020			1⊠ Never Married 2 Mar 3 Widowed 4 Divorced	If Yes, G	2 🖾 No ive		Yes, specify Cuba	Specify:	Puerto Hican, etc.)	Speci	ack, White,	etc. Lack
2-0	72 ho	2		nt's Education est grade completed		16a. Deced	ent's Usuel Occup	etion	of working	16b. Kind of I	Business/In	dustry
21215-0020	led within 72 hours of ygiena. Per than "natural", cit, the Mayera Example And	2	Elementery/Secondery (0-12)	1	1-4or 5+)		kind of work done OO NOT use retired	d)	working	27/4		
	be filed water the dother the event, in		N/A Fether's Neme (First, Middle,	(ast)		N/A		18. Mother's	s Name (First, Mid	N/A Idle, Maiden Suma	me)	
Maryland	ould be filed with Mentel Hygiena arked other than attic event, trail	5							lita Car			
ary	2 should end Men is merke sumetic		eAnton S. Hope a. Informant's Name/Reletions			19b. Mailin	g Address (Street			mber, City or Town	n, State, Zip	Code)
	1 end 2 Health e em 27 is	1	Shellita Carne	y-Mother		13016	old Sta	age Coa	ach Road,	Laurel,	Mary	land 20708
ore	of He	208	a. Method of Disposition 1 ☒ Burial 2 ☐ Cremation	2 Demoval from	20b.	Place of Dispos cemetery, crem	sition (Neme of natory or other plea	сө)	Dete	20c. Location	- City or To	own, State
Ë	Pe Pe		4 Donation 5 Other (5	Specify)		t Linco	oln Cemet	tery	5-27-99	Brentwo	od, M	aryland
Baltimore,	permit. Peges 1 end Department of Health Important: If Item 27 any injury or other tr	21	. Signature of Funeral Sychological Sycholog	Licensee A	KULLON	Fo	Name end Addre	ln Fun	eral Home	e entwood	Mary1	and 20722
	Physician /Medical Examiner pue u u u u u u u u u u u u u u u u u u	Im dis res	la. Pert1. Enter the disease, o shock, or heart failure. List mediate Cause (Final sease or condition sulting in deeth)	a Re	Sprant of the state of the stat	a for as a formed or as a formed	ny fo	शोपा	16			Approximate Interval Between Onset and Death
Box 68760,	that the death certificate be executed ed by the attending physician end datached for use as the burial-transit buval cian Medical Examin	Ce tha	equentially list conditions, any, leading to immediate use. Enter Underlying use (Disease or injury at initiated events sulting in deeth) Lest	{	Due to (d	or as a consequ	uence of):					
	daat daat ed fo	Pe	rt II. Other significant condition	ons contributing to d	leath but not res	sulting In the un	derlying cause giv	ven in Part I.	23b. I	Did tobacco uee c	ontribute to	o the cause of death?
, P.O	uiras that the das is signed by the a ld be datached is d by Physic							5 1	1	Yes 2 No	3□ Pro	bably 4 Unknown
Records,	beer shou	_								Ves en eutopsy erformed?	ev	ere eutopsy findings reileble prior to empletion of ceuse death?
0	ysician: The law is certificate has be director, page 2 s								1	☐ Yes 2 No	1[☐ Yes 2☐ No
Vital	stan: entific sctor,	25	Wes cese referred to medica examiner?						of Death (Check or	nly one)		
of	Z S D	-	1 Yes 2 No			ER/Outpatien		4 LI Nurs	-	Residence 6 🗆 O		(y)
Division o	is or Attending Ph rs efter death. In Director: After th ed in by the funeral Certification:	27.	Z C AUCIDON	gation	of Injury oth, Day Year)	28b. Time of Injury	M 1□	ryat rk? Yes 2 □ No		ibe how injury occu	ırred	5 103
Divis	s eftar de la Direct de la Direct de la Direct de la Dy Cartlfi		3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	28e. Plac build	e of Injury - At h ling, etc. (Speci	nome, ferm, stre ify)	eet, factory, office		28f. Location City or	on (Street end Num Town, Stete)	ber or Rur	al Route Number,
	To the Hospital or within 24 hours efte to the Funeral Dir. completely filled in Medical Cert		a. Certifier (Check only one) 1 Certifyli 2 Medical	ng Phyelcian: To the Examiner: On the b	e best of my kno easis of examine oner stated.	owledge, death etion end/or inv	occurred at the tir estigetion, in my o	me, date and opinion, deeth	place, end due to occurred at the tir	the cause(s) end n me, dete end place	nenner es s , end due t	tated. o the ceuse(s)
	withir To th comp		Signature and little of pentite	"nunth	MIT)	29c. Licens	se number	0	29d. Date sign	ed (Month,	Day, Yeer)
	(2)	30.	Neme and address of person	who completed can	be of death (itel	m 23e) (Type, I	Print)	1500	7	0//	11/	
		01		MD 11	South City		Glen Ro	Jill Jill	er spain	Ny MY	W410	
	State Registrar		MAY 2 5 1		Registrar's Sign	B.	Local					



Phys	ician	_	1. Decedant's Nama (First, Middle, Last)	ROBI	ERT G	HOLMES	, SR	•	2. Deta of Month	Reg. No. Death Dey	Yaar	3. Time of Death
	dical niner		la. Facility Nama (If not institution, give stre	et and number)	7011	nes	Sr.	4b. City, Town	, or Location of De	eath 4c. Coun	99 ty of Death	6.45 AN
Funer	al		Carroll hethern 5. Sociel Security Number 6. Sax	Village	Nur n yrs. last bi 77	200	r 1 Year	If Under 24	stminust	Birth Day, Year)	eur	4.4
naturel', or items 23a or 28a-f show	ctor		10a. Stata 10b. County MD Carroll			on or Location tminste	r					10d. Insida City Llmits 1 ☐ Yas 2 ☑ No
a or 28	Dire		Oe. Street end Number				p Code	-0		10g. Citizan of		intry?
rel', or items 23a or 28a-f show Examiner must be notified at	by Funeral Director	2	1 Navar Married 2 Marriad	Was Dacedant Eval Armed Forces? t∰Yes 2 ☐ No It Yas, Giva Year or Dates:		21158 13. Was Decedant of Hispanic Origin? (Specify Yalf Yas, specify Cuban, Maxican, Puarto Rican, 1 Yas 2 No Specify:			? (Specify Yas or uarto Rican, atc.)	No- 14. Ra Bli Speci	ica - Amari ack, White	ican Indian, , alc. Thite
th and Mental Hygiene. 7 is marked other than "naturel", treumatic event, the Wed cal Exa	Completed		11	on ompleted) Collage (1-4or 5+)	16a	Decedant's Usu (Give kind of wo life. DO NOT u Sales	ork done ise retired	during most of d)		Conta	r Br iner	others s, Inc.
nd Mental Hygiene, merked other thai metic event, the	To Be		7. Father's Name (First, Middle, Last) Raymond Holmes					Juli	a Bell	dle, Maiden Suma		
h and 7 is mettreum			19a. Informent's Neme/Ralationship <i>(Type,</i> Marian Holmes/wi							mber, City or Town ${\sf ster}$, $ $		
of Health fitem 27 r other tr		2	0a. Mathod of Disposition 1 ☐ Burial 2 ☐ Crametion 3 ☐ Ramo	2	20b. Placa o	of Disposition (Na	me of		Data	20c. Location		
tment tant: i	-SOUCE-	1	21. Sonatura of Funaral Sarvica Licansaa	le)		412 W	ash:	ss of Facility I ingtor	Pritts :	Westmin	Hom	ore, MD ne & Chape r, MD21157
Dapartment Inportant: If Important: If Impor	n al		21. Signatura of Funaral Sarvica Licansaa 23a. Part / Enter tha disaasa, or complications shock, or haart failure. List only ona commediata Causa (Final diseasa or condition resulting in death)	ons that caused the ause on each lina.	death. Do	22. Name at 412 W	ash:	ss of Facility I ingtor	Pritts :	Funeral Westmin	Hom	e & Chape
ind control of the co	xaminer		23a. Part / Enter tha disaasa, or complications of shock, or haart failure. List only ona commediata Causa (Final diseasa or condition resulting in death) b.— Sequentially list conditions, fany, isading to immediate	ons that caused the ause on each lina. Sepsil	odaath. Do	22. Name at 412 W not antar the mod consequence of)	ash:	ss of Facility] ingtor ng, such as ca	Pritts :	Funeral Westmin	Hom	ne & Chape , MD21157 Approximate Intarval Batwaen
ysician and work of the burial-transit of control of co	Examiner		21. Signatura of Funaral Sarvica Licansaa 23a. Part / Enter tha disaasa, or complications shock, or haart failure. List only ona commediata Causa (Final diseasa or condition resulting in death) b.— Sequentially list conditions,	ons that caused the ause on each lina. Sepsiloue Aspur	e to (or es a	22. Name at 412 W not antar the mode consequence of)	a sh: da of dyin	ss of Facility] ingtor ng, such as ca	Pritts :	Funeral Westmin	Hom	ne & Chape , MD21157 Approximate Intarval Batwaen Onset and Daath
gned by the attending physician and important: if be datached for use as the burial-transit in its properties.	xaminer	F	23a. Part / Enter tha disaasa, or complications of shock, or haart failure. List only one complications of shock, or haart failure. List only one complication of shock, or haar	ons that caused the ause on each lina. Sepsiloned Aspur	e to (or es e	22. Name at 412 W not antar the mode consequence of):	nd Addra	ss of Facility I Ingtor ng, such as ca	Pritts nad Road rdiac or raspirator	Funeral Westmin y arrest,	Hom ster	ne & Chape , MD21157 Approximate Intarval Batwaen Onset and Daath
s been signed by the attending physician and important: if important: if important: if important: if important: if important in any injury o	by Physician/Medical Examiner	F	23a. Part / Enter tha disaasa, or complications of shock, or haart failure. List only one complications of shock, or haart failure. List only one complication of shock, or haar	ons that caused the ause on each lina. Sepsiloned Asperson Due	e to (or es e	22. Name at 412 W not antar the mode consequence of):	nd Addra	ss of Facility I Ingtor ng, such as ca	Pritts n Road rdiac or raspirator	Funeral Westmin y arrest, Id tobacco usa co	ontribute to 3 Pro	Approximate Interval Batwaen Onsat and Daath 4 No.
ata has been signed by the attending physician and Doctor of the attending physician and Doctor of the attending page 2 should be datached for use es the burial-transit Doctor of the any injury of the attending the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es the burial-transit Doctor of the attended for use es imated	e Completed by Physician/Medical Examiner	F	23a. Part / Enter tha disaasa, or complications of short in the disaasa of condition condition in the condit	ons that caused the ause on each lina. Sepsiloned Asperson Due	e to (or es e	22. Name at 412 W not antar the mode consequence of):	nd Addra	ingtor ingtor ng, such as ca	Pritts n Road rdiac or raspirator 23b. D 1 24a. W	Funeral Westmin y arrest, Id tobacco usa co yes 22 No las en eutopsy arformed?	ontribute to 3 Pro	Approximate Interval Batwaen Onsat and Daath To the cause of death? Deably 4 Unknown Vare eutopsy findings valiable prior to omplation of cause
this cardificate has been signed by the attending physician and DO CONTROLL TO	To Be Completed by Physician/Medical Examiner	F	23a. Part I. Enter the disease, or complications of shock, or heart failure. List only one commendate Causa (Final disease or condition a	ons that caused the ause on each lina. Sepsilial Due Dua Dital: 1 Inpatiant	e to (or es e	22. Name at 412 W not antar the mode consequence of): consequence of): consequence of): that underlying of the consequence o	a sh: da of dyin cause giv	ingtor ingtor ng, such as ca ran in Part I.	Pritts Road Road rdiac or raspirator 23b. D 1 24a. W pe 11 Death (Check on any Homa 5 Road)	Funeral Westmin y arrest, Id tobacco usa co yes 22 No las en eutopsy arformed?	ontribute to 3 Pro	Approximate Interval Batwaen Onsat and Daath To the cause of death? To bably 4 Unknown Vare eutopsy findings valiable prior to omplation of cause if deeth? Yas 2 No
The this cartificate has been signed by the attending physician and polymeral director, page 2 should be datached for use as the burial-transit and polymeral and polymeral director.	To Be Completed by Physician/Medical Examiner	F	23a. Part I. Enter the disease, or complications of shock, or heart failure. List only one commediate Causa (Final disease or condition a	ons that caused the ause on each lina. Sepsilone As pur Due Dua uting to death but no	pot resulting li	22. Name at 412 W not antar the mode consequence of): consequence of): consequence of): that underlying of the consequence o	cause giv	ingtor ingtor ng, such as ca ran in Part I.	Pritts Road Road rdiac or raspirator 23b. D 1 24a. W ps 11 Death (Check on rig Homa 5 Right) 28d. Dascrit 28f. Location	Funeral Westmin y arrest, Id tobacco usa co Ves 25 No as en eutopsy orformed? Yas 25 No by one) esidenca 6 00	ontribute to 3 Production of their (Special Interest)	Approximate Interval Batwaen Onsat and Daath The Course of death?
filer this cartificate has been signed by the attending physician and Control of Control	Certification: To Be Completed by Physician/Medical Examiner	F 2	23a. Part I Enter the disease, or complications show, or heart failure. List only one commendate Causa (Final disease or condition a	ons that caused the ause on each lina. Sepsilone As Nov Due Dua uting to death but not uting to death but not ital: 1 □ Inpatiant ita. Data of Injury (Month, Dey Yea	products. Do of to (or as a let o (or es a let o (22. Name at 412 W not antar the mode consequence of): consequence of): consequence of): the the court of the transfer of th	cause giv	ingtor in	Pritts Road Road rdiac or raspirator 23b. D 1 24a. W pe 28d. Dascrit 28f. Location City or	Id tobacco usa co y arrest, Id tobacco usa co y arrest, Yes 2 No as en eutopsy whomed? Yas 2 No by one) esidenca 6 Ot one how injury occu	ontribute to 3 Processing of the Contribute to 3 Processing of the Contribute to 3 Processing of the Contribute to the C	Approximate Interval Batwaen Onsat and Daath To bably 4 Unknown Vare eutopsy findings variable prior to omplation of cause of deeth? Yas 2 No
hils cartificate has been signed by the attending physician and important if important in import	To Be Completed by Physician/Medical Examiner	F 2 2	23a. Part I. Enter the disease, or complications of shock, or heart failure. List only one commediate Causa (Final disease or condition a	ons that caused the ause on each lina. Sepsilone As Nov Due Dua uting to death but not uting to death but not ital: 1 □ Inpatiant ita. Data of Injury (Month, Dey Yea	products. Do of to (or as a let o (or es a let o (22. Name at 412 W not antar the modern antar the modern and a second a second and a second and a second a secon	cause giv	ingtor in	Pritts Road Road rdiac or raspirator 23b. D 1 24a. W pe 28d. Dascrit 28f. Location City or	Id tobacco usa co y arrest, Id tobacco usa co y arrest, Yes 2 No as en eutopsy whomed? Yas 2 No by one) esidenca 6 Ot one how injury occu	ontribute to 3 Production of the Contribute to 3 Production of the Contribute of the	Approximate Interval Batwaen Onsat and Daath To be by A Unknown Vare eutopsy findings variable prior to omplation of cause of deeth? Yas 2 No Tal Route Number, Istatad. It to the cause(s)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Tima of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month **Physician** SR. LEWIS HATNES KENNETH 2000 25 5 /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, giva street and number) 4c. County of Deeth Examiner Union Hospital of Cecil County E1kton Cecil If Undar 1 Yaar If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Steta or Foraign Country) **Funeral** 153 M 2□ F Months Days Yrs 64 **Director** 007-32-6201 September 28, 1934 Maine Usual Rasidanca of Decedant Pages 1 and 2 should be filed within 72 hours after death with the Maryland neat of Health and Martal Hygiene.
nnt: if item 27 is marked other than "natural", or items 23a or 28a-f show unt: if item 27 is marked other than "natural", or hours than a be notified inly or other traumatic event, in the Health Evantural must be notified. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Directo Maryland Cecil E1kton 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21921 United States Funeral 14 Wilderness Road 12. Was Decedant Evar in U,S. Armed Forcas? 1 ⊠ Yas 2 □ No If Yas, Giva US Army Yaar or Datas 1953—1973 14. Race - Amarican Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Navar Marriad 2 X Married Specify: White Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: P 3 □ Widowed 4 □ Divorced Completed 16a. Decadent's Usual Occupation 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grada completed) (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Elementery/Secondery (0-12) College (1-4or 5+) Security Guard Hotel 12 18. Mothar's Nama (First, Middle, Maidan Sumama) 17. Fathar's Nama (First, Middla, Last) Be Keene Haines Myrtle McCall 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. fnformant's Name/Ralationship (Typa, Print) Nancy Ann Haines / Spouse 14 Wilderness Road, Elkton, MD 21921 20b. Place of Disposition (Nama of camatary, crematory or other place) May 28 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Page Department of Important: If any Injury or once. 4 Donation 5 Othar (Specify) 1999 North East, Maryland North East Methodist Cem red Puneral Service Lige 22. Nama and Address of Facility Crouch Funeral Home 127 South Main Street, North East, MD 21901 23a. Part1. Enter the disease, or complications that coulsed the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final disease or condition resulting in deeth) Examiner Examiner sumonia physician end the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disaasa or Injury that initiated avents rasulting in daath) Last Due to (or es a consequança of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consaquenca of) ettending pl Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? signed by the 1 Yes 2 No 3 Probably MUnknown Lenous sease þ 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy Completed renau is certificate hes director, pege 2 anonic Reno 1 Yas 2 No 1 Yas 2 No or Attending Physician: effer death. Director: After this certifica 25. Was case referred to medical axaminar? Be 26. Placa of Death (Check only ona) 1 Yas 2 No Hospital: Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA Certification: To funeral Dete of Injury (Month, Dey Year) 28d. Dascribe how Injury occurred 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 1 Natural 5 Panding 1 Yas 2 No 2 Accident Invastigation ector: by the 6 Could not be 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, streat, factory, office building, atc. (Spacify) 4 - Homicide To the Hospital or within 24 hours eft To the Funeral Di completely filled in 1 Certifying Physicien: To the best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and menner as stated.
2 Medical Examiner: On the basis of axaminetion end/or invastigation, in my opinion, death occurred at the time, date end placa, and dua to the cause(s) and manner stated. 29a. Cartifian edicai 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) 29c. Licansa number 10+11/4 30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print) Robert Denitzio, M.D., 111 West High Street, Elkton, MD 21921 410-392-3007 32 Ragistrar's Signatura

oaks

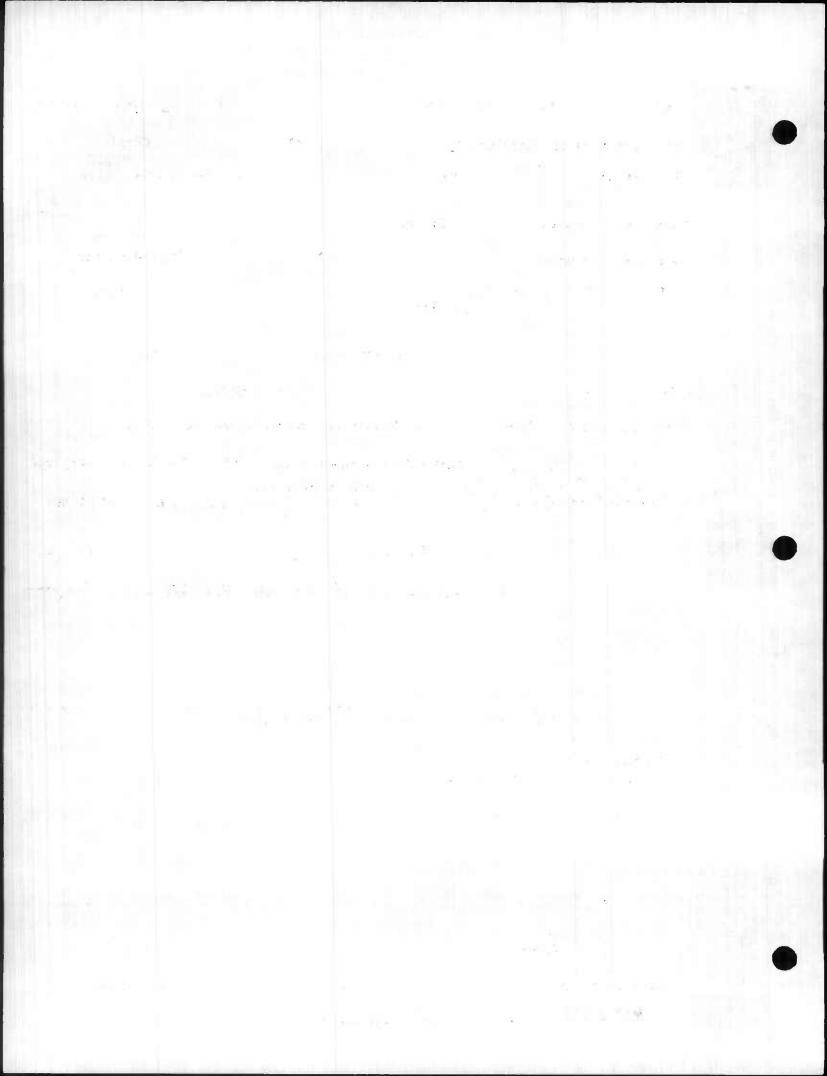
DHMH 16 Rev 6/95

State

Registrar

31. Data filad (Month, Day, Yaar)

MAY 2 8 1999



State of Maryland / Department of Health and Mental Hygiene (

Certificate of Death 3. Tima of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Deeth Month Physician HAZET. HINES MAY 23,1999 /Medical 4a Facility Neme (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** 1010 PALMER ROAD FORT WASHINGTON PRINCE GEORGES If Under 1 Yaar | If Under 24 Hrs. 5. Sociel Security Number 8. Deta of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Min. 1 □ M 2 \ F Months Days Hours Yrs. 16,1941 57 PANAMA Director 054-42-6198 Usual Rasidance of Decedant with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Insida City Llmits r than "natural", or items 23s or 28s-f show the Medical Examiner must be nothled at 1 X Yas 2 □ No Director PRINCE GEORGES FORT WASHINGTON 10f. Zip Coda 10g. Citizen of What Country? 10e. Street end Number 1010 PALMER RD 20744 UNITED STATES 2 should be filed within 72 hours efter deeth viand Mentel Hyglene. Is marked other than "natural" or Hame 22 Funeral 12. Wes Decedent Ever In U.S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Datas: 14. Race - Amaricen Indien, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 11. Marital Status 1 ☐ Nevar Marriad 2 ☐ Married Saltimore, Maryland 21215-0020 1 Yes 2 No Specify: BLACK þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grade complated) Collega (1-4or 5+) Elementery/Secondery (0-12) HOME HEALTH AIDE HEALTHCARE traumatic event, 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Be Unk. WHYTE ROSE FORBES 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) permit. Peges 1 and 2 st Department of Health and Important: If Item 27 Is m sny Injury or other traun 900ce. JONALISA THOMPSON / DAUGHTER 1010 PALMER RD. FORT WASHINGTON, MD 20744 20a. Method of Disposition

1A Burial 2 □ Cramation 3 □ Ramoval from Stata 20b. Place of Disposition (Nama of cematary, cramatory or other place) 4 ☐ Donation 5 ☐ Othar (Specify) RESURRECTION CEMETERY 5-28-99 CLINTON.MD 22. Nama and Addrass of Facility
ALEXANDER S. POPE FUNERAL HOME 21. Signature of Funaral Sarvice Licensee 1 emmons 5538 MARLBORO PIKE, FORESTVILLE, MD 20747 da 23a. Pert1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or haar failure. List only one cause on each line. Approximete Intarval Batwaan Onset and Death Physician /Medical Immediate Ceusa (Final disaasa or condition resulting in daath) CARDIAC ARRYTHMIA MINUTES Examiner Dua to (or as a consequance of): Examiner CARDIOMYOPATHY certificata be executed physician end s the burial-trans Sequantially list conditions, if any, laading to immadiate ceusa. Entar Undarlying Causa (Disaasa or Injury that initiated events resulting in death) Lest Dua to (or as e consequence of): CHF Box 68760. Physician/Medicai Dua to (or as a consequance of): 98 HYPERTENSION esn ö signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records. P.O. 3 Probably 4 ☐ Unknown 1 Tyes 2 No à 24b. Wara eutopsy findings available prior to 24a. Was an autopsy performed? Completed peen complation of causa of deeth? page 2 has 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificata 25. Was cesa rafarrad to madical axaminar?
1. Vas 2 No Be 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa & Rasidence 6 Othar (Specify) 10 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Daath funeral 28d. Dascribe how injury occurred 28h Time of 28c. Injury at Work? Certification: After 1 Attending 5 Pending invastigation 24 hours after death. 1 ☐ Yas 2 ☐ No 2 ☐ Accident 6 Could not be detarmined 3 ☐ Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) filled in by 4 Homicide 6 Hospital 29a. Certifian XXCertifying Physician: To the best of my knowledge, daath occurred at tha tima, data and place, end due to the cause(s) and mannar as steted. Medicai complataly (Check only one) 2 Madicel Examinar: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) and manner stated. To the I within 2 29b. Signature and title of S 29c. Licansa number 29d. Data signad (Month, Day, Year) D 32800 MAY 25,1999 M 30. Nama end addrass of person who complated calls a of death (Item 23a) (Type, Print) H. WASHINGTON M.D. FORT WASHINGTON HOSPITAL #205 32. Registrar's Signatura 31. Date filed (Month, Day, Year) State Spak MAY 2 6 1999 Registrar

DHMH 16 Rev 6/95

CHANGE AND THE CANADA

State of Maryland / Department of Health and Mental Hygiene 🍳 🔾

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** 19, 1999 Mary C. Harris 6:33 PM ' /Medical May 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner 2606 Kinderbrook Lane Prince Georges Bowie If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 5. Social Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** 1 M 20 F Months Days Hours Min. Yrs. Director Aug. 24, 1907 Ohio 216-44-7089 91 Usual Residence of Decedent the Maryland 10d. inside City Limits 10a. State 10b. County 10c. City, Town or Location r than "natural", or flems 23a or 28a-f show the Medical Examiner must be notified at 1 Yes 2 □ No Directo MD Prince Georges Bowie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20715 death Funeral 2606 Kinderbrook Lane USA 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes ≥ 1 ᡚNo If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Maritai Status Black, While, etc. 72 hours after 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 semit. Pages 1 and 2 should be filed within 72 hours aft Department of Health and Mental Hygiene. Important: if them 27 is marked other than "natural", or any injury or other traumatic event, the Modical Examples. 1 ☐ Yes 2 ☐ No Specify: P 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) U.S. Department Elementery/Secondery (0-12) College (1-4or 5+) 12 Of State 4 Supervisor 18. Mother's Name (First, Middle, Malden Sumame) 17. Father's Neme (First, Middle, Last) Be Alfred R. Cobbs Lauretta Bennett 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Mary Anne Krend/Daughter 2606 Kinderbrook Lane Bowie, Md. 20715 20b. Place of Disposition (Name of cemptery, crematory of other place)
Curlew Hills Memory 20c. Location - City or Town, State 20a. Method of Disposition Date Palm Harbor, 1 ☑ Burial 2 ☐ Cremation 3 ☑ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gardens 22. Name and Address of Fecility Florida 05-24-99 21. Signature of Funeral Service Licensee Ramus W. Ramu BEALL FUNERAL HOME Shannon W. Ramirez M00798 Snannon W. Ramirez M00798 6512 N.W. Crain Highway Bowie, 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Md. 20715 Approximete Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Carcinoma Metastatic Examiner Examiner ranoma physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Box 68760. Physician/Medicai Due to (or es e consequence of): 98 esn Po signed by the a 23b. Did tobacco uee contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? Completed page 2 s Jas 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No certificata or Attending Physician: director. 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) 1 Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 10 funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending aftar death. 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, streel, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide 24 hours a Hospital 11 Cartifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) end manner as stated. 29a. Certifier edicai 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. (Check only one) To the I within 2 to the F complet 29d. Date signed (Month, Day, Year) 29b. Signature end little of certifier 12 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) HANOUER PKWAY, ZOTTO M 1 d MAN 20770 Md. 31. Date filed (Month, Day, Year) 32. Registrar's Signature

DHMH 16 Rev 6/95

Registrar

MAY 2 4 1999

port still site is tary 1 terms and to amount !

			Amended It	em #5 per	F.H. 5/25/	Maryiano / 1999 WCHD	Cer	tificate of	Death	rental Hy	giene 9	9 1	8667
	Die der		1. Decedent's Neme	(First, Middle, Las	st)					2. Dete of De Month	eth Dey	Year	3. Time of Death
	Physicia /Medic		Charles	Edward	Horner,	Jr.				May 1			6:35 PM
	Examin		4e Fecility Neme (If	not institution, give	street end numb	per)			4b. City, Town, or Lo	ocation of Deat			10.33 EM
		•	Salisbury	Center:	Genesis	ElderCa	are		Salisbury	, MD	Wicom	ico	
1	Funeral		5. Social Security Nu	imber 6. S	ex 7.	Age (In yrs. last	birthday)	If Under 1 Yeer		8. Dete of Bir (Month, De	th	9. Birthp	place (Stete or Foreign
п	Director		220-01-82	8294	M 2□F	79	Yrs.	Months Days	Hours Min.	9-2-1920		Cour	
Н	Q		Usual Rasidence of	Decedant						13-2-13	20	rat y	land
	ehow		10a. State	10b. County		10c. City, To	own or Lo	cation				1	Od. Inside City Limits
	ith with the Maryla 23a or 28a-f ehon	Director	MD	Wicomico		M	Villa	rds					1X Yes 2 No
	or 28a-f	- e	10e. Street and Num	ber				10f. Zip Code			10g. Citizen of	What Cour	ntry?
	23a	9	36405 Old	Ocean C	ity Road			21874			U.S.A.		
	Herns Der m	Funeral	11. Meritel Stetus		12. Wes Decede	ent Ever in U.S.	13. V	Vas Decedent of	Hispanic Origin? (Sp an, Mexican, Puerto	ecify Yes or No	- 14. Ra	ce - Americ	
0	6 0 12		1 Never Merrie	d 2 Married		□No Dates	3	☐ Yes 2☐ No		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Specif		oto.
215-0020	ours Fx	d by	3 Widowed 4	Divorced	Yeer or Date	s:Unknown	1	2.00 22.00	ороску.		Зресп		ite
5-(n 72 hours "netural",	Completed	(Specil	15. Decedent's Ed fy only highest gra	ucation de completed)	10	6a. Deced	ent's Usual Occur	pation during most of work	ina	16b. Kind of B	usiness/Inc	dustry
121	2 2 5	현	Elementary/Secon		College (1-4	or 5+)	life. D	OO NOT use retire	nd)				
21	filed within Hygiene. other than sert, it was sert, it wa	3	6			S	Secur	ity Guar			Lumbe		
Maryland	should be filed within nd Mental Hygiene. marked other than imatic event, the Mental	Be	17. Fether's Neme (F	First, Middle, Last)					18. Mother's Nem	B (First, Middle	, Maiden Sumer	n <i>e)</i>	
N S	should be and Mental a marked o umatic eve	To I	Charles E						Mary I				
Var	end is me		19e. Informent's Ner			1	9b. Meilin	g Address (Street	t and Number or Run	al Routa Numb	er, City or Town	, State, Zip	Code)
	other tr		Stella E.		Niece				Showell,		21862		
ore	T Te		20e. Method of Dispo	osition Cremetion 3 🗆	Removel from Ste	come	of Dispos etery, crem	sition (Name of netory or other ple	ice)	Data	20c. Location	- City or To	own, Stete
E	Pages nent of land: If Its ury or o			5 ☐ Other (Specify			sbur	y Cremat	ory 5	-17-99	Salisb	urv.	MD
Baltimore,	permit. Pages 1 and 2 should be filed wit Department of Health end Mental Hygiene Important; if tem 27 is marked other the any injury or other traumatic event, the adds.		21. Signature of Fun	eral Service Licen	500	1		Name end Addre	ess of Fecility				
0	88 E 5 8		Com	lun 2	1/2.	1	Me	essick F	uneral Hor	ne, P.O	. Box 6	1, Bi	
			23a. Pert1. Enter the	e disease, or comp	olications that cau	sed the death. D	o not ente	or the mode of dyi	ng, such as cardiac	or raspiratory a	rrast,		21814 Approximata Intervel Between
	Physician		snock, or near	feilure. List only	n wuse on eac	th line.						i	Onset end Death
j	/Medical		Immediete Cause (F			Onto	11 110 1	wis				01	mus.
	Examiner		diseese or condition resulting in death)		a							610	1118-
		9			Roca	Due to (or es	a consequ	Derice of):	24.			11	22118
	d ansit	Examiner	Convertible the time	- C	b	Dua to (or as	0000000	- 07/	wise			1	2
ć	n en faf-tn	EX	Sequentially list con- if eny, laading to immoduse. Enter Underli Cause (Diseese or in	mediate		Dod to (or as	e consequ	period orj.					
68760,	the death certificate be executed by the attending physician end ached for use as the burial-transit	dicai	Cause (Diseese or in that initieted events	njury	c	Due to for on		sees off:					
.89	5 0 5	w	resulting in death) Li	ast		Due to (or es	e consequ	vence ory.					
Box	attending for use a	Physician/M			d								
m	afte afte	8	Port II Other election	ant annditions of	nauth rainm an ainm	h h	- t- th-	4-44	The Proof	OSE DIA	Aabaaaa		AL
P.0	ss that the de gned by the be detached	y s	Pert II. Other signific	A A	-	n but not rasulting	g in the un	idenying cause gr	ven in Part I.			/	o the cause of death?
	es that igned b be dete		PAR	reles						10	Yes 2 No	3 Pro	bebly 4 ☐ Unknown
.sp.		d by								24a. Was	en eutopsy	24b. W	ere eutopsy findings
Ö	been s	ee							- V. 10		ormed?	ev.	eilable prior to impletion of cause daath?
Record	has to	Completed								0.0	1	of	daath?
<u>=</u>	cate ha									10	Yes 2 No	10	Yes 20 No
VItal		a B	25. Wes case referre examiner?	+	Magnitul.			100	26. Place of Deet	h (Check only	one)		
of	hya his id	2	1 Yes 2 N	lo	Hospitel: 1 ☐ Inp		Outpatient	3LI DOA			idence 8 DOt		(y)
Ē	Pa et e	Certification:	27. Menner of Death 1 Naturel	5 Pending	28a. Data of I (Month,	Day Year) 28t	b. Tima of Injury		ry et rk?	28d. Describe	how injury occu	rred	
Division	or Attending after death. Director: After In by the fune	Cat	2 ☐ Accident 3 ☐ Suicide	investigation 6 Could not be				M 1	Yes 2□No				
₹	her differed freed		4 ☐ Homicide	detarmined	200. Flace of	Injury - At home, , etc. (Specify)	, farm, stre	et, factory, office			(Street and Num wn, Stata)	ber or Rure	el Route Number,
	rai Delli												
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the t	edical	29a. Certifier (Check only one)	Certifying Phy Medical Exam	rsician: To the be iner: On the basi end menner	s of examination	ige, death and/or inv	occurred at the ti astigation, in my	me, date end plece, opinion, death occur	and due to the red at tha tima,	cause(s) and m data end piece,	anner as s and due to	itated. o the ceuse(s)
	thin the		29b. Signeture end ti	tie of continer	and meriner	310100.		29c. Licen	se number		29d. Data signe	ed (Month	Dev. Year)
	F3F8		2.5.0.0.0.0.0.0	111,		-					8/21.1	90	//
			6	1 cu				D 39	7013		3/4/	17	
			30. Neme end eddres			of death (Item 23s	a) (Type, F	Print)					
			Michael H	R. Atkins		1104 H	ealth	way Dr.,	Salisbur	y, MD	21804		
	Stat	е	31. Dete filed (Month	AY 2 5 19	99 32. Reg	strer's Signeture	4	Spar	1				
	Registra	ir	IVI	11 6 9 13	00		1	pyour					

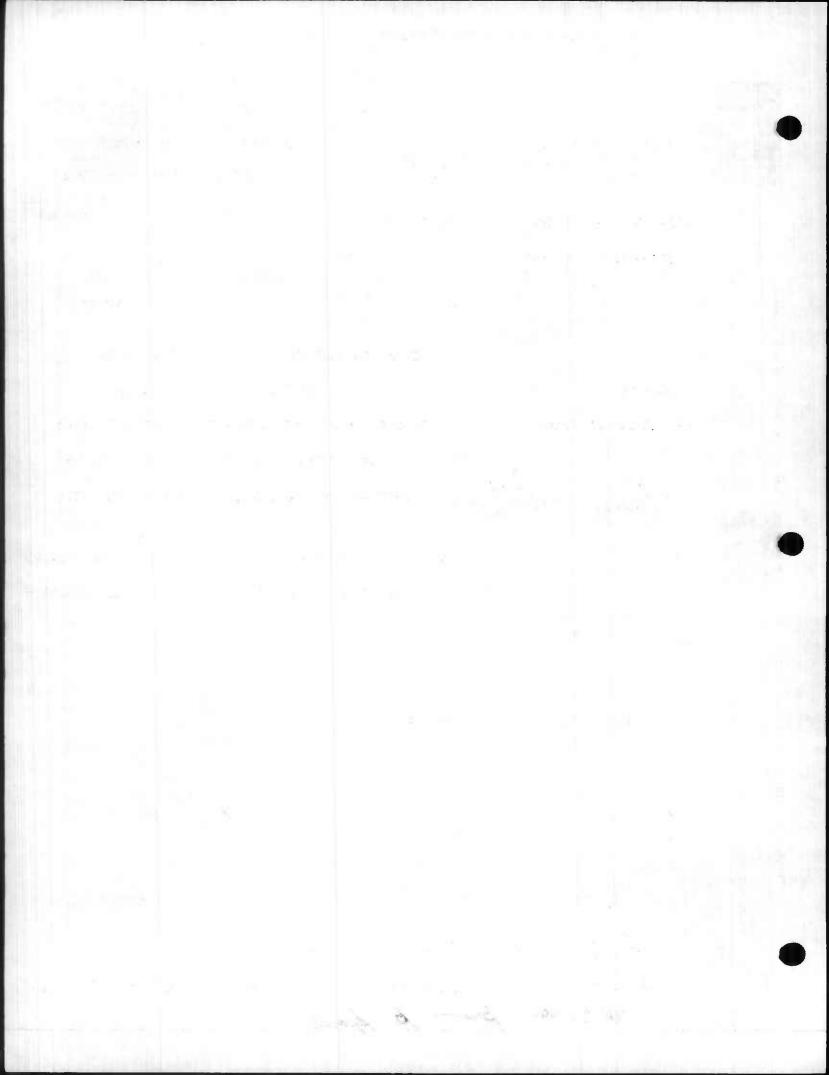
900 from to species

9991 8 S YAM

State of Maryland / Department of Health and Mental Hygiene 9 9

1	0	100	-	0
- 1	11	3	100	25
- 8	0		57	V

Street and Number 2306 COLON arital Status Navar Married 251 Widowad 4 Divor	ution, giva street AL ROAD 6. Sax 1 M H tunty RCESTER IAL ROAI 12. W An A	7. Aga (In 2015) Ves Decedant Evargued Forcas? EVAs 2 0 No Yas, Giva aar or Datas: Wan in pleted) Vollege (1-4or 5+)	oc. City, Town of OCEAN To in U.S. WII 16e. D () 19b. N 133	or Location CITY 10f. Zip C 21 13. Was Deceda If Yas, specifi 1 Yas 21 Decedant's Usual Giva kind of work ifa. DO NOT usa LANNING	4b. City, Town, of OCEAN	2. Data of Da Month MAY r Location of Death ITY s. 8. Date of Bir (Month, Da APRIL) Specify Yes or Norto Rican, atc.)	Day 21 10 4c. County WOR(th, Y-ear) 10, 1926 10g. Citizan of V USA 14. Race Blace Specify 16b. Kind of Bu OIL REE	Year 1999 of Death CESTER 9. Birthplac Country DELA 10d What Country e - American k, White, atc	ce (Stata or Foraig
acility Neme (If not instite 3306 COLONI. 18 Security Number 2-14-6247 Rasidenca of Decedan Stata 10b. Color	AL ROAD 6. Sax 1 M : t unty RCESTER IAL ROAI 12. W An	7. Aga (In 2) Yes Decedant Evargued Forcas? Yas, Giva aar or Datas: Wan only to the control of	oc. City, Town of OCEAN To in U.S. WII 16e. D () 19b. N 133	day) If Under 1 Months or Location CITY 10f. Zip C 21 13. Was Deceda If Yas, specifi 1 Yas 20 Recedant's Usual Give kind of work Ife. DO NOT usa LANNING Mailing Addrass (4b. City, Town, of OCEAN Cocean Hunder 24 His Under 24 Hi	MAY r Location of Death ITTY S. 8. Date of Bir (Month, De APRIL Specify Yes or Norto Rican, atc.)	21 10 4c. County WORO th, Year) 10 , 1926 10g. Citizen of V USA 14. Race Blace Specify 16b. Kind of Bu OIL REE	of Death CESTER 9. Birthplac Country DELA 10d What Country 9 Amarican k, White, atc.	Coe (Stata or Foraige) AWARE 1. Insida City Limits 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B306 COLONI. Clai Security Number 2-14-6247 Rasidence of Decedan Stata 10b. Cou RYLAND WO Street and Number 3306 COLON arital Status Navar Married 2 15. Dace (Specify only hi mantary/Secondery (0-1 12 Athar's Nema (First, Mid CHARLES Informant's Name/Ralat RTLE J. HAL Method of Disposition Marriel 2 Cramati Donation 5 Otha	AL ROAD 6. Sax 1 M : t unty RCESTER IAL ROAI 12. W An	7. Aga (In 2) Yes Decedant Evargued Forcas? Yas, Giva aar or Datas: Wan only to the control of	oc. City, Town of OCEAN To in U.S. WII 16e. D () 19b. N 133	day) If Under 1 Months or Location CITY 10f. Zip C 21 13. Was Deceda If Yas, specifi 1 Yas 20 Recedant's Usual Give kind of work Ife. DO NOT usa LANNING Mailing Addrass (4b. City, Town, of OCEAN Cocean Hunder 24 His Under 24 Hi	Specify Yes or Norto Rican, atc.)	WORC th y, Year) 10, 1926 10g. Citizen of V USA 14. Race Blace Specify 16b. Kind of Bu OIL REE	of Death CESTER 9. Birthplac Country DELA 10d What Country e - American k, White, atc	ce (Stata or Foraig
Call Security Number 2-14-6247 Rasidence of Decedent	6. Sax 1 M H t unty RCESTER IAL ROAI 12. W Married 1. If riced Y Adant's Education ghast grada com (12) C dile, Last) HA lonship (Typa, P L/WIFE Ion 3 □Ramov r (Specify)	O Ves Decedant Eva med Forcas? A Vas 2 No Yas, Giva aar or Datas: W npleted) college (1-4or 5+) ALL rint)	73 Yr Oc. City, Town of OCEAN Tin U.S. WII 16e. D (f) 19b. N 133	or Location CITY 10f. Zip C 21 13. Was Deceda If Yas, specif 1 Yas 20 Decedant's Usual Giva kind of work Ifa. DO NOT usa LANNING Mailing Addrass (Year If Under 24 Hi Days Hours Mi Goda 842 Int of Hispenic Origin? Y Cuban, Maxican, Pue X No Specify: Occupation dona during most of w ratired) 18. Mothar's N	Specify Yes or Norto Rican, atc.) Specify Yes or Norto Rican, atc.)	th y, Year) 10, 1926 10g. CitIzan of V USA 14. Race Blace Specify 16b. Kind of Bu OIL REE	9. Birthplac Country DELA 10d What Country e - American k, White, atc	ce (Stata or Foraig
Call Security Number 2-14-6247 Rasidence of Decedent	6. Sax 1 M H t unty RCESTER IAL ROAI 12. W Married 1. If riced Y Adant's Education ghast grada com (12) C dile, Last) HA lonship (Typa, P L/WIFE Ion 3 □Ramov r (Specify)	O Ves Decedant Eva med Forcas? A Vas 2 No Yas, Giva aar or Datas: W npleted) college (1-4or 5+) ALL rint)	73 Yr Oc. City, Town of OCEAN Tin U.S. WII 16e. D (f) 19b. N 133	or Location CITY 10f. Zip C 21 13. Was Deceda If Yas, specif 1 Yas 20 Decedant's Usual Giva kind of work Ifa. DO NOT usa LANNING Mailing Addrass (Year If Under 24 Hi Days Hours Mi Goda 842 Int of Hispenic Origin? Y Cuban, Maxican, Pue X No Specify: Occupation dona during most of w ratired) 18. Mothar's N	Specify Yes or Norto Rican, atc.) Specify Yes or Norto Rican, atc.)	th y, Year) 10, 1926 10g. CitIzan of V USA 14. Race Blace Specify 16b. Kind of Bu OIL REE	9. Birthplac Country DELA 10d What Country e - American k, White, atc	ce (Stata or Foraig
Rasidence of Decedan Stata 10b. Con RYLAND WO Street and Number 1.3306 COLON arital Status Never Married 2 15. Dace (Specify only hil mantary/Secondery (0-1 12 athar's Nema (First, Mid CHARLES Informant's Name/Ralat RTLE J. HAL Method of Disposition Magurial 2 Cramati Donation 5 Othe	TAL ROAL IAL RO	Jes Decedant Evargued Forcas? Zi Yas 2 D No Yas, Giva aar or Datas: Windered) oollege (1-4or 5+) ALL rinit)	OCEAN OCEAN In In U.S. WII In In U.S. In In U.S. WII In In U.S. In U.S. In In U.S. In In U.S. In U.S	or Location CITY 10f. Zip C 21 13. Was Deceda If Yas, specif 1 Yas 20 Recedant's Usual Give kind of work Ife. DO NOT usa LANNING Mailing Addrass (Coda .842 Int of Hispenic Origin? y Cuban, Maxican, Pue No Specify: Occupation dona during most of w ratired) ANALYST 18. Mother's N	Specify Yes or Norto Rican, atc.)	10g. Citizen of V USA 14. Race Blace Specify 16b. Kind of Bu OIL REE	DELA 10d Vhat Country 9 - American k, White, atc	AWARE f. Inside City Limits 1 X Yes 2 □ No 1/2 n Indian, c. TE
RYLAND WO Street and Number 1.3306 COLON arital Status Navar Married 2 15. Dace (Specify only hill mantary/Secondery (0-12 athar's Nema (First, Mid CHARLES Informant's Name/Ralat RTLE J. HAL Method of Disposition Maurial 2 Cramati Donation 5 Otha	RCESTER IAL ROAI 12. Warried 1. ft freed	Pos Decedant Evarmed Forcas?	OCEAN r in U.S. WII 16e. D	10f. Zip C 21 13. Was Deceda If Yas, specifi 1 Yas 2i Decedant's Usual Giva kind of work ifa. DO NOT usa LANNING	nt of Hispenic Origin? y Cuban, Maxican, Pue No Specify: Occupation dona during most of w ratired) ANALYST 18. Mother's N	orking ama (First, Middla	USA 14. Racci Blacc Specify 16b. Kind of Bu	e - Amarican k, White, ato	1 X Yas 2 □ No √? n indian, c. TE
Street and Number .3306 COLON arital Status Navar Married 2 15. Dace (Specify only hi mantary/Secondery (0-1 12 athar's Nema (First, Mid CHARLES Informant's Name/Ralat RTLE J. HAL. Method of Disposition Manual 2 Cramati Donation 5 Otha	IAL ROAI 12. W Married 1 14. W If the second of the second 12. Colors	Ves Decedant Eva reged Forcas? GYas 2 □ No Yas, Giva aar or Datas: W n npleted) College (1-4or 5+) ALL rinit)	r in U,S. WII 16e. D (// // // // // // // // // // // // //	10f. Zip C 21 13. Was Deceda If Yas, specifi 1 Yas 2i Decedant's Usual Giva kind of work Ifa. DO NOT usa LANNING Mailing Addrass (nt of Hispenic Origin? y Cuban, Maxican, Pue No Specify: Occupation dona during most of w ratired) ANALYST 18. Mother's N	orking ama (First, Middla	USA 14. Racci Blacc Specify 16b. Kind of Bu	e - Amarican k, White, ato	n indian, c. TE
Street and Number .3306 COLON arital Status Navar Married 2 15. Dace (Specify only hi mantary/Secondery (0-1 12 athar's Nema (First, Mid CHARLES Informant's Name/Ralat RTLE J. HAL. Method of Disposition Manual 2 Cramati Donation 5 Otha	IAL ROAI 12. W Married 1 14. W If the second of the second 12. Colors	Ves Decedant Eva reged Forcas? GYas 2 □ No Yas, Giva aar or Datas: W n npleted) College (1-4or 5+) ALL rinit)	r in U,S. WII 16e. D (// // // // // // // // // // // // //	10f. Zip C 21 13. Was Deceda If Yas, specifi 1 Yas 2i Decedant's Usual Giva kind of work Ifa. DO NOT usa LANNING Mailing Addrass (nt of Hispenic Origin? y Cuban, Maxican, Pue No Specify: Occupation dona during most of w ratired) ANALYST 18. Mother's N	orking ama (First, Middla	USA 14. Racci Blacc Specify 16b. Kind of Bu	e - Amarican k, White, ato	n indian, c. TE
arital Status Navar Married 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Married 12. W An I 1 If I 1 I 1 I 1 I 1 I 1 I 1 I 1 I 1 I 1 I 1	Ves Decedant Eva reged Forcas? GYas 2 □ No Yas, Giva aar or Datas: W n npleted) College (1-4or 5+) ALL rinit)	WII 16e. D	13. Was Decedan If Yas, specification of the Page 1 of the Page 2 of the	nt of Hispenic Origin? y Cuban, Maxican, Pus No Specify: Occupation dona during most of w ratired) 18. Mother's N	orking ama (First, Middla	USA 14. Racci Blacc Specify 16b. Kind of Bu	e - Amarican k, White, ato	n indian, c. TE
arital Status Navar Married 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Married 12. W An I 1 If I 1 I 1 I 1 I 1 I 1 I 1 I 1 I 1 I 1 I 1	Ves Decedant Eva reged Forcas? GYas 2 □ No Yas, Giva aar or Datas: W n npleted) College (1-4or 5+) ALL rinit)	WII 16e. D	13. Was Decedan If Yas, specification of the Page 1 of the Page 2 of the	nt of Hispenic Origin? y Cuban, Maxican, Pus No Specify: Occupation dona during most of w ratired) 18. Mother's N	orking ama (First, Middla	14. Race Blace Specify 16b. Kind of Bu	k, White, ato	c. TE
Navar Married 2 Navar Married 2 Navar Married 2 Divor 15. Dace (Specify only hill mantary/Secondery (0-1 12 Nathar's Nema (First, Midshar's Name/Ralate RTLE J. HAL. Method of Disposition Nation 1 Donation 5 Otha	Married 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	med Forcas? Mayas 2 □ No Yas, Giva aar or Datas: W nipleted) college (1-4or 5+) ALL rinit)	WII 16e. D	1 □ Yas 2 Decedant's Usual Giva kind of work ifa. DO NOT usa LANNING	Occupation dona during most of w ratired) ANALYST 18. Mothar's N	orking ama (First, Middla	Specify 16b. Kind of Bu OIL REI	k, White, ato	c. TE
15. Dace (Specify only his mantary/Secondery (0-1) 12 ather's Nema (First, Mid CHARLES Informant's Name/Ralate RTLE J. HAL. Method of Disposition Burial 2 Cramati Donation 5 Otha	roed ff.	Yas, Giva aar or Datas: W npleted) ollege (1-4or 5+) ALL trint)	16e. D	Decedant's Usual Giva kind of work fra. DO NOT usa LANNING	Occupation dona during most of w ratired) ANALYST 18. Mothar's N	ama (First, Middla	16b. Kind of Bu	WHI	
(Specify only hilmantary/Secondery (0-1 12 athar's Nema (First, Midel CHARLES and Informant's Name/Ralate (TTLE J. HAL) Method of Disposition Burial 2 Cramati Donation 5 Otha	dant's Education ghast grada com (12) Co (12) HA Ionship (Typa, P) L/WIFE Ion 3 □ Ramov r (Specify)	n pleted) ALL trint)	16e. D	Giva kind of work ifa. DO NOT usa LANNING Mailing Addrass (ANALYST 18. Mothar's N	ama (First, Middla	OIL REF		
(Specify only hilmantary/Secondery (0-1 12 athar's Nema (First, Midel CHARLES and Informant's Name/Ralate (TTLE J. HAL) Method of Disposition Burial 2 Cramati Donation 5 Otha	ghast grada com (12) Code, Last) HA Ionship (Typa, Polymer) L/WIFE Ion 3 □ Ramov ((Specify)	npleted) ALL trint)	19b. N 133	Giva kind of work ifa. DO NOT usa LANNING Mailing Addrass (ANALYST 18. Mothar's N	ama (First, Middla	OIL REF		
12 hthar's Nema (First, Mid CHARLES Informant's Name/Ralat RTLE J. HAL Method of Disposition Main Burial 2 □ Cramati □ Donation 5 □ Otha	dle, Last) HA Ionship (Typa, Po L/WIFE ion 3 □Ramov r (Specify)	ALL rinit) vai from Stata	19b. N 133	Mailing Addrass (18. Mothar's N				
thar's Nema (First, Mid CHARLES Informant's Name/Ralat RTLE J • HAL Method of Disposition Magurial 2 □ Cramati □ Donation 5 □ Otha	HA lonship (<i>Typa</i> , <i>Pi</i> L/WIFE ion 3 □Ramov r (<i>Specify</i>)	rint)	19b. N 133	Mailing Addrass (18. Mothar's N			TNERY	
Informant's Name/Ralat RTLE J. HAL Method of Disposition Magnial 2 □ Cramati □ Donation 5 □ Otha	lonship (Typa, Pour L/WIFE ion 3 □Ramovir (Specify)	rint)	133		MVDTIF	т.	, waloen sumam		
Informant's Name/Ralat RTLE J. HAL Method of Disposition Magnial 2 □ Cramati □ Donation 5 □ Otha	lonship (Typa, Pour L/WIFE ion 3 □Ramovir (Specify)	rint)	133				НЕМРН	TIT	
RTLE J. HAL. Method of Disposition Magurial 2 Cramati Donation 5 Otha	L/WIFE ion 3 □Ramov r(Specify)	vai from Stata	133						ode)
Method of Disposition Mail Burial 2 □ Cramati □ Donation 5 □ Otha	ion 3 □Ramov r <i>(Specify)</i>	ai from Stata	20b. Place of D						
X Burial 2 ☐ Cramati ☐ Donation 5 ☐ Otha	r (Specify)	ai from Stata	cemetary,		NIAL ROAD,	Data Data	20c. Location -		
		I		crematory or oth	ar placa)				
ignutum of nineral Sen	vica Licensaa		DELAWAR	E CITY (CEMETERY	5/25/99	DELAWARE	CITY	, DE
11/11	1 / /	2,		22. Nama and	Addrass of Facility				
210,241,4	41230	2		HASTINGS	FUNERAL H	OME, SEL	BYVILLE,	DE.	19975
Parts. Enter the distance	, or complication	ns that taused the	daath. Do no	t antar tha moda	of dying, such as cardi	ac or raspiratory a	rrast,	A	pproximate
shodk, or haart failura.	List only ona cal	usa on each line.						i c	ntarval Batween Onsat and Death
dlata Causa (Final		1 0.	107.1	0.111	11-1-11			I	
se or condition ing in death)	ө	CORON			US10N			/E	W MINKIZ
				nsequence of):	-	on Manager			W MINETE
	b	CORON		ALIEL	7 15	EASE		SEL	ECAL YEAR
antially iist conditions, , laading to immadiata a. Entar Undarlying a (Disaasa or injury nitiated avants		Due	to (or as a co	nsequance ot):				1	
a (Disaasa or injury	c							1	
ing in daath) Last		Due	to (or es e cor	nsequence of):				į	
	d							i	
								Ì	
Other algnificant con	ditions contribut	ing to death but no	ot rasulting in t	ha undarlying cau	usa givan in Part I.	23b. Did	tobacco usa cor	ntribute to ti	he cause of death
RECENT	BY- 7	Parc	5,000	-24		10	Yes 2□ No	3 Probai	bfy Munknow
NECENT	5/-1	1750	SULAL	N					
							an autopsy ormed?	24b. Wara availa	a autopsy findings abla prior to
						polit			plation of cause
						10	Yas 2 No		Yas 2□ No
as casa rafarred to med	dical				80 Di				TWO ZUINO
aminar?	Hospite	el: , , ,			Othor	eath (Check only			
Yas 2 No		1 L Inpatient	2 ER/Outp		4 Nuising	Homa 5 Rasi	danca 6 □Oth how injury occurr		
Paragraphic Properties 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing							injury occurs	0.5	
⊠Natural 5 □ Pe	2 Accidant investigation M 1 Yas 2 No								
Natural 5 ☐ Pe inv	uld not be	a. Place of Injury - building, atc. (S	- At home, farm Specify)	n, street, factory,	office	City or To	street and Numb wn, Stata)	er or Hurai F	routa Number,
Natural 5 ☐ Pe ☐ Accidant inv	uld not be								
☑Natural 5 ☐ Pe inv Suicida 6 ☐ Co	uld not be								
Natural 5 ☐ Pe inv ☐ Suicida 6 ☐ Co del ☐ Homicida Cartiflar 1 ☐ Certif	uld not be remined 28		mination and/	or investigation, it	Titty opinion, daati oo	oneo at tha tima,	oata ano piace, i	and dua to ti	ia causa(s)
Natural 5 ☐ Pe inv ☐ Suicida 6 ☐ Co del ☐ Homicida Cartiflar 1 ☐ Certif	uld not be emined 28	On tha basis of axa	mination and/				29d. Data signed	d (Month, De	ıy, Yaar)
Natural ☐ Accidant ☐ Suicida ☐ Homicida Cartiflar (Check only one) Natural ☐ Per inv 6 ☐ Co del 1 ☐ Certi	uld not be ermined 28 itying Phyalcian cal Examiner: C	On tha basis of axa	imination and/	290.	License number	1	3-3	21-99	
Natural ☐ Accidant ☐ Suicida ☐ Homicida Cartiflar (Check only one) Natural ☐ Per inv 6 ☐ Co del 1 ☐ Certi	uld not be ermined 28 itying Phyalcian cal Examiner: C	On tha basis of axa	amination and/o	S, 29c. 1	D 06241				
Natural Accidant Suicida Homicida Cartiflar Check only one) Signatura and title of cer	uld not be termined 28: frying Physician cal Examiner: Ca	On the basis of examind mannar stated The work	th, m.	d	D 06241				
Natural Accidant Suicida Homicida Cartiflar Check only one) Signatura and title of cer	uld not be termined 28: frying Physician cal Examiner: Ca	On tha basis of axa	th, m.	ype, Print)	D 06241	601 5	Samuel 1	1/1/	11.218
	/ TOGIGATIL	determined 28	Homicida determined 298. Place of injury building, atc. (\$\frac{1}{2}\$ certifying Phyalcian: To the best of m	determined 25a. Place of Injury - At nome, farm building, atc. (Specify) artiflar theck only 25d-Medical Examiner: On the basis of examination and/	Antiflar theck only ne) determined determined 28a. Place of Injury - At nome, farm, street, factory, building, atc. (Specify) 1 Certifying Phyaician: To the best of my knowledge, death occurred at 2 Medical Examiner: On the basis of axamination and/or investigation, in and mannar stated.	Homicida determined 28a. Place of trijury - At nome, farm, street, factory, office building, atc. (Specify) artiflar theck only 24 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occ	determined determined 25a. Place of Injury - At nome, farm, street, factory, office building, atc. (Specify) 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, data and place, and due to the check only ne) 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, and mannar stated.	Homicida 28a. Place of Injury - Al nome, farm, street, factory, office 26f. Location (Street and North building, atc. (Specify)	At nome, farm, street, factory, office building, atc. (Specify) City or Town, Stata



Dhysis	ian	1. Decedent's Name (First, Middle,				tificate of		2. Date of D	Day	Voor	. Time of Death	
Physici /Medi		Dorothy G. Ho						May			:50 p.m	
Examir	ner	4e. Fecility Neme (If not institution, Deer's Head Cen		r)			4b. City, Town, or Salisbu		4c. County Wicor			
Funeral Director		5. Scciel Security Number 125–09–0655 Usuel Residence of Decedent	Sex 7. A 1 M 2 X F	nge (In yrs. last b 78		If Under 1 Year Months Deys	If Under 24 Hrs Hours Min	(Month, D	irth Dey, Year) bear 28,192	9. Birthplece Country) 0 Cana	e (State or Forei da	
yland III		10a. Stete 10b. County		10c. City, Tov	wn or Loca	ation				10d.	Inside City Limi	
Ba-f st	ctor	Maryland Wi	comico	Sa	alisb	oury					Yes 2□	
th with the	Funeral Director	10e. Street end Number 1139 S. Division	on St.			10f. Zip Code 2180)4		10g. Citizen of USA	Whet Country?		
72 hours efter death with the Maryland natural, or Items 23a or 28a-f show deal Examiner must be notified at	by	11. Marital Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Deceden Armed Forces 1 ☐ Yes 2 X If Yes, Give Year or Dates] No		as Decedent of F Yes, specify Cub Yes 2 No	dispenic Origin? (S an, Mexicen, Puer Specify:	Specify Yes or N to Rican, etc.)	No- 14. Rece - American Indian Black, White, etc. Specify: White			
s i end z should ob bled within 72 hours enter death with the Marylan of Health and Mental Hygiene. If Health and Mental Hygiene. If Health and Mental Hygiene. Other traumatic event, the Medical Example must be notified at	Completed	15. Decedent's (Specify only highest Elementery/Secondary (0-12) 12	Education irede completed) College (1-4or	.5.\	16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Homemaker 16b. Kind of Business/Indus 16b. Kind of Business/Indus 16b. Kind of Business/Indus					ry		
al Hyg	Be C	17. Fether's Neme (First, Middle, La						n's Neme (First, Middle, Maiden Surneme)				
snould be nd Mental marked o	To	Leonard Franc						illa Eu				
ozsn thand 7 is m traum		19e. Informent's Neme/Reletionship							ber, City or Town,		de)	
		Dorothy Ann Brace 20e. Method of Disposition 1 Burial 2 Cremetion 3 4 Donetion 5 Other (Spe	Removel from State	20b. Piece o	of Disposi e <i>ry, cre</i> me	River Dition (Neme of atory or other please partial Pa	сө)	Dete	idge, MD 21613 Dete 20c. Location - City or Town, Stete 5/25/99 Salisbury, MD			
Department of Important: If any injury or once.		21. Signature of Funeral Service Lie	•	Moios	22. Ho	Neme end Addre	ess of Fecility Funeral	Home Pr	ofession bury, MD	al Asso		
hysician		23a. Pert1. Enter the disease, or co shock, or heert failure. List or	mplications thet cause y one ceuse on each							Ap	proximete ervel Between uset end Deeth	
/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in death) Carcinoma of ovary									days	
- Adminier	ē	resulting in deeth)	0,	Due to (or es e	consequ	ence of):						
physician and sthe burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause, (Disease or injury	b	Due to (or es e	conseque	ence of):				1		
- D.O	VMedical	thet inflieted events resulting in death) Last	c	C. Due to (or es e consequence of): d								
e atter	Iclar	Pert II. Other significant conditions	contributing to death	but not resulting	in the und	tertving ceuse giv	en in Pert I	23h Dio	f tobacco use co	ntribute to the	cause of deat	
igned by the a	by Physician/M		continuiting to death	but not resulting					a. Did tobacco use contribute to the cause 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐			
aw requir is been s 2 should	Completed t								s en eutopsy formed?	eveilet	eutopsy findings ble prior to etion of cause th?	
page								1□	Yes 2 No	1 □ Y€	es 2 No	
is certificate director, pa	o Be	25. Wes case referred to medical exeminer?	Hospitel: 1 Inpat	ient 2□ER/O		a□ po₄ Oth	28. Place of De					
6 =	ation: To	27. Mesper of Deeth 1 Naturel 5 Pending 2 Accident investiget	28c. Injur	4 LI Nursing I		sidence 8 Oth how injury occur						
2 # # E	Certification:	3 Suicide 4 Homicide determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)							(Street end Numb own, Stete)	per or Rural Ro	oute Number,	
To the Hospital or within 24 hours after To the Funeral Dirticompletely filled in	edical								d. ceuse(s)			
To the Within 2 To the comple	W	29b. Signature end title of certifier	& Aul	u W	110	29c. Licens	e number 33905		29d. Dete signe	d (Month, Day	Year)	
6		30. Name end eddress of person who Virginia A. Du	completed ceuse of lany, M.D.	deeth (lyem 23e)	(Type, Pr	Box 201	8, Salis	bury, M	D 21802	-2018		
Sta	ite ar	31. Dete filed (Month, Day, Year)	32. Regist	rar's Signature	4	Loa	0,			_		

DHMH 16 Rev 6/95

and the west of the same

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** HUDSON MAY 24 1999 9:50 PM /Medical 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BERLIN NURSING & REHABILITATION CENTER BERLIN If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) **Funeral** 1 M W F Months Deys Hours Yrs. 98 Director AUG. 17, 1900 DELAWARE 221-50-1818 Usual Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show 1 N Yes 2 No HUDSON Directo DELAWARE SUSSEX SELBYVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 51 MCCABE STREET 19975 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☐ XNo tf Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11 Maritel Status Bleck, White, etc. Pages 1 end 2 should be filed within 72 hours after near of Health and Mental Hyglene. ntt: if tem 27 is marked other than "natural", or ite iny or other traumatic event, me Medical Event iny or other traumatic event, me 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 No Specify: Specity: 2 WHITE 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) Cottege (1-4or 5+) 8 HOMEMAKER OWN HOME 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) LEVIN Ε. MILLER MAGGIE PEPPER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) of Health & HELEN H. JOHNSON/DAUGHTER P.O. BOX 537, SELBYVILLE, DELAWARE 19975 20b. Ptece of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition permit. Pagas Depertment of Important: If it any injury or o 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) BISHOPVILLE CEMETERY 5/28/99 BISHOPVILLE, MARYLAND 21. Signar iral Sarvine Lion 22. Name end Address of Fecility HASTINGS FUNERAL HOME, SELBYVILLE, DELAWARE 19975 PAU Enter the disease, or complications that daused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shor, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** arterire elevatie Carliovas cula Pinase /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) Examine Examiner physician and the burial-transit law requires that the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Division of Vital Records. P.O. Box 68760. Physician/Medical Due to (or es e consequence of): 88 ettanding p signed by the e Pert It. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 No p 24b. Were eutopsy findings evaileble prior to completion of ceuse of deeth? 24a. Wes en eutopsy Completed irector, page 2: The 1 Yes 2 No 1 ☐ Yes 2 No or Attending Physician: funeral director Be 25. Was cese referred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending n 24 hours after death.

Reference of the Funeral Director: Aft

Jetely filled in by the fur 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 29e. Certifier Medical 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. within 2 To the 29d. Date signed (Month, Day, Year) 29c. License number 5-25-99 D29505 30. Name end ediffess of person who completed cause of deeth (ttem 23e) (Type, Print) GREGORID M. BELLOSO, M.D., 5302 CHINABERRY DRIVE, SALISBURY, MD 21801 31. Dete filed (Month, Day, Year) MAY 2 6 1999 32. Registrar's Signeture State Registrar

DHMH 16 Rev 6/95

2012 STAN

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Date of Deeth

Physician · /Medical Examiner

Funeral Director

the Marviand Item 27 is marked other than "natural", or Itema 23a or 28a-f show other traumetic event, the Medical Examinar must be notified at deeth 2 should be filed within 72 hours after and Mental Hygiena. is marked other than "natural", or ite parmit. Pages 1 and 2 st Department of Health and Important: If item 27 is n

Baitimore, Maryland 21215-0020

Physician /Medical Examiner

6

certificate be axecuted physician end the burial-trans attending physician use as t ed by the a has certificate this funeral After or Attending eftar death.

P.O. Box 68760.

Division of Vital Records.

Hospitai 24 hours To the Hosp within 24 hou To the Fune completely fi

3

1 Decedent's Name (First Middle Last) 3. Time of Death Month 27, 1999 9:19 am Elmer Harry May 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street end number) Washington Adventist Hospital Montgomery Takoma Park If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Months 1♥ M 2□ F 578-30-1907 71 Yrs. Nov. 25, 1927 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ¥ Yes 2 □ No Maryland Prince George's Directo Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 6101 Queens Chapel Road 20782 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. 1 ☑ Yes 2 ☐ No If Yas, Give Yeer or Datas: 1 Never Merried 2 Merried 1 ☐ Yas 2 ☒ No Specify: Specify: White à 3 ₩ Widowed 4 Divorced Completed 15. Decedent's Educetion (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b Kind of Business/Industry Cotlega (1-4or 5+) Elamantary/Secondary (0-12) Private Industry Machinist 18. Mother's Name (First, Middle, Maiden Surnama) 17. Father's Name (First, Middle, Last) John Clyde Irwin Margaret Marie Hutsler 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 8213 Cedar Street, Silver Spring, Maryland 20910 Donald Irwin - Son 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 M Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 06/02/99 Brentwood, Maryland 21. Signature of Fuheral Service Licer 22. Name and Address of Fecility
Gasch's Funeral Home du Alman 4739 Baltimore Avenue, Hyattsville, Jano one that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, 23a. Part1. Entar the disease, or com-shock, or heart failure. List only Approximate Interval Between Onsat end Death Immediate Cause (Final disease or condition rasulting in death) 10 cml-Examiner Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as e consequence of) Physician/Medicai Due to (or es e consequence of) 23b. Did tobacco usa contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown olascular acciclentþ 24b. Ware eutopsy findings aveilable prior to completion of ceuse of death? 24a. Was an autopsy performed? Completed isorder. 1 Yes 2 No 1 Yes 2 No 25. Wes cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yas 2 No 10 1 Denpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how Injury occurred Certification: 28b. Tima of 28c. Injury at Work? 1 Natural 5 Pending invastigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(s) and manner as stated. 29a. Cartifie edical 2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signeture end fille of certifier 29c. License number 29d. Date signed (Month, Day, Year) 968 May 28, 1999 30. Name and address of person who completed cause of death (Item 23a) (Typa, Print) Raman R. Tuli, M.D. 3503 Perry Street, #B, Mount Rainier, Maryland 20712-2141

State Registrar

31. Date filed (Month, Day, Year) MAY 2 8 1999

32 Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene O

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Month **Physician** tella JOHNSON 1255 25 /Medical 4a. Facility Nema (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner IFUN BUY U (P)
If Under 24 Hrs. B Det. 785 ymerican Glew 5. Social Security Number 8. Data of Birth (Month, Day, MAY 0 If Undar 1 Year 7. Age (In yrs. last birthday) 9. Birthplace (Steta or Foreign **Funeral** 1922 Days 1□ M 2XF MARYLAND Yrs. Director 213-36-5436 filed within 72 hours efter death with the Maryland 10e. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Wadical Examiner must be notified at ANNE ARUNDEL MARYLAND GLEN BURNIE Director 1 Yas 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 7857 AMERICANA CIRCLE APT. T 3 21060 US Funeral 12. Was Decedent Ever In U,S. Armed Forcas?
1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 11. Maritel Status Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Never Married 2 ☐ Marriad 21215-0020 1 Yes 2 No Specify: by Specify:BLACK 3 Widowed 4 □ Divorced Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education 16b. Kind of Business/Industry (Spacify only highest grada complated) Pages 1 end 2 should be filed within nent of Heelth end Mental Hygiene. Int: If Item 27 is marked other than ANNE ARUNDEL Elementary/Secondary (0-12) Collega (1-4or 5+) COMMUNITY COLLEGE 8th 0 CUSTODIAN Depertment of Health and Mental Hygi Important: If item 27 is marked other any Injury or other traumatic event, Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be JOHN SOMMERVILLE LUVENIA JACKSON 2 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, State, Zip Code)
7857 AMERICANA CIRCLE APT. T3 GLEN BURNIE, 19a. Informant's Name/Ralationship (Type, Print) CYNTHIA DAY (DAUGHTER) 7857 AMERICANA CIRCLE APT. • T3 MD 2106 20c. Location - City or Town, State 21060 20b. Placa of Disposition (Nama of cemetery, cramatory or other placa) 20a. Mathod of Disposition 1 ☑Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata CARPENTER HILL CEME. 6/1/99 ROUND BAY, MD. 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name and Address of Fecility
VM. REESE & SONS MORTUARY, P.A. 21. Signatura of Funaral Sarvice Licenses 23a. Part1. Entar the disease, or complications thet caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. MD. 21401 Approximate Intarval Batwean Onset and Death Physician /Medical Immediate Ceusa (Final oscleratic Heart Disease NIS diseasa or condition rasulting in death) Examiner Examiner The law requires that the deeth certificate be executed the buriel-transit Sequentially list conditions, if any, laading to immediata causa. Enter Underlying Cause (Diseasa or injury that initiated avants rasulting in death) Last Dua to (or as a consequence of): P.O. Box 68760, physician Physician/Medicai Dua to (or as e consequanca of) for use es be deteched Part II. Other significant conditions confributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Division of Vital Records, p 24b. Wara autopsy findings available prior to director, page 2 should Completed 24a. Was an autopsy completion of cause this certificate has 1 Yas 2 No 1 ☐ Yas 2 ☐ No or Attending Physician: Be 25. Was casa rafarrad to medical 26. Place of Daath (Chack only ona) Other: 4 Nursing Homa 5 Besidanca 6 Other (Specify) Certification: To 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA filled in by the funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Yaar) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? After 5 Panding investigation 1 Natural s efter deeth. 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicida 6 Could not be determined 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicide Hospital within 24 hours e To the Funeral C ☐ Cartifying Physician: To tha best of my knowledge, daath occurred at tha time, data and place, and due to the cause(s) and mannar as stated.

Medical Examinar: On tha basis of axamination and/or investigation, in my opinion, death occurred at tha time, data and place, and due to the causa(s) and mannar statad. 29a. Certifier Medical (Check only one) the 29b. Signature end titla of cartifier 29d. Dete signed (Month, Day, Year) 29c. Licansa number Deput med causa of daath (Itam 23a) (Type, Print) 30. Nama and addrass of person ONES, MD 31. Dete filad (Month, Day, Year) 32. Ragistrar's Signatura

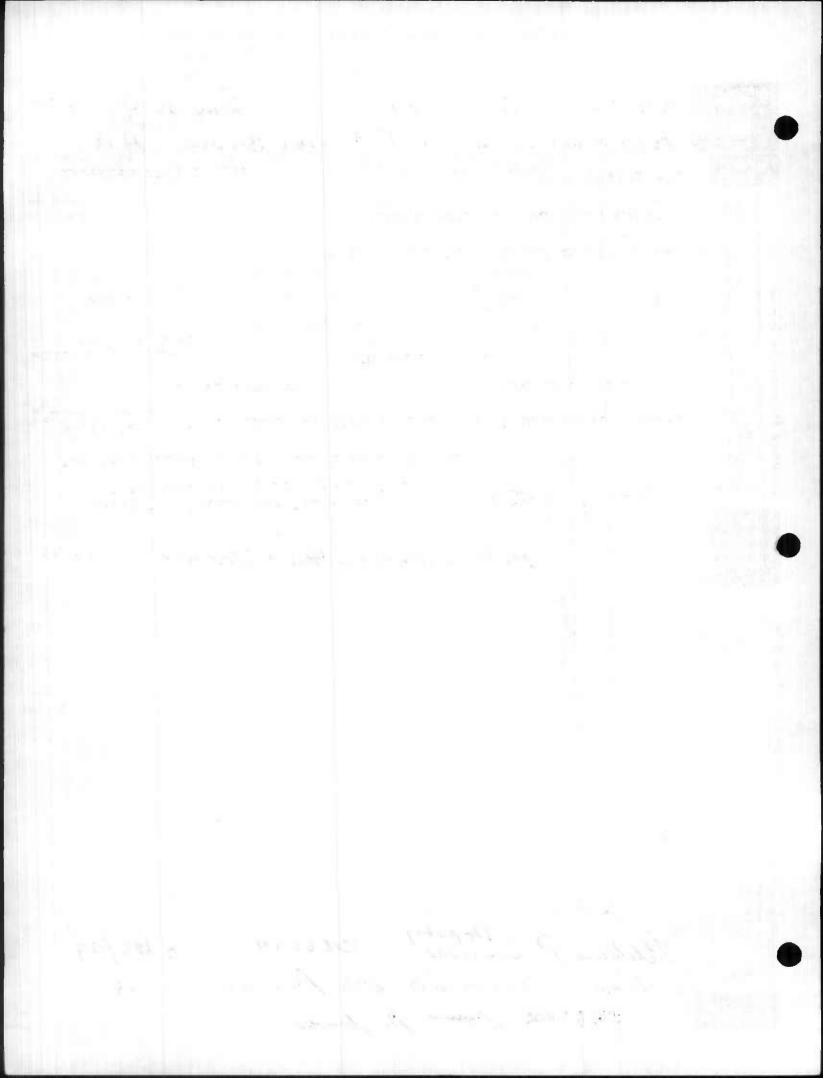
DHMH 16 Rev 6/95

State

Registrar

JIIN O

1 1000



MD

State of Maryland / Department of Health and Me	ental Hygiene
Certificate of Death	D Ma

Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Dav **Physician** 21, 1999 MAY 2:14 pm DAVID LYNN **JOHNSON** /Medical 4a Facility Name (If not Institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES If Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplaca (Stata or Foreign Country) 8. Date of Birth (Month, Day, Yaar) **Funeral** Days Months Director 10-15-1956 MICHIGAN 364-60-4253 Usual Residence of Deceden with the Maryland 10c. City. Town or Location 10a State 10b County 10d. Inside City Limits items 23a or 25a-f show ner must be notified at 1 Yes 2 □ No MD Director PRINCE GEORGES LANDOVER 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3006 BRIGHTSEAT ROAD, #102 20786 U.S.A. Funeral filed within 72 hours after death 12. Was Decedent Ever In U,S.
Armed Forcas?
1 Yes 2 No
If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amaricen Indian, Black, White, etc. traumatic event, the Madical Examiner. 1 Navar Marriad 2 Married 9 BLACK Saltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: 2 3 ☐ Widowed 4 ☐ Divorced "natursi", Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. condary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed w
Department of Health and Mental Hygien
Important if item 27 is marked other the
any injury or other traument. 12th STOCKER WAREHOUSE 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Fathar's Nama (First, Middle, Last) Be **JAMES JOHNSON** GRACE LOUISE WARE 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) ANTHONY JOHNSON - BROTHER 1117 MONTELLO AVE., NE WASH. DC 20002 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Buriai 2 XCramation 3 ☐ Ramovai from State RIVERDALE PARK CREM. 28-1999 RIVERDALE, MD 4 Donation 5 Other (Specify) 21. Signature of Feneral Service Doense TAYLOR'S FUNERAL HOME 12 1722 NORTH CAPITOL ST., NW WASH.DC 20001 234. Part1. Enter the disease, or compositions that Aused the death. Do not entar the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause or each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Systemic Inflammatory Responce Syndrome Days disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner Sepsis Days physician and s the buriel-trans Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in daath) Last Due to (or as a consequence of): Pneumonia Box 68760 Days certificate be Physician/Medical Dua to (or as a consequance of): 88 **Brain Masses** 981 0 signed by the a 23b. Did tobacco use contribute to the causa of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown Cirrhosis 2 24b. Were autopsy findings aveilable prior to completion of causa of death? 24a. Was an autopsy Completed Hepatitis C has pega 2 1 Yes 2 No 1 Tyes 2 No. cartificete or Attending Physician: director. 25. Was case referred to medical Be 26. Place of Death (Check only one) examinar? Hospital: X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 this 28a. Data of Injury (Month, Day Year) funerel 27. Manner of Death 1 Natural 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how Injury occurred After 5 Pending aftar deeth. 1 ☐ Yas 2 ☐ No Invastigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide 24 hours a Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) end manner es steted. Medical completely (Check only one) 2 Madical Examinar: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the I within 2 To the I 29d. Date signed (Month, Day, Year) 29b. Signature and title of certif 29c. License number ress of person who completed cause of seath (Item 23a) (Type, Print)

State Registrar DR.

31. Date filed (Month, Day, Year) MAY 2 8 1999

JAMES CATAVENIS 3001 HOSPITAL DRIVE, CHEVERLY, 62. Registrar's Signeture

300 - 3 VA

The state of the s

AND AND DESCRIPTION OF THE PERSON OF

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

5 adeson

FOR STATE REGISTRAR	STATE OF MARY			HEALTH AN		AL HYGIEN		
I. DECEDENT'S NAME (First, Middle, Las						TE OF DEATH	AY	YEAR 3. TIME OF DEATH
Hattie Mae C		(In yrs. last birthday)	F 10000 A WEA			TÉ OF BIRTH		3 • 05 AM N
579-52-2881	1 🗌 M 2 🔯 F		IF UNDER 1 YEAR		M (Mc	onth, Day, Year)	- 1	Country) Wash., D.C.
Southern Man	e atreet and number) Cyland Hospit		Clin	n or location (LOD	OF DEATH			ry of DEATH Ce George's
STATE 10b. COUR	1997							T
Md.	P.G.	1	crest					10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	EN OF WHAT COUNTRY?
3403 26th Av	renue			20748	3		U.S	S.A.
. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes,	ECENDENT OF H specify Cuben, M ES 2 X NO 5	exicen, Puer		s or No-	I4. RACE — American Indien, Black, White, etc. Specify: Black
15. DECEDENT'S El (Specify only highest gra		18e. DECEDENT'S U	SUAL OCCUP	TION	1	16b. KIND OF BU	SINESS/INDU	STRY
Elementary/Secondary (0-12) 9th	College (1-4 or 5+)	Give kind of wo				Rea.	l Esta	ite
FATHER'S NAME (First, Middle, Last)					S NAME (First	t, Middle, Melden	Surname)	
Trov Durant					ner La			
. INFORMANT'S NAME (Type/Print)		19b. MAILING 4	DDRESS (Street	et and Number or I			rn. State 7in f	Code)
sley Silas,Jr./	/Son			la Dr.,(
a. METHOD OF DISPOSITION		0b. PLACE AND DATE OF	na Lalla.	(Nama of	7111 <u>C</u>	ATE 200 10		Ity or Town, State
☐ Buriel 2 X Cremetion 3 ☐ Re☐ Donation 5 ☐ Other (Specify) _	emoval from State	ob. PLACE AND DATE OF emetary, crematory or oth Chesapeak	er place)	at a see T-	5/29/	799		
. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Chesapeake	22 NAME	ALOLY, II	IC.	IReT.	tsvill	Le,Ma.
· Larry	W. Que	ite	11.0	· Mazilli			Co.,Ir.	nc. n.,D.C. 20019
isease or condition esuiting in death) sequentially list conditions, f any, leading to immediate sause. Enter UNDERLYING AUSE (Disease or injury het initiated events esuiting in death) LAST	c	A CONSEQUENCE OF	~ ces					Oneet and Daet the Kore J the Kore J the Kore J
ART II. Other significant condition						24a. WAS AMPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE CON	VIRIBUTE TO CAUSE				TAIN 🗆			
WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☆ NO	HOSPITAL:		OTHER:	lome 5 🗆 Raelde	ence 8 🗆 O	ther (Specify)		
MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		RY	INJURY AT WORK?		DESCRIBE HOW	INJURY OCC	URED
2 Accident 3 Suicide 8 Could not I determined	28e. PLACE OF INJU	RY — At home, farm, at pecify)			28f. L	OCATION (Street Lity or Town, State	and Number o	or Rurel Route Number,
anal	YSICIAN: To the best of my kni							
2/	1	non end/or investigation	, at my opinio	, destin occured	tne time, o	erra and place, a	no due to the	ceuse(e) end menner as stated.
b. SIGNATURE AND TITLE OF CENTRE	Jollem	MO		29c. LICENS	E NUMBER	4	29d. DATE	SIGNED (Month, Day, Year) 2 3, 1990
NAME AND ADDRESS OF PERSON	WAO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, I	Print)	7700	010	BRA	wch	Ne HC-
MAY 2 7 1999	REGISTRAR'S SI	SNATURE S.	all	,		,		

Seol (2 YAL)

State of Maryland / Department of Health and Mental Hygiene (

Certificate of Death

WESTMINSTER

Physician /Medical	1. Decedent's Name (First, Middle, Last) Nathan Lee Johnson
Examiner	4a Facility Nama (If not institution, give street and no
	CARROLL COUNTY GENERAL

NATHAN LEE JOHNSON

Director

Funeral

py

Completed

Be

Examiner

Be Completed by Physician/Medical

Medical Certification: To

4a Facility Nama (If not institution, give street and number) CARROLL COUNTY GENERAL HOSPITAL

MAY 21, 4b. City, Town, or Location of Death

3. Time of Death 0322

AM

Euneral

Usual Residence of Decedent 10b. Count Yrs

| Honder 1 Year | Honder 24 Hrs. | 8. Date of Birth (Month, Day, Year) | Sept 13 1958

2. Date of Death

Birthplace (State or Foreign Country)

10d. Inside City Limits

1 Yas 2 XNo

Director

28a-7 must be notifi

ŏ

23a

Herna

8

Hygiene.

Pages 1 and 2 should be nent of Health and Mental intern 27 is marked of

or other trains

Department of Important: If any injury or page.

filed within 72 hours after

21215-0020

Baltimore, Maryland

the Medical Examiner

10a. State Md

Carroll

10c. City, Town or Location Sykesville

7. Age (In yrs. last birthday)

40

Reg. No.

Day

1999

4c. County of Death

CARROLL

10g. Citizen of What Country?

USA

MARYLAND

10e. Street and Number

5. Social Sacurity Number

579-80-4122

6655 Sykesville Road 11. Marital Status

Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 XNo If Yes, Give 1 Never Married 2 Married Yaar or Datas:

College (1-4or 5+)

10XM 2□ F

Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

14. Race - American Indian, Black, White, etc.

Specify: Black

3 ☐ Widowed 4 ☐ Divorced

15. Decedent's Education (Specify only highest grada complated)

16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired)

1 ☐ Yes 2 No Specify:

10f. Zip Code

21784

16b. Kind of Business/Industry

Elementery/Secondary (0-12)

never worked

none

17. Father's Nama (First, Middla, Last)

18. Mother's Name (First, Middle, Maiden Surname) Elizabeth Johnson

19a. Informant's Name/Relationship (Type, Print) Scott Yewell LPN (caregiver)

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Prologue, 6655 Sykesville Rd. Sykesville Md 21784

20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 20b. Place of Disposition (Name of cematery, crematory or other place) Springfield Cemetery

Date 5-27-99 Sykesville, Md

20c. Location - City or Town, State

21. Signature of Funeral Service Licansee

Paige Haight Sterbert

22. Name and Address of Facility Haight Funeral Home & Chapel

P.O. Box 195 Sykesville, Md 21784 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failura. List only ona cause on each line.

Physician /Medical Examiner

the

for use as

signed by the a

funerel director.

filled in by

this

After

i Director: Aft od in by the fur

To the Hospital within 24 hours o To the Funeral C

The law requires that the deeth certificate be executed

Box 68760.

Division of Vital Records, P.O.

or Attending Physician:

Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury

Immediate Cause (Final disaase or condition resulting in death)

(or as a consequence of)

Dua to (or as a consequence of)

Dua to (or as a consequence of)

that initiated avants resulting in death) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No

24a. Was en eutopsy performed?

3 Probably 4 Unknown

ardiovascular D 11 ia

phrenia

24b. Were eutopsy findings evailable prior to complation of cause of death?

Approximate Interval Between Onsat and Death

1 Yes 2□ No 2□ No

25. Was case referred to medical examiner? XYes 2□ No

5 Pending investigation

28e. Date of Injury (Month, Day Year)

Hospitel: 1 ☐ Inpatient 2 ☐ R/Outpatient 3 ☐ DOA 28b. Time of 28c. Injury at Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 1 Tyes 2 No

26. Place of Death (Check only one)

29a. Certifier

27. Manner of Death

1 Natural

2 Accident

4 Homicide

3 ☐ Suicide

6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

(Check only one)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner es steted.

XX Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated.

29b. Signature and title of certifian

MAY 2 6 1999

29c. License number O.C.M.E 29d. Date signed (Month, Day, Year) 21, 1999 MAY

and address of person who completed cause of death (Item 23a) (Type, Print)

Person who completed cause of death (Item 23a) (Type, Print)

Person who completed cause of death (Item 23a) (Type, Print)

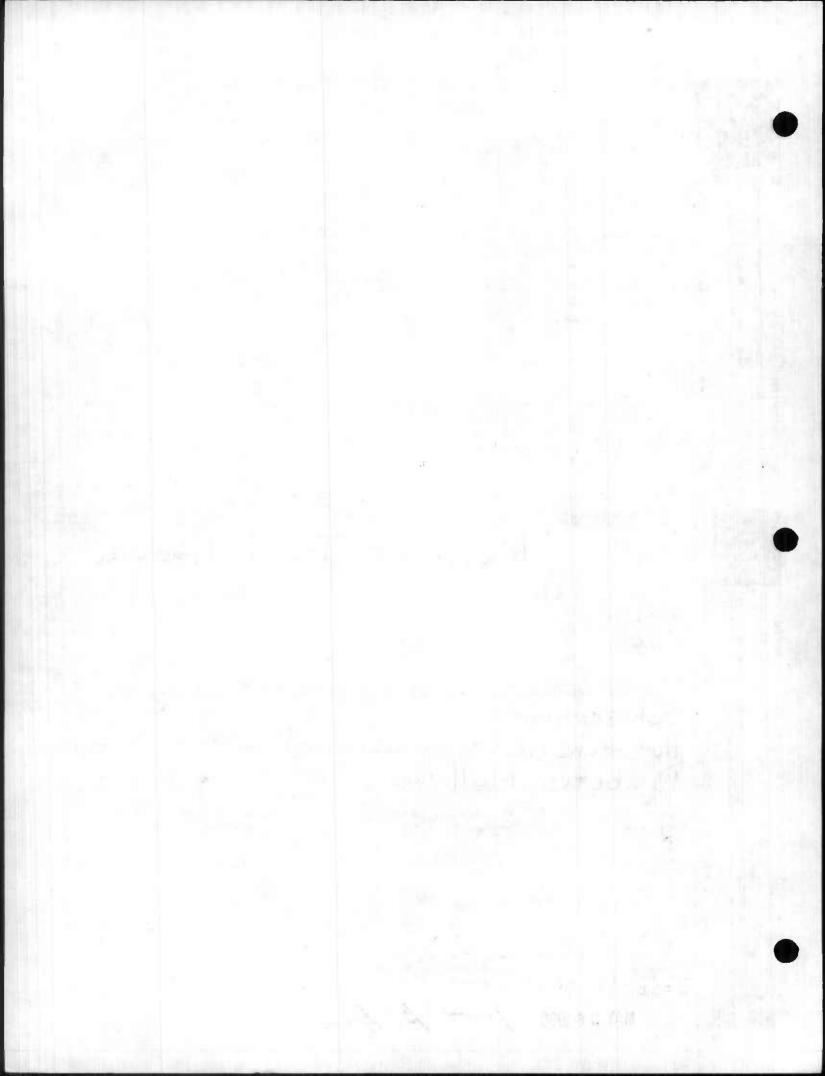
Person who completed cause of death (Item 23a) (Type, Print)

Person who completed cause of death (Item 23a) (Type, Print) 04 31. Date filed (Month, Day, Year,

anes 32. Registrar's Signature

State Registrar

DHMH 16 Rev 6/95



		1. Decedent's Nam	ne (First, Middle	, Last)			rtificate	011	Joann		2. Date of D				3. Time of Death		
ysician Medical		James		Braby	J	ones					Month MAY 2	6 19	999	Year	7:17 A.M.		
aminer		4a. Fecility Name (If not institution,	, give street and nu	ımber)			4	b. City, To	own, or Lo	cation of Dea	ith 4c.	County				
	4			DICAL CE			W I leader 4		AMP S						RGE'S		
eral ctor		5. Social Security N 484-18-90 Usual Residence of	031	6. Sex 1⊠ M 2□ F	7. Age (In yrs. 76	. last birthday) Yrs.	If Under 1 Months	Days	If Under Hours	Min.	8. Date of B (Month, D April	13,	1923	9. Birthple Counts I OW	ece (State or Foreigny) a		
	+	10a. State	10b. County		10c. Ci	ity, Town or Lo	ocation							10	d. Inside City Limits		
by Funeral Director	5	Maryland	Prince	George's	Tel	mple Hi	1115								1 N Yes 2 N		
Director		10e. Street and Nu		000150			10f. Zip C	Code				10g. Citiz	zen of W	/het Count	ry?		
-	5	3906 Bri	nkley R	d.			1	2074	48				USA				
by Funeral	2	11. Marital Status1 ☐ Never Merr3 ☐ Widowed		Armod E	2□No 194	44-	Was Decede If Yes, specif 1 ☐ Yes 2		1.71			k, White, e	tc.				
pet		/Sno	15. Decedent	's Education f grade completed)		16a. Dece	dent's Usual	Occupa	ation	at of work	ina	16b. Kir	nd of Bu	siness/Indu	ustry		
Completed		Elementery/Seco		College (1-4or 5+)		kind of work DO NOT use		•	NO WORK	ng .						
		17. Father's Name	/First Middle I	5+		Me	eteoro.	rologist 18. Mother's Name			/Final Adidat		Federal Governm		ernment		
Be	5		Lewis	Jone	25			18. Mother's Name (First, Middle, Maiden Surname) Ruth Braby									
P	-	19a. Informant's N				19b. Mailir	na Address /	Ruth Braby Iress (Street and Number or Rural Route Number, City or Town, State, Zip Code)					Code)				
		Alma Bauch Jones/Wife 3906 Brinkley Rd., Temple Hills, M									2000)						
		20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place)							1	Date	1		City or Tow	m, State			
					State Arl	ington	Natio	nal	Ceme	tery	6/8/9	9 Arl	ingt	con,	VA		
- Suce		4 Donation 5 Other (Specify) 21. Signature of Funeral Sepulce Licensee 22. Name end Address of Facility George P. Kalas							ty	1 17		D A					
8		> Her	KV.	lakes		61	eorge 1	on I	Kalas H:11	run Rd	eral н Охоп	ome,	P.A.	207/	5		
		23a. Part1. Enter t	he disease, or out	complications that only one cause on a	caused the dear										Approximete Interval Between		
s the buriel-trensit	Cal LAMIMIEI			Immediate Cause													Onset and Death
Examiner	Diministra in	disease or condition resulting In deeth) Sequentially list confirm any, leading to inceuse. Enter Unde Ceuse (Disease or Ceuse (Disease (Disease or Ceuse (Disease or Ceuse (Disease or Ceuse (Disease (Disease or Ceuse (Disease (Disease or Ceuse (Disease (enditions, nmedia te enlyling	a. METAS		NON-HOI or as a consec	quence of):	S L	YMPHO	OMA					O YEARS		
dical Examiner	3	disease or condition resulting in deeth) Sequentially list confirmation in any, leading to in	onditions, nmediate orlying Injury	a. METAS b c d	Due to (d	or as a consec	quence of):	S_L	YMPHO	OMA							
dical Examiner	3	disease or condition resulting In deeth) Sequentially list to if any, leading to inceuse. Enter Under Ceuse (Disease or that initiated events resulting In death)	onditions, nmediate srkying linjury s Last	a. METAS b	Due to (c	or as a consec or as a consec or es e consec	quence of): quence of):				23b, Dic	i tobacco	use con	1			
Physician/Medical Examiner		disease or condition resulting In deeth) Sequentially list to if any, leading to inceuse. Enter Under Ceuse (Disease or that initiated events resulting In death)	onditions, nmediate srlying Injury s Last	d	Due to (c	or as a consec or as a consec or es e consec	quence of): quence of):							1 tributa to	O YEARS		
by Physician/Medical Examiner	Bollowania of the fa	disease or condition resulting In deeth) Sequentially list confirmed any, leading to inceuse. Enter Under Ceuse (Disease or that Initiated event resulting In death) Part II. Other alignifications.	onditions, nmediate srlying Injury s Last	d	Due to (c	or as a consec or as a consec or es e consec	quence of): quence of):				1 [24e. Wa		□ No	tributa to 3 Probe	O YEARS		
by Physician/Medical Examiner	Bollowania of the fa	disease or condition resulting In deeth) Sequentially list confirmed any, leading to inceuse. Enter Under Ceuse (Disease or that Initiated event resulting In death) Part II. Other alignifications.	onditions, nmediate srlying Injury s Last	d	Due to (c	or as a consec or as a consec or es e consec	quence of): quence of):				1 24e. Wa	Yes 2[s an autop formed?	□ No	tributa to 13 Probe	the causa of death ably 1 Unknow e autopsy findings lable prior to pletion of cause eeth?		
Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list confirmed in the course of any, leading to inceuse. Enter Under Ceuse (Disease or that initiated events resulting in death) Part II. Other alignification. MENINGIO	onditions, and the strain of t	d	Due to (c	or as a consec or as a consec or es e consec	quence of): quence of):		en in Part l		1 24e. Wa	yes 2[s an autoprormed?	□ No	tributa to 13 Probe	the causa of death ably 12 Unknow e autopsy findings lable prior to		
by Physician/Medical Examiner		disease or condition resulting In deeth) Sequentially list confirmed and in ceuse. Enter Under Ceuse (Disease or that Initiated events resulting In death) Part II. Other alignifications.	onditions, amediate shying linjury stast licent condition	d	Due to (c	or as a consec or as a consec or es e consec	quence of): quence of): quence of): nderlying cau	Use give	en in Part l	l.	24e. Wa peri	yes 2[s an autop formed? Yes 2 one)	□ No	tribute to 3 Probe	the causa of death ably 10 Unknow e autopsy findings lable prior to pletion of cause eeth? Yes 2 \(\subseteq \) No		
To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list confirmers, leading to inceuse. Enter Under Ceuse (Disease or that initiated event resulting in death) Part II. Other algnifications. MENINGIO 25. Was case referexaminer? 1 Yes 2 22 27. Manner of Deat	inditions, inmediate shying stast loant condition MA OF T	b. c. d. ms contributing to deliberation of the BRAIN Hospital: 1 28a. Date	Due to (c	or as a consector as	quence of): quence	Use give	en in Part l 26. Place er: 4 □ Nu	l. e of Death	24e. Wa per 1	s an autopformed? Yes 2 one) sidence 6	□ No	tributa to 3 Proba	the causa of death ably 10 Unknow e autopsy findings lable prior to pletion of cause eeth? Yes 2 \(\subseteq \) No		
To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list confirmed in the course of any, leading to inceuse. Enter Under Ceuse (Disease or that initiated events resulting in death) Part II. Other algniff MENINGIO 25. Was case referexaminer? 1 Yes 2 2 1 Natural 2 Accident	onditions, nmediate rhying injury s Last red to medical No h 5 □ Pending investiga	b	Due to (compared to the property of the proper	or as a consector as	quence of): quence	Other	en in Part l 26. Place er: 4 □ Nu	of Deathursing Hor	24e. Wa peri	s an autopormed? Yes 2 one) idence 6 how injury	No N	tributa to 13 Probe 24b. Wer avei	the causa of death bibly 1 Unknow e autopsy findings lable prior to pletion of cause eeth? Yes 2 No		
To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list confirmed in the course of any, leading to inceuse. Enter University of the course (Disease or that initiated events resulting in death) Part II. Other algorif	inditions, inhediate rhying stast Ilcant condition MA OF T red to medical No h 5 □ Pending	b	Due to (c	or as a consector as	quence of): quence	Other	en in Part l 26. Place er: 4 □ Nu / et (7	of Deathursing Hor	24e. Wa peri	s an autopormed? Yes 2 one) idence 6 how injury	No N	tributa to 13 Probe 24b. Wer avei	the causa of death ably 10 Unknow e autopsy findings lable prior to pletion of cause eeth? Yes 2 No		
Prification: To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list confirmation from the following in deeth in the following in the	inditions, inmediate shying limits. Last licent condition MA OF T	d. d. Hospital: 18 28a. Date (Mon atton of be need 28e. Place building Physician: To the examiner: On the britanning: On the	Due to (c Due to (c Due to (c Due to (c) Pue to (c) Due to (c	or as a consector as	quence of): quence	Othorice	26. Place 96: 4 \(\) No. / et (?) Yes 2 \(\)	I. e of Death ursing Hor	24e. Wa period of the control of the	s an autopformed? Yes 2X one) sidence 6 how injun (Street and wn, State)	No Sy No State No State Number of Number and mer	tribute to 3 Probe 24b. Wer avei com of did 1 Property or (Specify) ad	the causa of death bibly 1 Unknow e autopsy findings lable prior to pletion of cause seth? Yes 2 No Roufe Number,		
To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list confirmed and in the course of the course (Disease or that initiated events resulting in death) Part II. Other algorithms of the course (Disease or that initiated events resulting in death) MENINGIO 25. Was case referexaminer? 1 Yes 2 2 1 Manner of Deat 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only)	inditions, innediate rhying stast Ilcant condition MA OF T Tred to medical No h 5 Pending investige 6 Could not determine 1 Certifying 2 Madical E	d. d. Hospital: 18 28a. Date (Mon atton of be need 28e. Place building Physician: To the examiner: On the britanning: On the	Due to (c Due to (c Due to (c) Due to (c) Pue to (c) Due to (or as a consector as	quence of): quence of): quence of): nderfying cau nderfying cau M quence of):	Other Work	26. Place 96: 4 \(\) No. / et (?) Yes 2 \(\)	I. e of Death ursing Hor	24e. Wa period of the control of the	s an autopformed? Yes 2 Yes 2 One) Sidence 6 how injury (Streef and own, State) e ceuse(s) , date and	No N	tribute to 3 Probe 24b. Wer avei com of did 1 Property or (Specify) ad	the causa of death ably 1 Unknow e autopsy findings lable prior to pletion of cause seth? Yes 2 No Route Number, ted. the cause(s)		
ertification: To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list co if any, leading to in ceuse. Enter Under Ceuse (Disease or that initiated events resulting in death) Part II. Other algnift MENINGIO 25. Was case referexaminer? 1	inditions, innediate rhying stast Ilcant condition MA OF T Tred to medical No h 5 Pending investige 6 Could not determine 1 Certifying 2 Madical E	d. d. Hospital: 18 28a. Date (Mon atton of be need 28e. Place building Physician: To the examiner: On the britanning: On the	Due to (c Due to (c Due to (c) Due to (c) Pue to (c) Due to (or as a consector as	quence of): quenc	Other Worfice	26. Place 9r: 4 Nu / et /? Yes 2 ne, dete an olnlon, dea	I. e of Death ursing Hor	24e. Wa period of the control of the	s an autopformed? Yes 2 Yes 2 one) sidence 6 how injun (Streef and wwn, State) e ceuse(s) , date and	No N	tributa to 1 3 Probe 24b. Wer avei com of did 1 or (Specify) ad anner es steend due to 1 (Month, D	the causa of death ably 1 Unknow e autopsy findings lable prior to pletion of cause seth? Yes 2 No Route Number, ted. the cause(s)		
pletely tilled in by the tuneral director, page 2 should be detected for use as the bunet-trensit edical Certification: To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list co if any, leading to in ceuse. Enter Under Ceuse (Disease or that initiated events resulting in death) Part II. Other algnifit MENINGIO 25. Was case referes a caminer? 1	inditions, mediate rhying stast Ilcant condition MA OF T red to medical No h 5 Pending investige 6 Could nedelemin 2 Madical E title of certifie	d. d. Hospital: 18 28a. Date (Mon atton of be need 28e. Place building Physician: To the examiner: On the britanning: On the	Due to (c) Due to (c) Due to (c) Due to (c) eath but not res linpatient 2 Cof Injury th, Day Year) of Injury - At hing, etc. (Special of examination o	or as a consector as	quence of): quenc	Other Work 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26. Place ar: 4 Nu yet 2 we, dete an plnion, dea a number 232	of Deathursing Hor	24e. Wa period of the control of the	s an autopolormed? Yes 2X one) sidence 6 how injury (Streef annown, State) e ceuse(s) , date and 29d. Date MAY	No No No No Other y occurred A Number and mer place, a e signed	tributa to 1 3 Probe 24b. Wer avei com of did 1 or (Specify) ad anner es steend due to 1 (Month, D	the causa of death ably 1 Unknow e autopsy findings lable prior to pletion of cause seth? Yes 2 No Route Number, ted. the cause(s)		

DHMH 16 Rav 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

1	0	9	7	7
	Ö	O	1	7

	Decedent's Name (First, Middle, I	Last)		Ce	ruficate	or Death	2.	Dete of Dea		V	3. Tima of Deeth
hysician /Medical	WILLIAM M. JO							Month 05	23 Dey	99	9:00 p
xaminer	4a Fecility Nama (If not institution, g Regency Healt					4b. City, Tov				ty of Death	eorge's
eral ctor		Sex 1⊠M 2□ F	7. Age (In yrs. 7		If Under 1 Y Months D			Data of Birth (Month, Dey Oril 02		9. Birthp	place (State or Foreign of try) ngton, D.C.
or sides	Usual Residence of Decedent 10a. State 10b. County			y, Town or L						1	0d. Insida City Limit
recto	Maryland Prince	George.	S FO	restvi	10f. Zip Co	do		10g. Citizen of Whet Country?			
ust be notified at ral Director	4417 Rena Road	Ant #2	203		2074		U.S.A.			nty r	
by Fune	11. Marital Status 1 Navar Married 2 Married 3 2 Widowed 4 Divorced	12. Was De Armed F	cedent Ever in U, forcas? 2 No live	,S. 13.		of Hispenic Orig Cuban, Mexican	gin? (Specifi , Puerto Ric	y Yes or No- an, etc.)		eck, Whita,	etc.
eted	15. Decedent's (Specify only highest of	Education)	16e. Dece	dent's Usual O	ccupetion one duning most	of working	orking 16b. Kind of Business/Industry			dustry
Be Completed	Elementary/Secondery (0-12)		(1-4or 5+)	life.	Truck	etired)			Private		
S	17. Father's Name (First, Middle, La	st)			18. Mother's Name (First, Middle, Meide						
ToB	Lawrence Johns	son				Viol	la Ma	nley			
-	19a. tnformant's Name/Reletionship	(Type, Print)		19b. Maili	ng Address (Si	treet end Numbe	or or Rurel A	loute Numbe	r, City or Tow	n, Stete, Zip	Code)
any injury or other traumatic event, the M page. To Be Comp	Juanda A. Johns 20a. Method of Disposition 1 🛭 Burial 2 Cremation 3 4 Donetion 5 Other (Spec	Removal from	20b. F	Placa of Disponentery, cre	osition (Neme of metory or other	Place, #B-7, Landover, Marylan of place) Oblive Obl				own, State	
an al er	23a. Part1. Enter the disea e, or co shock, or heart shim. List on Immediate Cause (Final disease or condition resulting in death)	mplications that ly one ceuse on	Cere	h. Do not en	474 Lat tar the mode of	ENKINS F ndover R dying, such as a	Road, cardiac or re	Landov espiratory ar	ver. Ma	nrylar	Approximate Interval Between Onset and Death
ise as the burial-transit	Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	b		or as e conse							
	Part II. Other significent conditions	contributing to	death but not res	ot rasulting In the underlying causa given in Part I.				23b. Did tobacco use contribute			
Completed by Physician								24a. Was e	en eutopsy med?	av cc	ere eutopsy findings ellable prior to implation of causa death?
olrector, page								1 □ Y	es 200 No	11	☐ Yes 2☐ No
Be a	25. Wes case referred to medical examiner?	Hospital:				Othor		Check only o			
ii	1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Pending 2 Accident investigat	28a. Date (Mo.		28b. Time of Injury		Injury et Work? 1 Yes 2	280		lence 6 🗆 O		(y)
ertifica	3 Suicide 6 Could not determine	289. Plac	e of Injury - At he ding, etc. (Specif	ome, farm, st	reet, fectory, of	fice	28f	Location (S City or Tow	Street and Nun m, State)	nber or Run	al Route Number,
Medical Certification:	29e. Certifier 1 Certifying F (Check only one) 2 Medical Exi	aminer: On the I	e best of my kno basis of examina nner stated.	wledge, deat tion and/or in	h occurred at the	ne time, dete and my opinion, deet	d plece, end th occurred	due to the cat the time, c	cause(s) end r date end place	menner es s a, end due t	stated. the cause(s)
Me	29b. Signature and title of certifier	ر در خ	n. Jv.	7		canse number	כרו	2	29d. Data signed (Month, Day, Year) $S - 2 S - 9 G$		
3)	30. Name and eddress of person wh	o completed cau	use of death (Item	m 23a) (Type, M - D ,	Print) 4857	For be	D Blo	J.L.	antaa	m	d. 2070 E

Registrar

31. Date filed (Month, Dey, Year)

MAY 2 6 1999

Some of Mary

PERI & S YAM

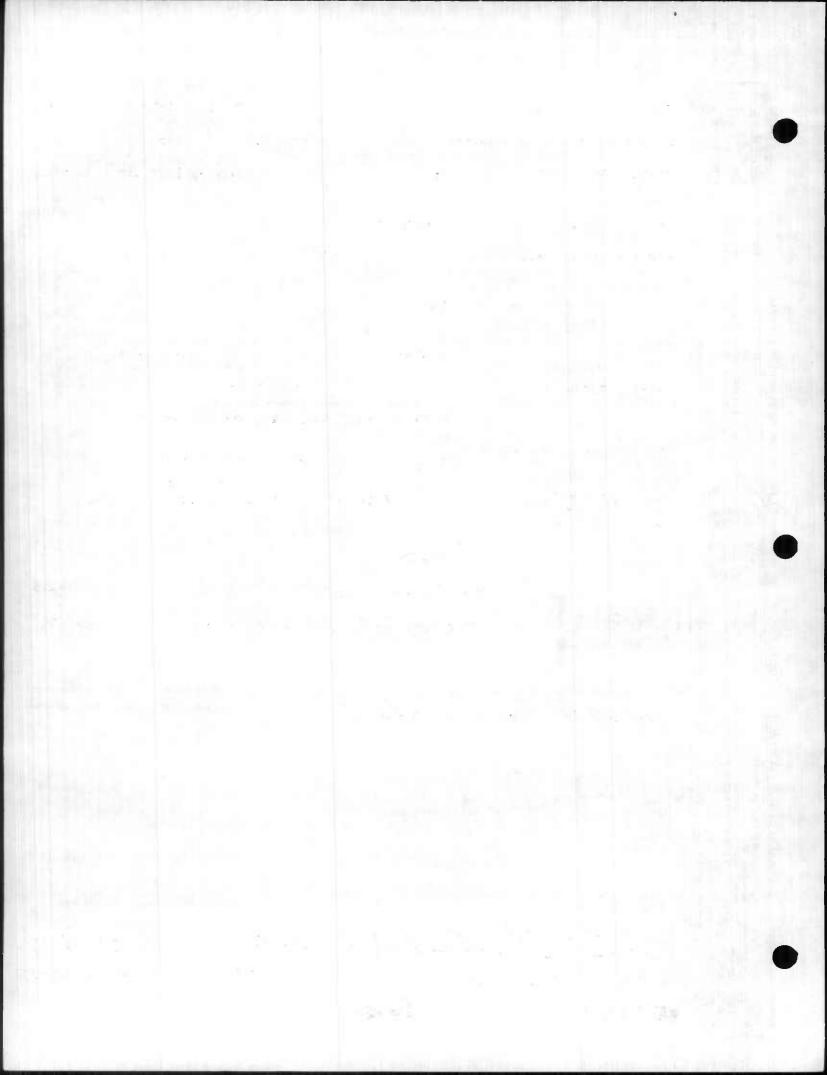
	Certificate of Death 1. Decedent's Nama (First, Middle, Last)	2. Dete of [Reg. No.	3. Time of Death
sician ledical	MENTRE MARVIS LESTER JAMES	Month May	20 1	999 6:45pm
miner	4a Fecility Nama (If not institution, give street and number) 4b. City, Town, or PRINCE GEORGE'S HOSPITAL CENTER Chev			
eral tor	5. Social Security Number 223-26-6657 6. Sex 1 M 2 F	8. Dete of E	Sirth Day, Year)	e George's Co 9. Birthplaca (Stata or Foreign Country) North Car
	Usuel Residence of Dacedent 10e. State 10b. County 10c. City, Town or Location			10d. Inside City Limits XXX Yes 2 □ No
ectc	Prince George's Upper Marlboro 106. Street and Number 10f. Zip Code		10g. Citizen of V	
ral Director	601 Halifax Place 20774			States America
by Fune	11. Maritel Stetus 1 Nevar Married 2 Married 1 Nevar Married 2 Married 1 Yes, Give Year or Datas: 1 1. Was Decedent Ever in U.S. Armed Forces? 1 Yes, Specify Cuban, Maxican, Puel of Yes, Specify: 1 Yes, Sive Year or Datas:	Specify Yes or to Ricen, etc.)	No- 14. Reca Bled Specify	e - Americen Indien, k, White, etc. Black
Completed	15. Decedent's Education 16e. Decedent's Usuel Occupation (Specify only highest grade complated) (Give kind of work done during most of work done	orking	16b. Kind of Bu	sinass/industry
H	Elemantary/Secondary (0-12) Collega (1-4or 5+) Food Service Manage:		State	Government
			le, Maiden Sumam	
o Be	Arthur Chester Lillia	an Powe!	11	
-	19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or F	Ru <i>ral Rou</i> ta Num	ber, City or Town,	State, Zip Code)
	Rosalind T. James - Daughter 601 Halifax Place; I 20a. Method of Disposition (Name of cemetery, cramatory or other place) 1 Burial Cremetion 3 Removal from State Donator 5 Other (Specify) 1 Donator 5 Other (Specify)	Upper Ma Dete Dete	20c. Location -	Md. 20774 City or Town, State
any injur	21 Signatured Fungeral Sensing Liganous 22 Name and Address of Facility	obert 0	Freeman	Funeral Svcs
	23a Part Enfor the disease, or complication, that caused the death. Do not enter the mode of dying, such as cerdical contents and the disease of dying, such as cerdical contents and the disease of dying, such as cerdical contents and the disease of dying, such as cerdical contents and the disease of dying, such as cerdical contents and the disease of dying, such as cerdical contents and the disease of dying, such as cerdical contents and disease of dying, and disease of dying			Approximata Intarval Betwaen Onsat end Death
n al er	Immediate Ceuse (Final disease or condition	ha		XIC
	resulting in death) Due to (or es e consequence of):			
oline	- Augle Mys Coldick	1nfa	11/1/1	h/5
dical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events Due to (or es e consequence of): Due to (or es e consequence of):	//		
	resulting in death) Lest d			
by Physician/Me	Part II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.	23b. DI	d tobacco use co	ntribute to the cause of death?
	dehvalution	1[☐ Yes 2☐ No	3 Probably 4 → Unknown
Completed by		24a. W	es an autopsy dormed?	24b. Wara eutopsy findings eveilable prior to complation of ceuse of daeth?
ome		1[Yes 2 No	1 ☐ Yes 2 ☐ No
BeC	25. Wes cese referred to medical 26. Pleca of Do	eeth (Check onl	y one)	
ToE	axeminer? Hospital: Other:		sidence 8 🗆 Oth	er (Specify)
ation:	27. Manner of Death 1 Maturei 5 Pending 28e. Dete of Injury 28b. Time of Injury 28c. Injury at Work? 2 Accident Ac	28d. Describ	e how injury occur	red
Certification:	3 Suicide 6 Could not be datarmined 28e. Place of Injury - At homa, farm, straet, fectory, office building, atc. (Specify)	28f. Location City or 1	(Streat and Numb Town, State)	er or Rural Route Number,
edical C	29e. Certifier (Check only ana) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and pled and pled and pled analysis of the same and manner stated.			
Y	296. Signature and title of certifier	18	29d. Date signe	d (Month, Day, Year)
/	30. Name and address of person who completed cause of death (Itam R3a) (Type, Print)	Der	dly M	1 20785
State	31. Date filed (Month, Day, Year) 32. Registrer's Signature			
istrar	MAY 2 4 1999 Person D. Jones			
v 6/95				

DHMH 16 Rev 6/95

AND STOLEN THE STOLEN The state of the state of the state of of herries and the vineval With the first own to the state of the first of the first of the first own the first own to the first own to the first own the first own to the first own to the first own the first own to the f AND THE PERSON OF THE PERSON O

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 99 8679

		Certificate of Death Reg. No.												
		1. Decedant's Nama (First, Middla, Las	(1)						2. Data of Death Morth Day Yaar 3. Tima of Death					
	Physician	THEODORE JOHNSON									6:46	PM		
N.,	/Medical Examiner	4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Loca								of Death	100.0			
	LAGIIIII	Washington Advent	ist Hospit	al		1	akoma	Par	k	Montgo	merv			
	Euperal	5. Social Sacurity Number 6. Se	ax 7. Aga	(In yrs. last birt		r 1 Yaar	If Undar	24 Hrs.	8. Data of Birth (Month, Day	0		laca (Stata o	r Foraign	
	Director	5. Social Sacurity Number 579-16-7056 Usual Rasidanca of Decadant 6. Sax 7. Aga (In yrs. last birthday) 76 Yrs. 7 Aga (In yrs. last birthday) 8 Data of Birth (Month, Day, Year) 9 Birthplaca (State or Foreign (Month, Day, Year) 10 July 3, 1922 North Carolina									ina			
Menylend	-f ahow test at tor	10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Lim 1□ 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								1				
the 128	be notified Director	D.C. N/A Washington 10e. Straat and Number 10f. Zip Coda 10g. C							log. Citizan of W	/hat Cour	ntry?			
ath with	23e or ust be	3910 13th Street N.W. 20011							U.S.					
21215-0020 d within 72 hours after death with the Meryland	al, or items 23e or 28e-f show Examiner near be notified at by Funeral Director	11. Marital Status 1 □ Navar Marriad 2 ☑ Marriad 3 □ Widowed 4 □ Divorced	1 ☐ Navar Marriad 2 ☑ Marriad Armad Forcas? 1 ☑ Yes 2 ☐ No 1 ☑ Yas, Give			U,S. 13. Was Decedant of Hispanic Origin? (If Yas, specify Cuban, Maxican, Pue 142 − 1				Specify Yas or No- rto Rican, atc.) 14. Race - Amarice Black, Whita, at Specify: Blac				
5-0	ygiene. Northen "natural", It, tre Modical Ex. Completed by	15. Decedant's Ed (Specify only highast grad		16a. Decedant's Usual Occupation (Give kind of work dona during most of work lifa. DO NOT usa ratired) Chauffer			t of worki	ina	Business/Industry					
TS		Elementary/Secondary (0-12)	College (1-4or 5+)				I OF WORK	ng .						
	Hygiene. ther ther ont, tree	10th							Navy De	ept.				
aryland should be file nd Mental Hy marked othe	T 5 5	7. Father's Nama (First, Middla, Last)					18. Motha	othar's Name (First, Middle, Maidan Surnama)						
	Menta wrked witic e	Nathan Johnson	Nathan Johnson Alic					e Mo	e McIver					
		19a. Informant's Name/Ralationship (7	ype, Print)	19b.	Mailing Addras	s (Straat	and Numbe	er or Rura	al Route Numbe	r, City or Town,	Stata, Ziç	Coda)		
C .	m 27 le	Mildred E. Johnson	n - Wife	391	10 13th	Stre	eet N.	W.,	Washing	ton, DC	200	11		
e s	IBE	20a. Method of Disposition		20b. Place of	Disposition (Na y, cramatory or	ma of	cel		Data	20c. Location -	City or To	own, Stata		
Baltimore,	ment o ant: If I lury or	1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Lincoln Memo							99 Suitland, MD				
Balt	partment of important: If any injury or pace.	21. Signatura of Funaral Sarvice Licensaa 22. Nama and Address of Facility Marshall's Funeral Home, Inc. 4308 Suitland Road, Suitland, MD 20746												
		23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, spock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death												
Λ	ysician Medical aminer	Immediata Causa (Final disaase or condition resulting in death) DAYS.												
2	lner lner		h C	ARDIA	ensequance of	AR	MU	17h	MIA			WEE	15.	
50,	ing physicien end e es the burial-trensit Medical Examiner	Sequentially list conditions, if any, laading to immadiata ceuse. Entar Underlying Causa (Diseasa or injury) Sequentially list conditions, if any, laading to immadiata ceuse. Entar Underlying Causa (Diseasa or injury) Sequentially list conditions, if any, laading to immadiata ceuse. Entar Underlying Causa (Diseasa or injury) Sequentially list conditions, if any, laading to immadiata ceuse. Entar Underlying Causa (Diseasa or injury)									3.			
ox 68760, certificate be executed	ding physicie se es the bui	Catas Disease or injury that initiated evants rasulting in death) Last Due to (or as a consequence of):												
Geath o	d by the ettend letached for us Physician/													
. 8	the hed	Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. END STAGE REND L FAI /UNE:							23b. Did tobacco use contribute to the cause of death?					
T F	igned by the be detached by Physic								1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown					
Records,	s been s 2 should pleted								24a. Was an autopsy performad? 24b. Wara availa compl of dea			to		
	ta ha								1 🗆 Y	as 20 No	11	□Yas 2□	No	
	cartificata ractor, pag	25. Was case referred to medical					26. Place	of Daath	n (Chack only o	na)				
of Vita Physician:	his cartific of diractor,	axaminar? 1 ☐ Yes 2 ☐ No	Hospital: 1 Inpatian	t 2 ER/Ou	tpatient 3 D	Ot Ot	nar: 4 Nu	irsing Ho	ma 5 Rasid	lence 6 Oth	ar (Speci	fy)		
on of	€	27. Mannar of Death 1 Natural 5 Pending 2 Accident Invastigation	28a. Data of Injury (Month, Day Year) 28b. Tima of Injury Work?						28d. Dascribe how injury occurred					
N P	within 24 hours effer death. To the Funeral Director: Affer to completely filled in by the funeral Medical Certification:	2 Accident Invastigation 3 Suicida 6 Could not be 4 Homicida determined							28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)					
I :	Funer taly fill	29a. Cartifliar (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
oth	To the comple										ata signad (Month, Day, Year)			
	(1)	30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ANE. #405 SIVER SPING-HO209								99.				
	6	20. Name and address of person who of CARLOS ELLO	Completed cause of dea	ath (Item 23a) (Type, Print)	2611	AVE	.#9	405 SN	VER SIL	116	4020	1910	
	State	31, Data filad (Month, Day, Yaar)	32. Ragistrar	's Stgnature	lacit.	,								



State of Maryland / Department of Health and Mental Hygiene 99 | 8680

	Certificate of Death Reg. No.										
Naiaiaa	Month Day Yeer								3. Time of Deeth		
hysician /Medical	MARTHA	JONE		May	21 19	1999 223					
Examiner	4e Facility Neme (If not institution, give street of PENINSULA REGIONAL M.	CENTER			n, or Location of Dea		4c. County of Death WICOMICO				
neral ector	5. Social Security Number 6. Sex 1 □ M 2	Ki c	n yrs. lest birthday) 88 Yrs.	If Under 1 Year If Under 24 Hrs. Months Deys Hours Min.		Min. (Month, D	irth ley, Yeer) 18,1910	9. Birthplace (State or Foreign Country) 10 MARYLAND			
-	Usual Residence of Decedent								10d. Inside City Limits		
e notified at Director	10e. State 10b. County MARYLAND WICOMICO										
be notified Director	10e. Street and Number			10f. Zip Code		10g. Citizen of	Whet Coun	itry?			
	218 MONTICELLO AVE.			801		U.S.A.					
examiner must by Funeral	1X Never Married 2 Married 1 H	s Decedent Evened Forces? Yes 2 No les, Give	If Yes, specify Cuban, Mexica			n? (Specify Yes or N Puerto Rican, etc.)	Ble	14. Race - American Indian, Black, White, etc. Specify: WHITE			
	3 Widowed 4 Divorced Ye 15. Decedent's Education (Specify only highest grade comp	ar or Dates:	16e. Dece	dent's Usual Occ kind of work don DO NOT use reti	upetion	of working	16b. Kind of Business/Industry				
r, the Medical		llege (1-4or 5+)		DO NOT use reti VISOR OI		UCTION					
0	17. Fether's Name (First, Middle, Last)	0	DOLDIK	VIDOR OI		s Neme (First, Middl			MIION		
To Be	T. RODNEY JONES				JULIA	WALLE	2				
UBen					etend Number ORO RD.	or Rural Route Num DELMAR	ber, City or Town MD 218		Code)		
or othe	20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remove			netory or other p	Date						
	4 Donation 5 Other (Specify)		PARSONS			5/25/99	SALISI	SURY,	MARYLAND		
any injury 2008.	21. Signature of Funerab Service Licensee 22. Name end Address of Facility 705 E. MAIN ST. SALISBURY, MD 21804										
	23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on eech line. Approximate Interval Betwee										
ian cal	Immediate Cause (Final disease or condition								30_		
iner	resulting in death)	Du	e to (or as e consec	quence of)		1- P-1					
ansıt	Sequentially list conditions	Chron	e to (or es e conse	wence of):	Hon	Maria	w		1010		
as the bunal-transit	d										
8 8											
latached for u	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						23b. Did tobacco use contribute to the cause of death?				
d be datact							1 □ Yes 2 No 3 □ Probably 4 □ 0				
shoul		477				24e. We per	s en autopsy formed?	ev	ere autopsy findings aileble prior to impletion of ceuse death?		
age 2						10	Yes 20 No	1[Yes 2No		
rector, page Co	25. Was cese referred to medical exeminer?				26. Place	of Death (Check only	one)				
this carail direct	1 ☐ Yes 2 No Hospita	l: 1 ☐ Inpatient	2 ER/Outpatier	nt 314 DOA		sing Home 5 Re	sidence 6 □Ot	her (Specil	(y)		
After funera	27. Manner of Death 1 Neturel 5 Pending 2 Accident investigation	8a. Date of Injury (Month, Dey Year) 28b. Time of Work? Injury M 1 Yes 2 No					28d. Describe how Injury occurred				
edical Certification:	3 Suicide 6 Could not be determined 28e	t be ed 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)					28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)				
etaly fille	29a. Certifier (Check only one) 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and manner as steted. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and menner stated.										
To the Funeral Director: completaly filled in by the Medical Certifical	29b. Signature end title of certifier 2. Sow 29c. License number 7 15/97						29d. Date signed (Month, Dey, Year)				
10	30. Name and address of person who complete	A 01	h (Item 23a) (Type,	Print)	Sh1010	DC 501	ISBUYU	mo	21000		
/O	31. Date filed (Month, Day, Year)	32. Registrar's	Signeture	ich i	Silvie	D1. 042	J,		21007		
State Registrar	MAY 2 5 1999	Sz. Hegistal s	Signature	9 6							

DHMH 16 Rev 6/95

Registrar

B.K.S JESSIE BENJ	JAMIN KINDLEY	State of Maryland	/ Department of Certificate of	Health and Me		9 18681
Physician /Medical Examiner	Decedent's Neme (First, Middle, Last JESSIE BET Facility Neme (If not institution, give FORT WASHINGTON	NJAMIN KINDLE a street end number)	EY, JR.		Dete of Death Month Dey PAY 21, 1999 ion of Death 4c. County	Year 3. Time of Death 1825 PM of Death CE GEORGES
Funeral Director	5. Social Security Number 6. S 218 86 6549 Usual Residence of Decedent 10a, Slete 10b. County	131 31 31 31	t birthday) If Under 1 Yea Months Dey Town or Location	ar If Under 24 Hrs. 8. s Hours Min.	Date of Birth (Month, Day, Year)	9. Birthplace (State or Foreign Country) Washington D.C 10d. Inside City Limits
with the Maryle a or 28a-f sho Libe notified at Director	Maryland Prince Ge		densburg 10f. Zip Code		10g. Citizen of V	1 ☐ Yes 2 ☐ No X What Country?
1020 ours after death rule; or items 23 Examiner must by Furneral	11. Marital Stetus 1XXIVever Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:	13. Was Decedent of if Yes, specify Cu	Hispanic Origin? (Specifiation, Mexican, Puerto Ric	y Yes or No- an, etc.) 14. Rac Blac Specify	e - American Indien, ck, White, etc.
15-0 12 ho	15. Decedent's Ed (Specify only highest gra	ucation de completed)	16a. Decedent's Usual Occ (Give kind of work don life. DO NOT use retii	supation ne during most of working	16b. Kind of Bo	usiness/Industry
Maryland 21215-0020 d 2 should be filed wittin 72 hours at the and Mental Hygiene. The marked other than "natural", or traumatic event, the Medical Exam To Be Completed by I	Elementery/Secondery (0-12) 12th 17. Father's Name (First, Middle, Last)	College (1-4or 5+)	Engineer		Holi irst, Middle, Maiden Sumen	day Inn
Viar Menta M	Jessie B. Kindley			Phyllis	Ball	
- 5367	19a. Informent's Name/Relationship (7) Phyllis A. Gray	/Mother 6	5927 Forest T	Cerrace Land		35
Baltimore	20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from State Harn	e of Disposition (Name of etery, cremetory or other pa nony Memorial	Park 5-		City or Town, State
Ball permit Dops: import impor	21. Signature of Funeral Service Licen	Suscee Tome		h Street NW	HALL'S FUNERA Washington D	
Physician /Medical Examiner	23a. Part1. Enter the disease, or compshock, or heert feilure. List only of transdiction condition resulting in death)	•.	Do not enter the mode of d	ying, such as cardiac or re	Enjuri	Approximate Interval Bestween Onset and Death
ox 68760, certificate be executed doing physician and use as the burial-transit	Sequentially list conditions, it eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last	с.	s a consequence of): s e consequence of):			
P.O. Bc hat the death sd by the atter detached for u	Pert ff. Other significant conditions co	ontributing to death but not resulting	ng in the underlying cause o	given in Pert t.	23b. Did tobacco use co 1 ☐ Yes 2 No	ntribute to the cause of death?
aw requires been s 2 should					24a. Was an eutopsy performed?	24b. Were eutopsy tindings available prior to completion of cause of death?
= F # a O	OS Mas associated to wading				10 Yes 2 No	1⊠Yes 2□ No
of Vital Physician: Ti This certificate rai director, pe	25. Was case referred to medical examiner? 1) Nes 2 No	Hospital: 1 ☐ Inpatient XXER	VOutpatient 3□ DOA	26. Place of Death (C Other:	5 Residence 8 Oth	er (Specify)
Division of or Attending Ph. after death. Director: After this d in by the funeral ertification: 1	27. Manner of Death 1 Naturel	28e. Date of Injury (Month, Dey Year) 28 5/2/99	b. Time of 28c. tnj	iury at lork? Yes 2 No	I. Describe how injury occur	operator 15th vehicle
he Hospi in 24 hou he Funer pietely fill edical	29a. Certifier 1 Certifying Phy (Check only one)	ratcian: To the best of my knowle iner: On the basis of examination end menner steled.			due to the cause(s) end ma et the time, date end plece,	anner as steled. and due to the cause(s)
To the comit	29b. Signeture and title of certifier 30. Name and address of person who certifiers	and M.	D. 0.	.C.M.E	29d. Date signe MAY	d (Month, Day, Year) 23, 1999
State	31. Date filed (Month, Dl., Year)		11 Penn Stree	et, Baltimor	re, Maryland 2	21201

State of Maryland / Department of Health and Mer	ntal Hygiene	1868
Certificate of Death	Dec No	

				4				C	ertificat	e of	Death			Reg. N	lo.			-1 Doort
	Physic	cian	Decedent's Name (First, M	fiddle, La	ist)								2. Dete of De Month		ю	Yeer		me of Death
	/Med		Nicholas John										MAY 26	-	999		7:	54 A.M
	Exam	iner	4a Fecility Neme (If not instit										ocation of Deetl	1 4	c. County			
			VA MARYLAND 5. Social Security Number		TH CARE			A fo loth old	If Unde	r 1 Vaar	PERF			46	CEC		la a a 40	
	Funera		189-22-3335		12 M 2 ☐ F		(In yrs. lasi 7	Yrs.	Months		Hours	Min.	(Month, De	y, Yee	1027	Cour	itry)	tete or Foreig
	Directo		Usual Residence of Deceden	it		/	/					Dece	moer 1	ż, -	1921	Peni	isyl	lvania
	of an		10e. State 10b. Co.	unty			10c. City, T	Town or	Location							1	0d. Insi	ide City Limits
	Marylan ef shoe filed.at	tor	Maryland Ced	cil			Elkt	on									1 🗆	Yes 2K No
	or 28a-f	Director	10e. Street end Number	-					10f. Zip	Code				10g. C	itizen of V	Whet Cour	itry?	
	P will		106 Jarmon Ro	oad					2	192	1			Ur	nited	Stat	tes	
	E 8	Funeral	11. Maritel Status		12. Wes Dec		er in U,S.	1:				gin? (Sp	ecify Yes or No Rican, etc.)		14. Rec	e - Americ ck, White,	an Indi	en,
	or its		1 Never Married 2	Married		2 No	193		1 ☐ Yes			, , , ,	r nouri, oto.,			Whi		
	Burn.	d by	3 Widowed 4 □ Divo	rced	Year or I		194	5			орошу.							
# 1	Z1Z15-00Z0 d within 72 hours at giens. r than "natural", or i the Medical Exemi	Completed	15. Dece (Specify only hi		ducetion ade completed,)	1	16e. De	cedent's Usu ive kind of wo e. DO NOT u	al Occu	ipation du <i>ring mos</i> i	of work	ing		Kind of Bu		dustry	
IA	A Paris	E P	Elementery/Secondary (0-	12)	College	(1-4or 5+)		etrici		9d)			CO.	llege			
PHYSICIAN	Hydie dher mt. tt	8	17. Fether's Name (First, Mid	dia Last	2			rie	CLITCI	an	18 Mothe	r's Nem	e (First Middle	Maide	an Sumer	ne)		
IXS	do be seen		Petro Kmit	0.0, 2001									(First, Middle, Malden Sur sera			imeme)		
	Maryland 6.2 should be the th and Mental Hy 7 is marked other freumatic event. To Be C	ř	19e. Informent's Neme/Relet	ionshin /	Type Print)	ype, Print) 19b. Me			eiling Address					or Town	own State Zin Code)			
8 :	and 2 sells and 27 is sells are traus								dress (Street end Number or Rurel R									
ZHI	de Hand		20e. Method of Disposition	/ uaug	ncer	20b. Plec	e of Dis	sposition (Ne.	eme of Dete				ton, Maryland 21921 Dete 20c. Location - City or Town, St				ete	
KAMIT	Ballimore, semit. Pages t a Department of Hea mportant: If Hem iny injury or othe		1 ☑ Buriel 2 ☐ Cremet 4 ☐ Donetion 5 ☐ Othe			State	Dela	war	e Vete	ran	S	16	/1/99					
22	information of		21. Signeture of Funeral Sen		• •		Memo	ria	1 Ceme		y ess of Fecilit	v		Bea	ar, D	elawa	are	
NICK	n adams				0 1	4			Hicks	Home	e for	Fune	erals, 1					
22			23a. Pert1. Enter the disees	du c	plications that	caused	he deeth						street, 1		ton, M	aryla		ximete
	Dhusisian		shock, or heart failure.	List only	one ceuse on	eech line).	DO NOT V	enter the mot	ae or dy	mg, such os	cordiac	or respiretory e	11031,			Interve	el Between end Death
	Physician /Medical		Immediate Ceuse (Finel															
mu	Examiner		disease or condition resulting in death)		e. RECUF												1 D	AY
1900		le le							sequence of)	:						1	7 24	O) TIME 1 C
	uted	Examiner	Convention list conditions	-	b. DIFF				Sequence of):							1	/ IMC	ONTHS
-	OS/OU, tificate be executed g physician end as the burial-transit	Exa	Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Diseese or Injury		CAPDI				CIDENT								7 M	ONTHS
	oo fou,	edicai	that initiated events	1	c. CARD				sequence of):								1 11	NATIO
	o ig da	Med	resulting in deeth) Lest													i		
	BOX eth cert attendin for use	any			d											1		
	deel deel deel fo	Physician/M	Pert II. Other eignificant con	ditions o	contributing to d	death but	not resultir	ng in the	e underlying	ceuse g	iven in Pert i		23b. Did	tobacc	co use co	ntribute to	the ca	use of death
	at the	Phy					COURT						10	Yes	2⊠ No	3 □ Pro	bably	4 Unknov
	as the	by	ARTERIOSCL	EROT	IC CARL	DIOVE	ASCULA	AR L	DISEASI	<u> </u>								
	OI VITAI RECOIDS, P.O. BOX Physician: The lew requires that the deeth cer this cartificate has been signed by the attendin rai director, paga 2 should be detached for use												24a. Was	en eut	topsy	av	eilable	opsy findings prior to
	ec.	pie														of	deeth?	n of cause
	VICAL TREC sician: The lew cartificate has b lirector, page 2 s	Completed											10	Yes	2 🛛 No	1[Yes	2□ No
	ian: striffica ctor,	Be	25. Wes case referred to me- examiner?	dical								of Deel	h (Check only	one)				
	Or VICE Physician: this cartific rai director,	10	1 ☐ Yes 2 No			Inpatient		VOutpat		UA		rsing Ho	ome 5 Resi	dence	6 □Oth	er (Specit	y)	
	ding Pl	on:	27. Menner of Deeth 1 X Natural 5 □ Pe	ndina	28e. Date (Mor	of Injury oth, Dey	Year) 28	3b. Time Injun		28c. Inju Wo			28d. Describe	how in	jury occur	red		
	the set	cati	2 Accident Inv	estigetio					М		Yes 2	No						
9	OVISION Tor Attending after deeth. Director: After din by the fune	Certification:	3 ☐ Suicide 6 ☐ Co 4 ☐ Homicide	termined	200. FIZU	e of Injury	y - At home (Specify)	e, ferm,	street, fector	y, office			28f. Location (City or To	Street wn, Ste	end Numb ete)	er or Rure	Houte	Number,
(oral o																	
	Othe Hospital or Attending In the Hospital or Attending In the Funeral Director: After ompletaly filled in by the funeral ompletaly filled in by the funeral or the funeral	edicai	29a. Certifier 1 Certifier (Check only one)	itying Ph ical Exar	niner: On the b	pesis of e	xaminetion	dge, de n end/or	eath occurred investigetion	et the t	time, date en opinion, dee	d place, th occur	end due to the red et the time,	date e	(s) end me and place,	end due to	teted. the ce	euse(s)
	thin the	Mec	29b. Signature end title of ce	rtifier	end mer	nper state	od.		29	c. Licen	nse number			29d. D	Date signe	d (Month.	Dev. Y	ear)

6+IVA

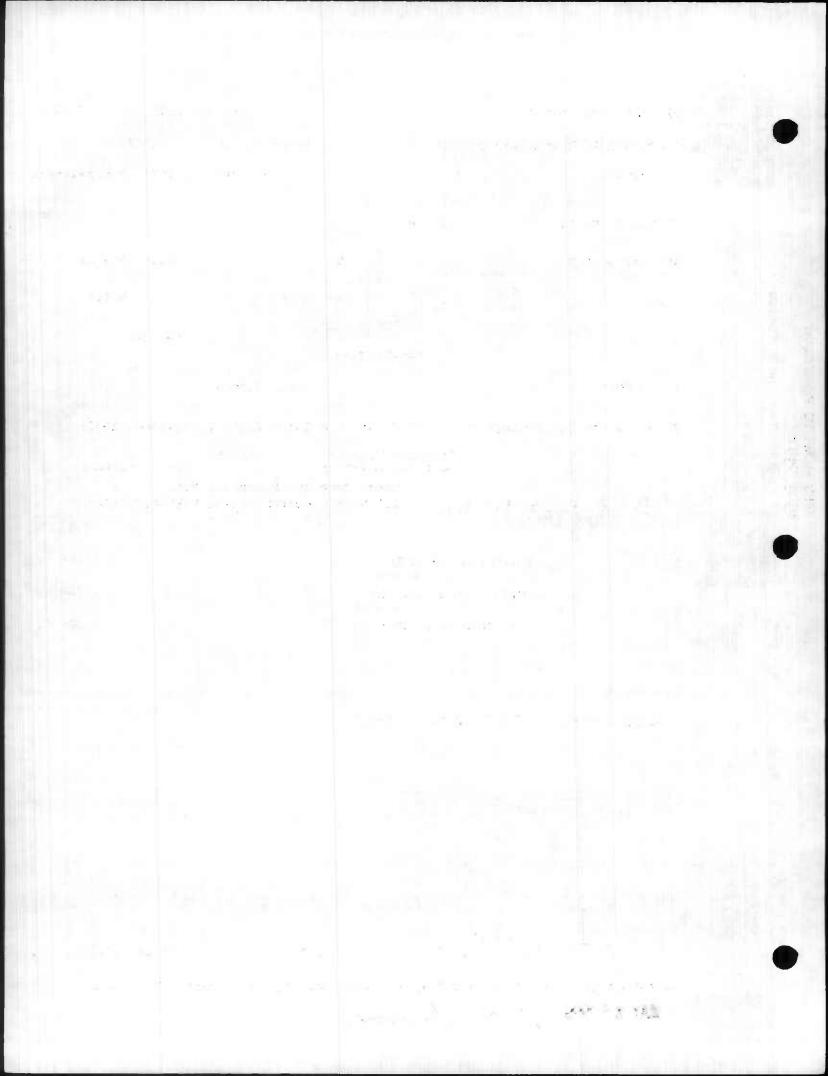
30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

VA MARYLAND HEALTH CARE SYSTEM, PERRY POINT, MD M.D.,

D30951

MAY 26, 1999

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** 5:35 AM NORA R. KING 11/14) /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner DOCTORS COMMUNITY HOSPITAL LANHAM PRINCE GEORGE'S 5. Sociel Security Numbar If Under 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) Deta of Birth (Month, Dey, **Funeral** Months Deys Hours 56 206-32-8298 Director November 11,1942 Pennsylvania Usuel Rasidance of Decedent with the Marylenc 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits ? Is marked other than "naturel", or items 23a or 28a-f shor traumatic event, the Medical Examiner must be notified at 1 X Yes 2 ☐ No Directo Maryland | Prince George's Upper Marlboro 10e. Street end Number 10f. ZIp Code 10g. Citizen of Whet Country? 1229 Pickering Circle 20774 U.S.A. 238 permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mantal Hygene. Important: if item 27 is marked other than "naturel; or items 23 any injury or other traumatic event, in "Repris Funeral Was Decedant Ever in U,S. Armed Forces? 11. Marital Status Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Rece - American Indien, Black. White, etc. 1 ☐ Yes 2 🔼 No If Yes, Give Year or Detas: 1 Never Merried 2 Married Maryland 21215-0020 1 ☐ Yas 2 X No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorcad Black Completed 16e. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 4+ Government Information_Specialist 17. Fether's Nema (First, Middla, Last) 18. Mother's Nema (First, Middle, Maiden Sumema) Be Clifford Rhodes Helen (Unknown) 19e. Informant's Neme/Reletionship (Typa, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Coda) 1229 Pickering Circle, Upper Marlboro, Maryland 20774 Warren H. King 20b. Plece of Disposition (Neme of cematery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from Stete 4 □ Donation 5 □ Other (Specify) 06/04 Maryland Veterans Cemetery 1999 Cheltenham, Maryland 21. Signeture of Funarel Service Licensee 22. Name end Address of Facility J.B. JENKINS FUNERAL HOME 7474 Landover Road, Landover, Maryland 20785 nplications that caused the deeth. Do not anter the mode of dying, such es cardiac or raspiratory arrest, art1. Enter the disease, or conshock, or heart feilura. List only **Physician** /Medical Immediete Ceuse (Final diseesa or condition resulting in daath) BMBO Lism -0 -04 4 Examiner Due to (or es e consequence of): Physician/Medical Examiner ician and burial-transit or Attending Physician: The law requires that the death certificate be axecuted Sequentially list conditions, if any, leeding to Immadiate ceusa. Entar Underlying Ceuse (Diseese or Injury thet initiated avents resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, physician s the buria Dua to (or as a consequence of) 80 use been signed by the a should be datached f Pert II. Other significent conditions contributing to death but not resulting in the underlying ceusa given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown Records, þ Completed 24e. Was en eutopsy performed? 24b. Wara autopsy findings evailabla prior to complation of ceuse of daeth? page 2 s 2 1 No 1 ☐ Yes 2 ☐ No Division of Vital funeral director, 25. Was case referred to medical examiner? Be 26. Plece of Deeth (Check only ona) Hospitel: 11 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yas 2 No 2 ER/Outpetient 3 DOA After this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Naturel 5 Pending investigation 24 hours efter death. 1 Yes 2 No 2 Accident the 6 Could not be determined 3 Suicida 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) filled in by 4 Homicida Hospital 29a. Cartifiar 1 Certifying Physician: To tha best of my knowledga, daath occurred et tha tima, data and plece, end due to the ceuse(s) end mannar as stated. Medical 2 Madical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) end menner steted. To the within 2 29b. Signature end title of certifier 29c. Licansa number 29d. Data signed (Month, Dey, Year) 029671 30. Neme and eddress of person who completed cause of peeth (Item 23e) (Type, Print) -Dovan ho. chavarly VILLAMOR S. REYES M.D. 6501 Lan 31. Dete filed (Month, Day, Yaar) 32 Ragistrer's Signature State

DHMH 16 Rev 6/95

Registrar

MAY 2 7 1999

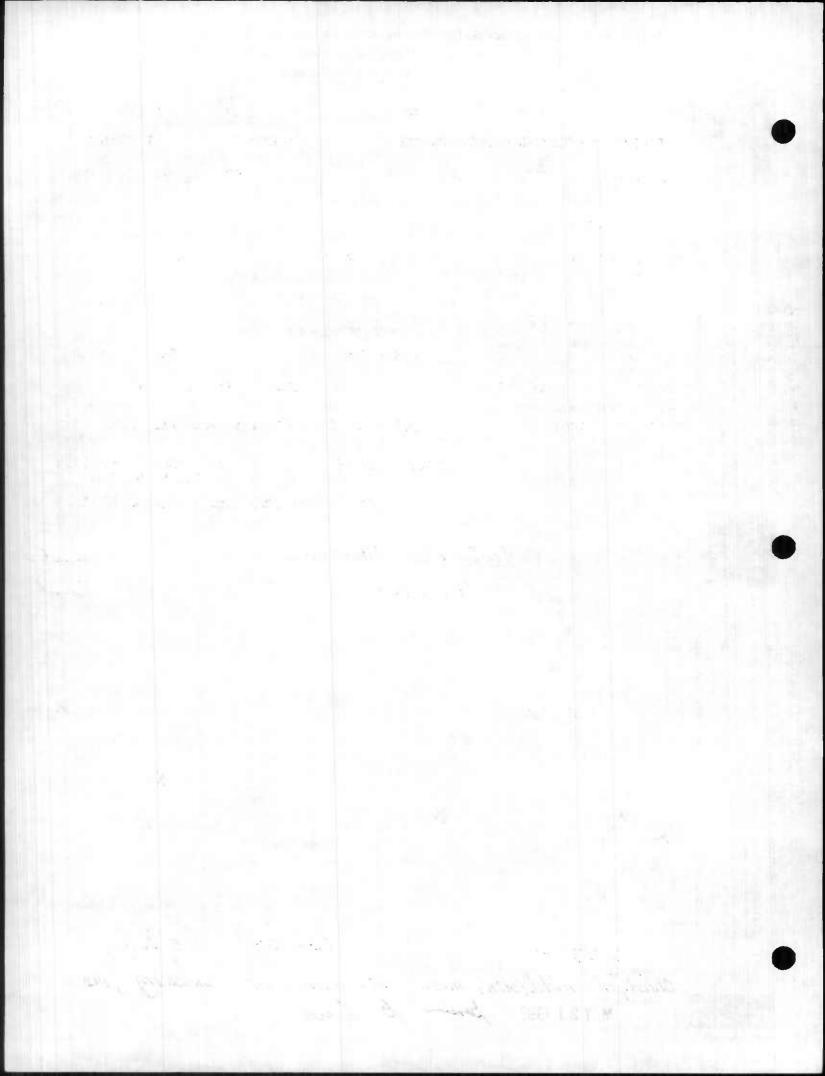
Share Street Street

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1 Decedent's Neme (First Middle Last) 2. Dete of Deeth 3. Time of Death **Physician** 1013 may RUSSELL KENNEY /Medical 4b. City, Town, or Location of Death 4a Fecility Neme (If not institution, give street end number) 4c. County of Death Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) **Funeral** Days 110 M 2□ F Yrs. OCT. 3,1929 MARYLÁND **Director** 215-26-4743 Usuel Residence of Decedent with the Maryland permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylen Dapartment of Haalth end Mantal Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28a-f show any injury or other traumatic event, the Wedest Evantine, must be northed at once. 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 1X Yes 2 No Directo MARYLAND WICOMICO HEBRON 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21830 U.S.A. 502 S. MAIN ST. Funeral 14. Race - American Indian, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Marital Status 1 ∑ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: P 3 Widowed 4 Divorced WHITE ARMY Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) CARPENTER SELF EMPLOYED 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) ROBERT KENNEY MARY EDITH HIGNUTT 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 502 S. MAIN ST. HEBRON, MARYLAND 21830 GERTRUDE L. KENNEY 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State W Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 5/23/99 HEBRON CEMETERY HEBRON, MARYLAND 21. Signature of Funeral Service Licenses 22. Name and Address of Facility 705 E. MAIN ST. arris BOUNDS FUNERAL HOME, INC. SALISBURY, MD 21804 ations that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, Approximete Intervel Between Onset and Death **Physician** /Medical Immediete Ceuse (Final disease or condition resulting in deeth) Ventrular 7: bullutur nenectes Examiner Examine leute MI and I-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) physician ar Physician/Medical Due to (or as a consequence of): Russell Kenney 98 attending p signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yas 2 ☐ No 3 ☐ Probably Munknown ASCUD Division of Vital Records, þ been sig 24b. Were eutopsy findings evelleble prior to completion of cause of death? 24e. Was en autopsy performed? Completed is certificate has t director, page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No Physician: 25. Wes cese referred to medical exeminer? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28d. Describe how Injury occurred 28b. Time of 27 Menner of Deeth 28a. Dete of Injury (Month, Day Yeer) 28c. Injury et Work? Certification: After t or Attending Netural 5 Pending 1 Tes 2 No Investigation efter deeth. Director: A 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide To the Hospital o within 24 hours of To the Funeral Di completely filled in 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. edicai 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) and manner stated. (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certified 029105 nucla 000 2+IVA 30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print) ChristIJON SALISBUYA m.0. 31. Date filed (Month, Day, Year) 32. Regist/er's Signeture State MAY 21 Registrar

DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Deeth 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) Month **Physician** MAU AROLD 22 John /Medical 4b. City, Town, or Location of Deeth Fecility Neme (If not Institution, give street end number, 4c. County of Deeth Examiner Baltimore City MedicAL System BALTIMORE 1 ARYLAND 04 If Under 1 Year If Under 24 Hrs. | Months Deys Hours Min. 7. Age (In yrs. last birthday) 73 Yrs. Sociel Security Number Birthplece (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** 1 M 2 □ F Director 212-20-5668 June 15,1925 Maryland Usuel Residence of Decedent the Marylend 10e. Stete 10c. City, Town or Location 10d. Inside City Limits 10b. County r then "natural", or items 23s or 28s-f show the Mexical Examiner must be notified at 1 Tyes 2 No Director Maryland Prince George's Forestville 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code with 20747 U.S.A. 6507 Lacona Street Funeral death 12. Wes Decedent Ever in U.S. Armed Forces? 1 X Yes 2 No 1943— Race - American Indien, Black, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Status 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: 1954 Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiena. Elementary/Secondery (0-12) College (1-4or 5+) .. Peges 1 and 2 should be filed w tment of Health and Mental Hygier tant: If item 27 is marked other th jury or other traumatic event, In Insurance Agent Metropolitan Life Ins. Co 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Samuel J. Keyton Lillian P. Heim 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) Doris M. Keyton (Wife) 6507 Lacona Street Forestville, Maryland 20747 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition May 27, 1999 Important: If its any injur Cheltenham, Maryland Burial 2 Cremetion 3 Removel from Stete 4 Donetion 5 ☐ Other (Specify) Maryland State Veterans Cem. 22. Name end Address of Facility Lee Funeral Home, Inc. 21. Signeture of Funeral Service Lice 6633 Old Alexandria Ferry Rd Clinton, MD 20735 Approximete Intervel Between Onset end Deeth the death. Do not enter the mode of dying, such es cardiac or respiretory errest, **Physician** /Medical Immediate Cause (Finel · Multiple Strokes disease or condition resulting in death) Examiner Examiner Roture-Hemoure requires thet the death certificata be axecuted physicien end the burial-transi Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medicai Due to (or es a consequence of): ettending pl Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? ed by the 1 Yes No 3 Probably 4 Unknown signed I Apperchalesterales A by 24b. Were autopsy findings eveilable prior to completion of cause of death? Completed 24a. Wes en eutopsy DIUDED 25 paga 2 N/A 1 🗆 Yes 2 No 1 ☐ Yes 2 ☐ No Fibrillatia carlificata Atrul Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this carifica 25. Was case referred to medical exeminer? 1 Yes 2 No Be 26. Place of Death (Check only one) Hospital: 1 Anpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 funeral 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. fnjury et Work? 1 Naturel 5 Pending investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide 24 hours a 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edicai completaly To the within 2 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifier

10+1

State Registrar

30. Neme er

31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture MAY 2 6 1999 >

d edgress of person who completed cause of deeth (Item 23e) (Type, Print)

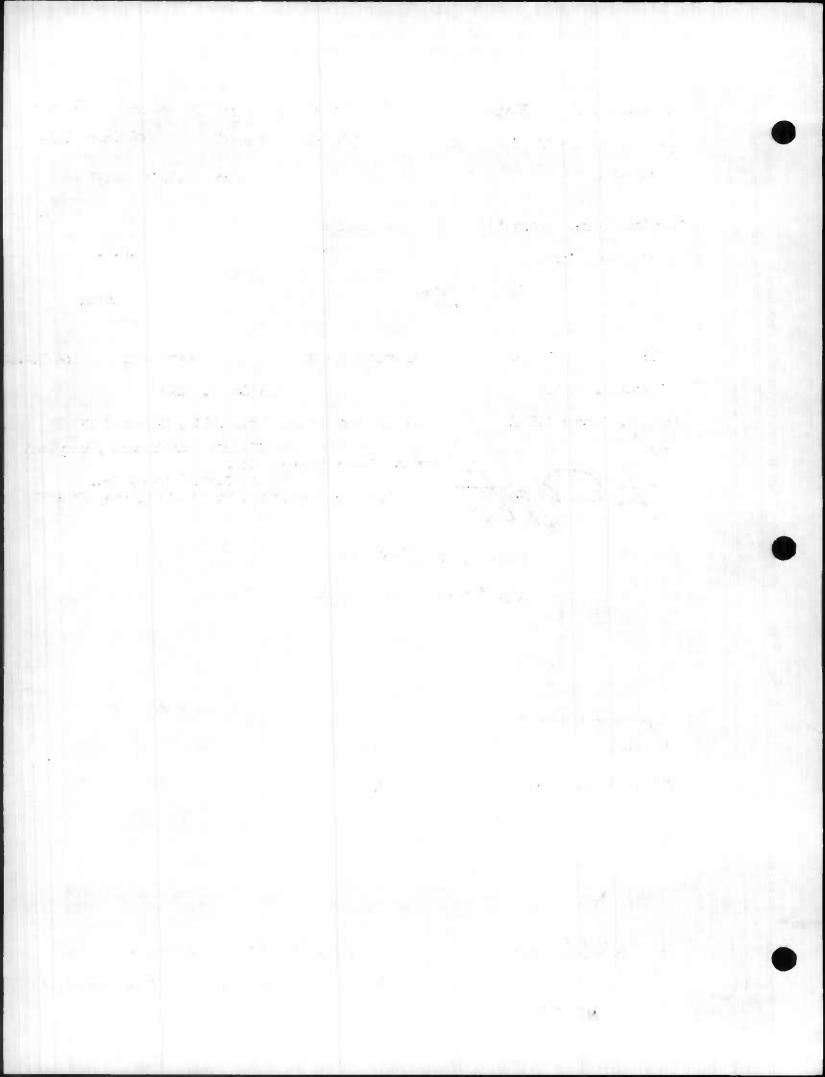
IMD

Cole

Ichn

22 South

GREENE ST. BALLO MD 21201



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene (

			4000														
an	1. Dec	edent's Nam	a (First, Mide	dla, Las	t)								2. Date of De Month	ath Da	v	Yaar	3. Tima of Deat
		DOMIN	GO I	LUGO									MAY	18	199		4:43 PM
Ì	4a Fa		If not institution	ion, give	street an	nd number))				4b. City, To	own, or Lo	cation of Death	1 4c	. County	of Death	
		WASHI	NGTON	ADV	ENTI	ST HO	SPIT	AL			TAK	OMA I	ARK		MONT	GOME	RY
	5. Soc	ial Security N	lumber	6. Se				. last birthde		r 1 Yaar	If Under		8. Date of Birt (Month, Da				place (State or Fore
	58	1-22-7	660	15	M 2□]F	85	Yrs	Months	Days	Hours	Min.	FEB 4,	191	4	PUER	TO RICO
-		Residenca o															
	10a. S	tate	10b. Count	ty			10c. C	ity, Town or	Location							1	0d. fnside Clty Lim
	MAI	RYLAND	PRI	NCE	GEO	RGES	H.	YATTS	VILLE								YYes 2□
	10e. S	treet and Nu	mber						10f. Z	p Coda				10g. Cit	tizan of W	Vhat Cour	ntry?
	20	06 OLT	VER ST	TREE	Т					20782	2			UN	TTED	STA	TES
		rital Status			12. Was	Decadent		J,S. 1				igln? (Sp	cify Yes or No Rican, etc.)		14. Race	e - Americ	can fndian,
	1[] Navar Marr	ied 2∑ Ma	arried	1 🕅	ed Forces? Yes 2 ☐		-	0.00						Blac	k, White,	etc.
	3[Widowed	4 Divorca	ad	If Ye	s, Give r or Datas:			1K Yas	2∐ No	Specify	PUE	RTO RIC	AN	Specify.	WHI	TE
			15. Decede					16a. De	cedant's Us	al Occup	pation			16b. K	(ind of Bu	siness/In	dustry
	Flori		cify only high				F.)	- (G	ive kind of w	ork dona use retire	during mos d)	st of work	ng				
	Elar	nantary/Sacc	ondary (0-12))	Colle	aga (1-4or	5+)	C	ARPEN	CER				SE	LF E	MPLO	YED
	17. Fa		(First, Middle	a, Last)							18. Moth	er's Name	(First, Middle				
			OR LUC								TIL	ANA	MONTA	I VO			
	190 1		ame/Ralation		vne Prin	1		10h M	ailing Address	s (Stract			MUNIA.		or Town	State Zir	Code)
	ræd. I					"											
	200 1		'A LUGO	W) C	IFE)		206		position (Na		SIKE	ol, h	Date				D 20782 own, Stata
		lethod of Dis Burial 2	position Cremation	3 🗆 F	Ramoval	from State		cametery, o	rematory or	other pla							
			5 Othar (F	ORT L	INCOL	V CEN	METER'	Y 5	-21-99	BR	ENTW	OOD,	MARYLANI
		consistency of the	meral Service	or Wilderson	100				22 Name s	nd Addre	acc of Facil	itv					
	21.5	Municipa Color		Licent	200				EODT 1	TNC	OT M EI	INED /	I HOME	TNC	1		
	23a. J	art1. Enter t	the disease, out failure. Lis	Dut or comp	lications	prii crusa Scarnach li	ine.	th. Do not	FORT 1 3401 1	LINCO BLADE de of dyi	OLN FU ENSBUI	UNERA RG RI	or respiratory a	IWOO	Ď MA	ARYLA	ND 20722 Approximata friterval Between Onsat and Death
	Immediseas resulti	Part1. Enter the shock, or had diate Cause so or conditioning in death) antially list colleading to in the shock of the s	the disease, and failure. List (Final on onditions, name diate or by ing.)	Dut or comp	lications	para sa	Dua to (th. Do not	FORT 3401 1 senter the mo	LINCOBLADI BLADI Ide of dyin Meu	OLN FU ENSBUI ing, such as	UNERA RG RI cardiac	D, BREN' or respiratory a	IWOO	Ď MA	RYLA	Approximeta fnterval Between
	Immediseas resulti	Part1. Enter to shock, or had diate Cause so or conditioning in death) entially list co leading to in. Enter Unde	the disease, and failure. List (Final on onditions, and the ordinal on onditions of the ordinal on one of the ordinal on one of the ordinal one ordinal one of the ordinal one of the ordinal one of the ordinal one ordinal o	Dut or comp	lications	princer sach li	Dua to (th. Do not	FORT 13401 1	LINCOBLADI BLADI Ide of dyin Meu	OLN FU ENSBUI ing, such as	UNERA RG RI cardiac	D, BREN' or respiratory a	IWOO	Ď MA	ARYLA	Approximeta fnterval Between
	Immedisearesulti	Fart1. Enter to shock, or had diate Cause so or conditioning in death) antially list co leading to in . Enter Under (Disease or itiated aventing in death)	the disease, and failure. List (Final on onditions, and the ordinal on onditions of the ordinal on one of the ordinal on one of the ordinal one ordinal one of the ordinal one of the ordinal one of the ordinal one ordinal o	or compost only o	dications one cause a	AS b	Dua to (th. Do not	FORT 3401 I	LINCOBLADE STATE OF THE STATE O	OLN FV ENSBUI ing, such as	UNERARG RI	P. BREN'	TWOO rrast,	DD MA		Approximeta fnterval Between
	Immedisearesulti	Fart1. Enter to shock, or had diate Cause so or conditioning in death) antially list co leading to in . Enter Under (Disease or itiated aventing in death)	the disease, and failure. List (Final on onditions, name diate orbying linjury is Last	or compost only o	dications one cause a	AS b	Dua to (th. Do not	FORT 3401 I	LINCOBLADE STATE OF THE STATE O	OLN FV ENSBUI ing, such as	UNERARG RI	P. BREN' or respiratory a	TWOO rrast,	DD MA		Approximeta friterval Between Onsat and Death Company of the cause of decided friterval and the cause of decided friterva
	Immedisearesulti	Fart1. Enter to shock, or had diate Cause so or conditioning in death) antially list co leading to in . Enter Under (Disease or itiated aventing in death)	the disease, and failure. List (Final on onditions, name diate orbying linjury is Last	or compost only o	dications one cause a	AS b	Dua to (th. Do not	FORT 3401 I	LINCOBLADE STATE OF THE STATE O	OLN FV ENSBUI ing, such as	UNERARG RI	P. BREN' or respiratory a	TWOO rrast,	DD MA	ntribute t	Approximeta friterval Between Onsat and Death Company of the cause of decided friterval and the cause of decided friterva
	Immedisearesulti	Fart1. Enter to shock, or had diate Cause so or conditioning in death) antially list co leading to in . Enter Under (Disease or itiated aventing in death)	the disease, and failure. List (Final on onditions, name diate orbying linjury is Last	or compost only o	dications one cause a	AS b	Dua to (th. Do not	FORT 3401 I	LINCOBLADE STATE OF THE STATE O	OLN FV ENSBUI ing, such as	UNERARG RI	23b. Dld	tobacco	D MA	ntribute to 3 Pro	Approximate interval Between Onsat and Death Course of the cause of declaration of the
	Immedisearesulti	Fart1. Enter to shock, or had diate Cause so or conditioning in death) antially list co leading to in . Enter Under (Disease or itiated aventing in death)	the disease, and failure. List (Final on onditions, name diate orbying linjury is Last	or compost only o	dications one cause a	AS b	Dua to (th. Do not	FORT 3401 I	LINCOBLADE STATE OF THE STATE O	OLN FV ENSBUI ing, such as	UNERARG RI	23b. Dld	tobacco	D MA	ntribute to 3 Pro	Approximate interval Between Onsat and Death Report of the cause of decibably 4 Unknere autopsy finding.
	Immedisearesulti Seque if any, cause Cause that in resulti	Fart1. Enter to shock, or had diate Cause so or conditioning in death) antially list co leading to in . Enter Under (Disease or itiated aventing in death)	the disease, and failure. List (Final on onditions, name diate orbying linjury is Last	or compost only o	dications one cause a	AS b	Dua to (th. Do not	FORT 3401 I	LINCOBLADE STATE OF THE STATE O	OLN FV ENSBUI ing, such as	UNERARG RI	23b. Did	tobacco	D MA	ntribute to 3 Pro	Approximate interval Between Onsat and Death Park Cause of declaration of the cause of declaration of the cause of declaration of the cause of declaration of cause death?
	23a. J. Immedisea: result if any, cause Cause that in that in that in the part II.	Part1. Enter the shock, or had diate Cause so or condition in death) entially list colleading to in . Enter Under (Disease or third avents in death) Other significant controls the controls of the control of the controls of the control of the co	the disease, and failure. List (Final on onditions, namediate erlying Injury Is Last	or compositionly of	dications one cause a	AS b	Dua to (th. Do not	FORT 3401 I	LINCOBLADE STATE OF THE STATE O	OLN FIENSBUI	UNERARG RI	23b. Did 1 □ 24a. Was perfe	tobacco Yes 2	D MA	ntribute to 3 Pro	Approximate interval Between Onsat and Death Conset and Conset
	23a. J. Immediseas result from the substitution of the substitutio	part1. Enter to shock, or had diate Cause so or conditioning in death) antially list co leading to in. Enter Under (Disease or itiated aventing in death) Other significant of the condition of	the disease, and failure. List (Final on ditions, name diate or diving linjury is Last	or compost only o	dications one cause a	A S b	Dua to (th. Do not	FORT 3401 3 enter the more sequenca of sequenca of sequence of seq	LINCOBLADI BLADI de of dyi	OLN FIENSBUI ing, such as L W O	UNERARG RI s cardiac n I C	23b. Did 10 24a. Was perio	tobacco Yes 2 an autommed?	D MA D use cor Zir No Dpsy	ntribute to 3 Pro	Approximate interval Between Onset and Death Park Park Park Park Park Park Park Park
	Immedisearesult Sequetif any, causes that in resulti Part II.	rart1. Enter the shock, or had diate Cause se or conditioning in death) entially list colleading to in. Enter Under (Disease or ititated aventing in death) Other significance as case referaminer?	the disease, and failure. List (Final on ditions, name diate or diving linjury start the start conditions) and the start conditions of the start condi	or compost only o	dications one cause a b b b the c d hospital:	A S b	Dua to (Due to (Duut not received as a second content of the s	for as a confor as a consulting in the	FORT 3401 3 enter the mo	CAUSA ON	OLN FIENSBUI ing, such as L W O iven in Part	UNERARG RI s cardiac n I C	23b. Did 10 24a. Was perio	tobacco Yes 2 an autommed? Yes 2 ona) denca	D MA D use cor Zir No Dpsy Circle Coth	ntribute to 3 Pro	Approximate interval Between Onset and Death Park Park Park Park Park Park Park Park
	Immedisearesult Seque if any, cause Causetthat in result Part II. 25. W ex 1[part1. Enter to shock, or had diate Cause so or conditioning in death) antially list co leading to in. Enter Under (Disease or itiated aventing in death) Other significant of the condition of	the disease, and failure. List (Final on ditions, name diate onlying linjury start conditions) and the fired to medically the fired to me	or compost only of the control of th	a	A S b	Dua to (Due to	th. Do not	FORT 3401 3 enter the mo	CAUSA GRADA	OLN FIENSBUI	UNERARG RI s cardlac s cardlac f.	23b. Did 10 24a. Was perio	tobacco Yes 2 an autommed? Yes 2 ona) denca	D MA D use cor Zir No Dpsy Circle Coth	ntribute to 3 Pro	Approximate interval Between Onset and Death Park Park Park Park Park Park Park Park
	23a. J Immediseau result Sequesif any, cause that in resulti 25. W ex 15.	entially list co leading to lin. Enter Under (Disease or ititated aventing in death) Other significance of Death	the disease, and failure. List (Final on ditions, name diate or disease) the state of the state	or compost only of	d	a mach li	Dua to (Due to	th. Do not 100 (or as a con or as a con sulting in the	FORT 3401] enter the mo sequenca of sequenca of sequenca of y M	CALUNCE BLADE AND A COLUMN COL	OLN FIENSBUI ing, such as L W O iven in Part 26. Plac ther: 4 \(\text{N} \) iny at ork? Yes 2 \(\text{C} \)	UNERARG RI s cardlac s cardlac f.	23b. DId 1 24a. Was performed to the Chack only me 5 Resi	tobacco Yes 2 an autonmed? Yes 2 ona) denca how inju	D MA D use cor No Dpsy G Other	ntribute to 3 Pro	Approximate interval Between Onsat and Death Park Cause of death pably 4 Unkrusere autopsy finding aliabla prior to implation of causa death?
	23a. J. Immediseas result if any, cause Ca	entially list co leading to lin. Enter Under (Disease or ititated aventing in death) Other significance of the control of the	conditions, name diate ortying ship in the state of the medic to medic the state of	or compost only of	dications ne causé a b c d ntributing Hospital:	a mach li	Dua to (Due to (Due to (Due to (Due to (Due to (Due to (for as a consorting in the sulting i	FORT 3401 3 enter the mo	CALUNCE BLADE AND A COLUMN COL	OLN FIENSBUI ing, such as L W O iven in Part 26. Plac ther: 4 \(\text{N} \) iny at ork? Yes 2 \(\text{C} \)	UNERARG RI s cardlac s cardlac f.	23b. DId 1 24a. Was performed to the Chack only me 5 Resi	tobecco Yes 2 an auto omed? Yes 2 ona) denca how inju	D MA D use cor No D psy G Othury occurr	ntribute to 3 Pro	Approximate interval Between Onset and Death Park Park Park Park Park Park Park Park
the second secon	23a. J. Immediseau result fany, cause that in result fany. Cause that in result fany. 25. We saw fany. 27. Mediseau fany. 21. 31. 41.	entially list colleading to lin. Enter Under (Disease or ititated aventing in death) Other significance of Death Accident Suicide Homicida Cartifiar Check only	the disease, or failure. List (Final on ditions, name diate onlying lingury so Last (Ilcant conditions) the fired to medic lines (No lines 6 Could datar	or compost only of the control of th	d	a mach li A S S I A Inpatii Date of Inju (Month, De Placa of In building, at	Dua to (Due to (Due to (Due to (Due to (Country ay Year)	cor as a concor as	FORT 3401 1 anter the more sequence of sequence of sequence of sequence of y M street, factor auth occurre	CAUSA Ottl Causa gir	OLN FIENSBUI ing, such as L W O iven in Part 26. Plac ther: 4 N irry at ork? Yes 2	UNERARG RI s cardlac s cardlac t. f.	23b. DId 1 24a. Was performe 5 Residence See See See See See See See See See S	tobacco Yes 2 an autoomed? Yes 2 ona) denca how inju	D MA D use cor No Dopsy C No G Othury occurr and Numb s) and ma	ntribute to 3 Pro 24b. Wave conditions of the c	Approximate interval Between Onset and Death Park Park Park Park Park Park Park Park
	23a. J. Immediseau result if any, cause that in result if any, cause that is a subject to the cause of the cause o	entially list colleading to lin. Enter Under (Disease or ititated aventing In death) Other significance of Deat Natural Accident Suicide Homicida Cartifier Check only one)	the disease, and failure. List (Final on ditions, name diate onlying linjury state of the final on the fired to medic the fired to medic on the fired to m	or compost only of the control of th	d	g to death b	Dua to (Due to (Due to (Due to (Due to (Country ay Year)	(or as a concor as	FORT 3401] enter the more sequence of sequence of sequence of sequence of y M street, factor at the occurred invastigation.	CALUSA GRANDA ON A CAUSA GRANDA GRANDA ON A CAUSA GRANDA GRA	OLN FIENSBUI ing, such as L W O iven in Part 26. Plac ther: 4 N irry at ork? Yes 2	UNERARG RI s cardlac s cardlac t. f.	23b. Did 1 24a. Was performed by the Chack only of City or To and dua to the	tobacco Yes 2 an autormed? Yes 2 ona) denca how inju Street a. wn, Stat cause(s data an	D MA D use cor No Opsy G Other And Numb So and mad place, and mad place, and mad place and mad d place a	ntribute to 3 Pro 24b. Wave confirmed Per (Special red) annar as a sand due to the sand due	Approximate interval Between Onset and Death Death Onset and Death Death Onset and Death Death Death Onset and Death D
	23a. J. Immediseau result if any, cause that in result if any, cause that is a subject to the cause of the cause o	entially list colleading to lin. Enter Under (Disease or ititated aventing in death) Other significance of Deate (Natural Accident Suicide Homicida Cartifiar Check only one)	the disease, or failure. List (Final on ditions, name diate onlying lingury so Last (Ilcant conditions) the fired to medic lines (No lines 6 Could datar	or compost only of the control of th	d	a mach li A S S I A Inpatii Date of Inju (Month, De Placa of In building, at	Dua to (Due to (Due to (Due to (Due to (Country ay Year)	(or as a concor as	FORT 3401] enter the more sequence of sequence of sequence of sequence of y M street, factor at the occurred invastigation.	CALUMAN ON OTHER PROPERTY OF THE PROPERTY OF T	OLN FIENSBUI ing, such as L M O iven in Part 26. Plac ther: 26. Plac ther: 27. Plac ther: 28. Plac ther: 29. Plac ther: 20. Plac ther:	INERARG RI s cardlac s cardlac t s cardlac l l l l l l l l l l l l l l l l l l l	23b. Did 1 24a. Was performed by the Chack only of City or To and dua to the	tobacco Yes 2 an autormed? Yes 2 ona) denca how inju Street a. wn, Stat cause(s data an	D MA D use cor No Opsy G Other And Numb So and mad place, and mad place, and mad place and mad d place a	ntribute to 3 Pro 24b. Wave confirmed Per (Special red) annar as a sand due to the sand due	Approximate interval Between Onset and Death Park Park Park Park Park Park Park Park

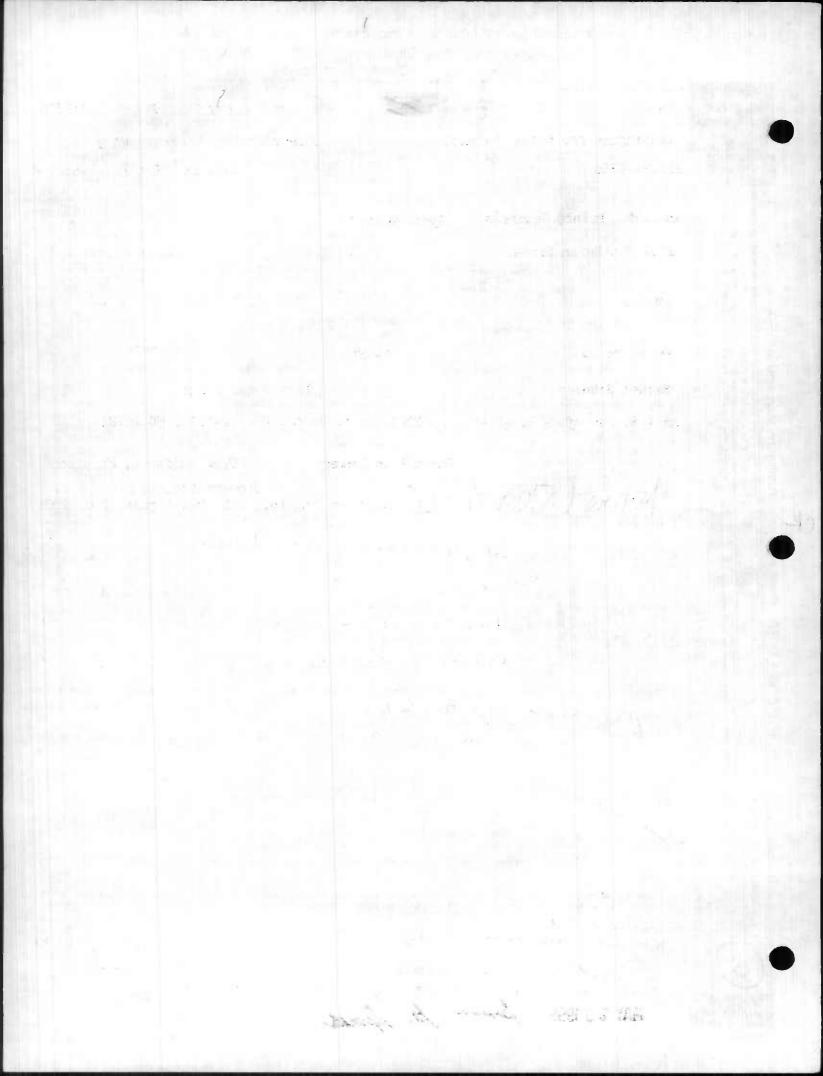
Registrar DHMH 16 Rev 6/95

00 1

Service of the servic

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene | 1 6 6 7 | Certificate of Death | Reg. No.

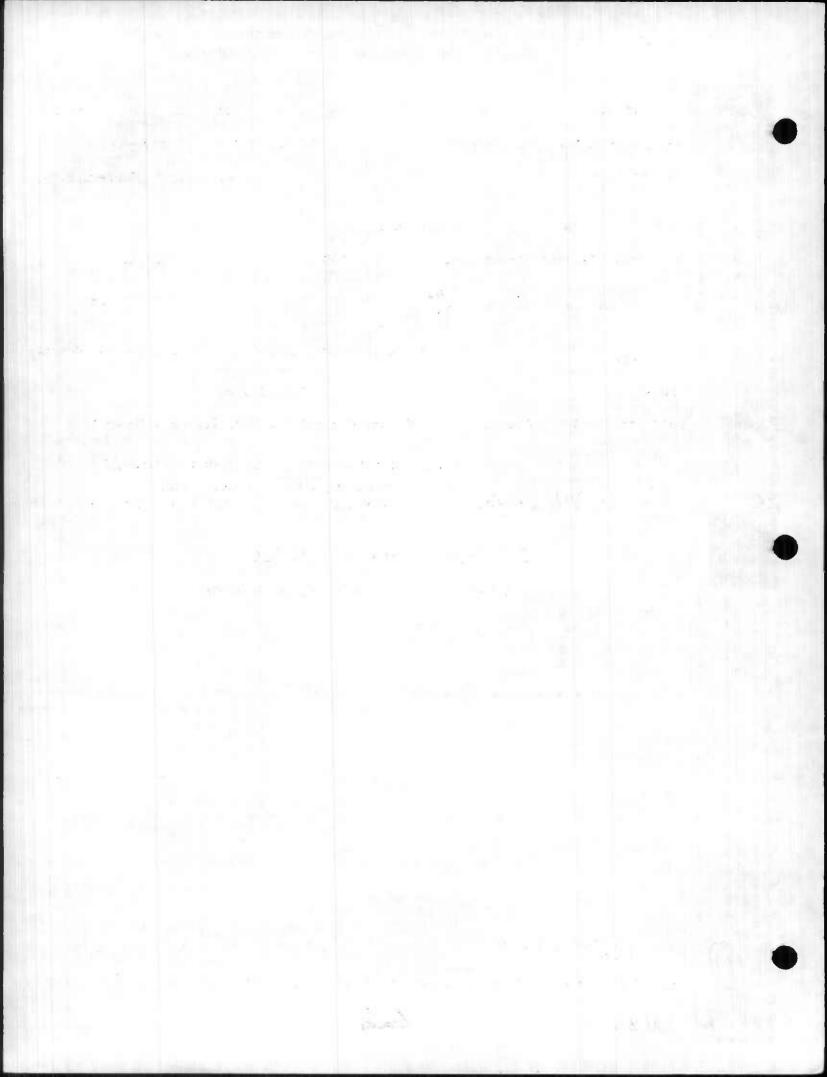
				Certific	cate of	Death		Reg. No.	100) () [
	1. Decedant's Nema (First, Mid	die, Last)					2. Dete of De	eth		. Time of Death
Physician /Medical	Helen	D.	Luckey	7			Month May 2	Dey 20. 1999	Year	2:35PM
Examiner	4a Facility Neme (If not Instituti	ion, give street end numbe	or)			4b. City, Town, or I	Location of Deetl	4c. County	of Deeth	
	Washington Ad	ventist Hos	pital			Silver S	pring	Montg	omery	
Funeral Director	5. Social Sacurity Number 217–24–9785	6. Sex 7	Age (In yrs. lest to 72	marady)	Inder 1 Year onths Days		8. Data of Bir (Month, Da June I	19, 1926	9. Birthplece Country) Baltir	o (State or Foreign more, MD
P .	Usuel Residence of Decedent 10a, Steta 10b, Coun		100 Chu To	um as l'acatio						
tha Marylar 28a-f ehow noured at		ce George's		wn or Location						Inside City Limits 1 ☐ Yes 2 ☐ No
£ 5 8 0		n Street		10	of. Zip Code 20782			10g. Citizan of V	Whet Country? States	
020 urs aftar aff, or its	3 XWidowed 4 □ Divorce	If Yes Give	s?] No		Decedant of Inc., specify Cub	Hispanic Origin? (S en, Mexican, Puert Specify:	pecify Yas or No o Rican, etc.)		e - Amarican I ck, White, atc.	
5-0 72 ho	15. Dacada	ant's Education lest grade completad)	16	e. Decedent's	Usuel Occup	petion during most of wor	rkina	16b. Kind of B	usiness/Indust	ry
within ena.	Elementary/Secondery (0-12) Twelve years			Ana]	OT use retire	id)		Privat	e	
be filed that Hyging of other event, I	17. Fether's Neme (First, Middle	e, Last)			<u> </u>	18. Mother's Ner	me (First, Middle	, Maiden Suman	na)	
Maryland 42 should be file th and Mental Hy 7 is marked oth traumatic event		on				Mary Su	san Ber	ger		
and hand	19e. Informent's Neme/Reletion	nship (Type, Pnnt)	19	9b. Malling Ad	dress (Street	and Number or Ru	ural Route Numb	er, City or Town,	Stete, Zip Co.	de)
S Cala	Mary E. Luckey	y - Daughte				en St. Hy	attsvil.	le, MD 2	20782	
Saltimore emit. Pages 1 s espartment of Ha mportant: If item ny injury or oth	20a. Method of Disposition 1 □ Surial 2 □ Cremetion 4 □ Donetion 5 □ Other		te	of Disposition tery, cremetor	y or other ple		Date	20c. Location	No.	
Baltim pemit. Pa Departman Important: any Injury	21. Signeture of Funeral Service		Forest	Hills (ess of Fecility	5/27/99	Clinton	n, Mary	Land
Ba perm Depa Impo	1 1 1	- market	1194	-			tewart :	Funeral	Home,	Inc.
certificate be executed the continuate be executed the continuation and continuation and continuation are the continuation of	Ceuse (Disease or injury that Initiated events resulting in death) Lest	e	Due to (or escape to to consider to the consideration of the considerati	e consequence	e of): o of): o of):	Paid	2 ur	iresi,	10	ears
death certain death certain death certain death certain death deat	Part II. Other significant condit	Hone contributing to dooth	but not reculting	In the underly	ring cause of	ven in Port I	23h Did	tobacco usa co	ntribute to the	e cause of death?
that the contract of the contr	part II. Other significant condition									ly 4 🖔 Unknow
The law requires that the death cerate has been signed by the attendit page 2 should be detached for use Completed by Physician/I	Con	numin /	ntiry	n	esen)	24a. Wes	en eutopsy ormed?	eveilel	eutopsy findings ble prior to letion of causa th?
Vital Rec							1 🗆	Yas 20 No	1 □ Ye	es 2 No
f Vital Reystelen: The last cartificate he director, page	25. Wes case referred to medic	cal				26. Plece of De	eth (Check only	one)	1	
of Vita Physician: this cartific ral director,: To Be	exeminer?	Hospital:	atient 2 ER/0	Outpatient 3	□ DOA Ot	her: 4 Nursing H	lome 5□ Resi	dence 6 □Oth	ner (Specify)	
naral	27. Manner of Death 1 ☑ Naturel 5 ☐ Pend	28e. Dete of le	njury 28b Dey Year)	. Time of Injury	28c. Inju Wo	ry et rk?	28d. Describe	how injury occur	red	
Division of Vital Records, within 24 hours after death, within 24 hours after death. To the Funeral Director: After this cardificate has been signe completely filled in by the funeral director, page 2 should be a Medical Certification: To Be Completed by	2 Accident Inves	d not be	Injury - At home, etc. (Specify)	ferm, street, f		Yes 2 No	28f. Location (City or To	Street end Num. wn, Stete)	ber or Rurel Ro	oute Number,
Hospitu 124 houn Frunera liataly fille		ring Physician: To the besing Examiner: On the besing and menner	of examinetion							
To the comp	29b. Signeture and title of certif	y ~-	M	b	p 3	9 3 7 2		29d. Data signed Muy 2	od (Month, Day	() () 99
(3)	30. Name and address of person	n who completed cause o	deeth (Item 23e	The Lint	34	4 Jun	1005	1	CUU	
State	31. Date filed (Month, Day, Yea		strer's Signature			171				



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9 8 8 8

						Ce	ertificat	e of	Death		R	eg. No.	1	0000
			1. Decedent's Name (First, Middla, Li	ist)							2. Data of Dea	th	V	3. Tima of Death
	Physici		TOMMIE	LEE							Month May	Day 21, 199	Yaar 9	6:20 AM
	/Medic Examir		4a Facility Nama (If not institution, gi		r)				4b. City, To	wn, or Lo	cation of Death	4c. County	-	0.20 AII
8,	Examili	iei	Washington Adven	tiet Hoen	ital				Takor	na Pa	rk	Montgo	merv	
-	Funeral			-	iga (In yrs. I	ast birthday) If Unda	1 Year	If Under	24 Hrs.	9 Date of Birth			place (Stata or Foraign
	Director		249-26-0243 Usuai Rasidance of Decedant	1 X) M 2□F	7	3 Yrs.	Months	Days	Hours	Min.	(Month, Day Aug. 22			er, S.C.
	Mand		10a. Stata 10b. County		10c. City	, Town or I	ocation		-				1	Od. Insida City Limits
	Me II	to	D.C. N/A		Mac	hingt	OD							1 ☐ Yas 2 ☐ No
	28s	e l	10e. Street and Number		was	minge	10f. Zip	Coda			1	0g. Citizan of V	Vhat Cour	ntry?
	3a o with		5200 North Capito	1 Stroot	NI LI	#2		200	111			II C	A	
	The 2	Jera	11. Marital Status	12. Was Dacedan	t Evar in U.		. Was Dece	dant of I	Hispanic Orl	gin? (Spe	cify Yas or No-		e - Amaric	can Indian,
21215-0020	s 1 and 2 should be filed within 72 hours effer death with the Meryland if Heelth and Mentel Hygiene. If the sith and Mentel Hygiene. other traumatic event, the Medical Examinations and be normled a	by Funeral Director	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armad Forces 1 ♥ Yes 2 □ If Yas, Giva Yaar or Dates	No 194	3-	If Yes, spe 1 ☐ Yas	city Cub	an, Maxicar	n, Puarto	Rican, atc.)	Specify	k, Whita, Bla	
ŏ	tura stura	8	15. Decedant's E		194	16a. Dec	edant's Usu	al Occup	pation			16b. Kind of Bu	sinass/In	dustry
7	in 7	Be Completed	(Specify only highast gr	ada complatad)	. 5.1	(Giv lifa.	a kind of wo DO NOT u	rk dona sa ratire	duning mos	t of worki	ing			
212	the iene	E	Elamantary/Secondary (0-12) 8th	Collaga (1-4or	5+)	Medi	cal Re	ecor	ds Cl	erk		D.C. G	enera	al Hospital
D	Hygi ent, t	0	17. Father's Name (First, Middle, Las)					18. Moths	ar's Nama	(First, Middla,	Ma <i>id</i> an Sumam	e)	
Maryland	should be and Mentel a marked of	To B	Bogan Lee						Len	a Rei	njamin			
ary	end M end M e mar	-	19a. Informant's Name/Ralationship	Type, Print)		19b. Mai	ling Addrass	(Stree			A Routa Numbe	r, City or Town,	Stata, Zip	Code)
Σ	end 2 selth e n 27 le		Beatrice Bartley			5200	No.	Capi	tol S	t. N	.W. #2,	Wash Do	200	111
e,	of Heelth Itam 27 other tr		20a. Mathod of Disposition		20b. Pl	ace of Disp	position (Nar	na of			Data	20c. Location -		-
Baltimore,	0 0 - 1		1 Burial 2 Cramation 3 [8		amatory or o			1-	107 100			
₫	permit. Pag Dentment Important: If any Injury o		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice		Ft.		oln Ce		ery ass of Facili		/27/99 1	3rentwoo	od, N	ID
Ba	any le		21. Signatura of Furnaral Salvica Elica	1 00							. Home,	Inc.		
ő.L			7.0.111	retall			4308	Sui	tland	Road	l, Suitl	and, Ma	ryla	
			23a. P (rt). Entar tha disaasa, or console, or haart failura. List only	plications that cause ona causa on aach	ed tha daath lina.	. Do not a	ntar the mod	le of dyi	ing, such as	cardiac o	or raspiratory ari	ast,		Approximata Intarval Batwaan
8	Physician													Onsat and Death
Α.	/Medical		Immediata Causa (Final disease or condition	CARD	HOPE	ulm	PREAR	Y	AR	LES	T			
	Examiner		rasulting in death)	a CARE	Dua to (or	as a cons	equance of):	_(
	7 .5	ner		META	STATIL	CPE	ASTA '	76	CAL	2Cir	eoma		-	
	cute	Examiner	Sequentially list conditions.	b			aquance of):							
ó	eath certificate be executed ettending physicien end for use as the buriel-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	SEPT	ICE	MIA								
68760,	te be	edical	Cause (Disaasa or injury that initiated evants	C.	Dua to (or	as a conse	equanca of):							
9	iffica g ph as th	Med	rasulting In daath) Last		7 – 9								1	
ŏ	use use			d										
	lew requires thet the death ce as been signed by the ettendi 2 should be detached for use	Physician	Part II. Other significant conditions	contributing to death	but not rasu	liting in tha	undarlying	ausa ni	iven in Part		23b. Did to	obacco use co	ntribute t	o the cause of death?
0	ache	hys												bably 4 Unknown
S, D	ned i	y P												
g	ures gis r gid blu	Completed by									24a. Was a			ara autopsy findings
Record	peed	lete									perfor	mad?	CC	vailable prior to emplation of cause death?
ě	has pe 2	E D												
	E age										1□ Y	as 25 No	1	☐ Yas 2 🗷 No
	iclan: The certificate rector, pag	Be	25. Was casa rafarrad to medical axaminar?	his anital.				104		a of Death	h (Check only or	na)		
5	this of the aid din	2	1 ☐ Yas 2 ☑ No	Hospital:			ent 3 Do	JA			ma 5□ Rasid			(y)
Division of Vital	Attending Physicien: The is reteath. reteath. ector: After this certificate he by the funeral director, page	ü	27. Mannar of Daath 1 ☑ Natural 5 ☐ Panding	28a. Data of In (Month, D	jury ay Year)	28b. Tima Injury	of 3	28c. Inju	iry at ork?		28d. Dascribe h	ow injury occur	red	
000	death. ctor: Al y the fu	atle	2 Accident invastigation				М	1	Yas 2	No				
Š	or Attending after death. Director: After	E E	3 Suicida 6 Could not l	28a. Place of II	njury - At ho	ma, farm, s	treat, factor	y, office			28f. Location (S City or Tow	treet and Numb n, Stata)	er or Run	al Routa Number,
ב	s afte	Certification:												
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai		nysician: To the besi miner: On the basis and manners	of axaminat									
	within 2 To the comple	Me	29b. Signatura and titla of certifier	A			29	c. Lican	sa number			29d. Data signa	d (Month.	Day, Year)
	- 3 4 8		1 train	ato MA				11	652	9		MANG	1 10	999
	(1A)		1000					74	000	/		141/1 0	41	(1)
	(10)		30. Name and address of parson who	complated causa of	death (Itam	23a) (Type	a, Print)	100	Cank	. A	COC	10000	Λ.	MET LANDZOTA
			VICIOR ONT	SIMPA	1518	升十	गुरुशिर	EK	POTTE	WAY	YNE	MERC	IVV	afformulation
	Sta		31. Date filad (Month, Day, Year)	32. Ragis	trar's Signal	tura	1							
	Registr	ar	MAV 9 / 1000	120 march	14	1		/						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	1. 1	ecedent's Name	First, Middle	le. Last)						2. Date o	Death			3. Time of De
an	Ш									Month	D	ay	Year	
cal		Alice								May	19,	199		3:26PN
ner	4a.	Facility Name (If	not institution	n, give s	treet and numbe	er)			4b. City, Town,	or Location of D	eath 4	c. County	of Death	
		Washi	ngton	Ad	ventis	t Ho	spital			a Park			ce G	eorges
	5. 8	ocial Security Nu	umber	6. Sex		Age (In yrs.	last birthday)	If Under 1 Year Months Day		Hrs. 8. Date o	Birth Day, Yea	r)	9. Birthple	aca (State or F
	5	78-60-	7092	10	M 20XF	9	5 Yrs.		1100.0		27			irgini
		al Residence of												
		. State	10b. County			10c. Cit	ty, Town or Loc	ation					10	d. Inside City I
Director	D	.C.				W	ashino	rton						1 Yes 2
T.	10e	. Street and Num	nber					10f. Zip Code			10g. C	itizen of V	What Counti	ry?
		522 So	n+h D	12/20	+ - 7	nuo	M T	200	1 0		TTm d	4 - 4	Chai	
era	11.	Marital Status	ucii D	1	Was Decede	nt Ever in U	,S. 13. W		f Hispanic Origin' Jban, Mexican, P	(Specify Yes o	r No-	14. Rac	State - America	in Indian,
Funeral		1 Never Marrie	ed 2 Marr	rled	Armed Force 1 ☐ Yes 2 1					uerto Rican, etc.)	Blac	ck, White, e	tc.
by		3 Widowed			If Yes, Give Year or Date:		1	Yes 20 N	o Specify:			Specify	Blac	~ k
B	-		15. Deceden	t'e Educ			16a Deced	ent's Usual Occ	upation		16b	Kind of Bu	usiness/Indu	
Completed		(Speci	ify only highes	st grade	completed)		(Give h	kind of work don	e during most of	working	100.	IXIII OI DE	23111033711100	ustry
E	8	lementary/Secon	ndery (0-12)		College (1-4d	or 5+)	Nur		.00)		0 -			
		Father's Name (i	First Middle	I get)			Nul	. se	18 Mothor's	Name (First, Mic			nment	τ
Be				-					TO. MOTHERS	INdine (First, Mil	zure, maide	ni Suman	16)	
2	S	pottwo							Victo	ria Qu	ieen	Eli:	zabet	th Ree
	198	i. Informant's Na	me/Relations	ship (Typ	e, Print)		19b. Mailing	Address (Street	et and Number o ld Lane yland	r Rural Route No ± T	ımber, City	or Town,	State, Zip (Code)
	R	anda11	Grah	am/	Godson		Bowie	e, Mar	yland	20716				
	20a	. Method of Disp				20b. F	Placa of Dispos	sition (Name of atory or other p	lace)	Date	20c.	Location -	City or Tow	vn, State
- 1		1 Donation			moval from Sta	[8			ial Par	k 5/25	199	S11:	i + 1 = r	nd, MD
	21	Signature of Fur	1		10	0		Name and Add						
		10	7	1	1/0	1/-	2		,	Hodges	8 & E	dwai	ras E	: н.
		VK	rear	4	KP.	No.	7 30	10 Sil	lver Hi	11 RD.	Sui	tlar	nd. N	4D. 20
	23	a. Part1. Enter th	e disease of				- 00			TT KD.	- C - C - A		-	110
		snock, or near	t failure. Lim	only one	ations that caus cause on each	ed the deat line.	h. Do not ente	r the mode of d	ying, such as car	diac or respirato	ry arrest,			Approximate Interval Between
			6	only one	ations that cause a cause on each	ed the deat line.	h. Do not ente	or the mode of d	ying, such as car	diac or respirato	ry arrest,			Approximate
	dis	mediate Cause (F	Final	only one			h. Do not ente	r the mode of d	ylng, such as car	diac or respirato	ry arrest,			Approximate Interval Betwee Onset and Dea
	dis	mediate Cause (F	Final	only one		REB	h. Do not ente	culfu	ying, such as car	diac or respirato	ry arrest,			Approximate Interval Between
iner	dis	mediate Cause (F	Final	a.	CE	REB Due to (c	MOVINO	CULAN uenca of):	ying, such as car	diac or respirato	ry arrest,		3	Approximate Interval Betwee Onset and Dea
aminer	dis	nediate Cause (F ease or condition ulting In death)	Final	a.	CE	RES Due to (c	MOVINO	CULAN uenca of): C CA	ylng, such as car	diac or respirato	ry arrest,	SEAS	3	Approximate Interval Betwee Onset and Dea
Examiner	dis	nediate Cause (F ease or condition ulting In death)	Final	a.	CE	RES Due to (c	MOVATO or as a consequ LER of T	CULAN uenca of): C CA	ying, such as car	diac or respirato	ry arrest,		3	Approximate Interval Betwee Onset and Dea
	Sec if a cau Cau tha	mediate Cause (Fasse or condition ulting In death) quentially list conny, leading to imuse. Enter Under use (Disease or Linitiated events	Final nditions, mediate rlying njury	a. b.	CE	Due to (c	MOVATO or as a consequence of as a consequence or as a consequence or as a consequence of the consequence of	CULAN uenca of): C CA	ying, such as car	diac or respirato	ry arrest,		3	Approximate Interval Betwee Onset and Dea
edicai	See if a cau Cau tha	mediate Cause (F	Final nditions, mediate rlying njury	a. b.	CE	Due to (c	MOVATO or as a consequ LER of T	CULAN uenca of): C CA	ying, such as car	diac or respirato	ry arrest,		3	Approximate Interval Betwee Onset and Dea
edicai	See if a cau Cau tha	mediate Cause (Fasse or condition ulting In death) quentially list conny, leading to imuse. Enter Under use (Disease or Linitiated events	Final nditions, mediate rlying njury	a. b. c.	CE	Due to (c	MOVATO or as a consequence of as a consequence or as a consequence or as a consequence of the consequence of	CULAN uenca of): C CA	ying, such as car	diac or respirato	ry arrest,		3	Approximate Interval Betwee Onset and Dea
edicai	See if a cau Cau tha	mediate Cause (F pase or condition ulting In death) quentially list con ny, leading to im see (Disease or In linitiated events ulting In death) L	Final nditions, mediate thing ndury	a. b. c. d.	Ante	Due to (o	MOVAL or as a consequence of a consequ	CULAN uenca of): C CAF uenca of):	WHO A	uhesis	D(£	SEAS	3	Approximate Interval Between Onset and Dead Onset a
edicai	See if a cau Cau tha	mediate Cause (Fease or condition ulting In death) quentially list con ny, leading to imuse. Enter Under use (Disease or It Initiated events ulting In death) L.	Final nditions, mediate hybrid hybrid nditions ast	a. b. c. d.	ANTE!	Due to (c	MOVANIA TO THE REPORT OF AS A CONSEQUENT AS A	CULAN uenca of): C CAF uenca of):	WHO A	uhesis uhar	D(t	SEAS	E c	Approximate Interval Between Onset and Dead MINI
Physician/Medical	See if a cau Cau tha	mediate Cause (Fease or condition ulting In death) quentially list con ny, leading to imuse. Enter Under use (Disease or It Initiated events ulting In death) L.	Final nditions, mediate hybrid hybrid nditions ast	a. b. c. d.	ANTE!	Due to (c	MOVANIA TO THE REPORT OF AS A CONSEQUENT AS A	CULAN uenca of): C CAF uenca of):	WHO A	uhesis uhar	D(t	SEAS	E c	Approximate Interval Between Onset and Dead Onset a
by Physician/Medical	See if a cau Cau tha	mediate Cause (Fease or condition ulting In death) quentially list con ny, leading to imuse. Enter Under use (Disease or It Initiated events ulting In death) L.	Final nditions, mediate hybrid hybrid nditions ast	a. b. c. d.	ANTE!	Due to (c	MOVANIA TO THE REPORT OF AS A CONSEQUENT AS A	CULAN uenca of): C CAF uenca of):	WHO A	MROSIS MARR 23b.	D(t	SE ASTO	e c	Approximate Interval Between Onset and Dead Onset a
by Physician/Medical	See if a cau Cau tha	mediate Cause (Fease or condition ulting In death) quentially list con ny, leading to imuse. Enter Under use (Disease or It Initiated events ulting In death) L.	Final nditions, mediate hybrid hybrid nditions ast	a. b. c. d.	ANTE!	Due to (c	MOVANIA TO THE REPORT OF AS A CONSEQUENT AS A	CULAN uenca of): C CAF uenca of):	WHO A	uhesis uhan 23b.	D(t	SEAT	ntributa to 3 - Probi	Approximate Interval Between Onset and Deal Communication of the Cause of Cably Juniore autopsy find Illable prior to
by Physician/Medical	See if a cau Cau tha	mediate Cause (Fease or condition ulting In death) quentially list con ny, leading to imuse. Enter Under use (Disease or It Initiated events ulting In death) L.	Final nditions, mediate hybrid hybrid nditions ast	a. b. c. d.	Ante	Due to (c	MOVANIA TO THE REPORT OF AS A CONSEQUENT AS A	CULAN uenca of): C CAF uenca of):	WHO A	uhesis uhan 23b.	Did tobacc	SEAT	ntributa to 3 Proba 24b. Wer avai	Approximate Interval Between Onset and Dead South American South A
by Physician/Medical	See if a cau Cau tha	mediate Cause (Fease or condition ulting In death) quentially list con ny, leading to imuse. Enter Under use (Disease or It Initiated events ulting In death) L.	Final nditions, mediate hybrid hybrid nditions ast	a. b. c. d.	ANTE!	Due to (c	MOVANIA TO THE REPORT OF AS A CONSEQUENT AS A	CULAN uenca of): C CAF uenca of):	WHO A	LARCE SIS	Did tobacc	SEAT	ntributa to 3 🗆 Proba 24b. Wera availa	Approximate Interval Between Onset and Dealer on MIM WIM The cause of cably fundiable prior to proletion of cause of cable and professional managements.
Completed by Physician/Medical	See if a cau car	mediate Cause (Fease or condition ulting In death) quentially list con my, leading to immuse. Enter Under use (Disease or It Initiated events ulting In death) L. II. Other algnific	Final nditions, mediate trying injury ast	a. b. c. d. TIA	ANTE!	Due to (c	MOVANIA TO THE REPORT OF AS A CONSEQUENT AS A	CULAN uenca of): C CAF uenca of):	WHO ME CAN SUPPLY OF THE PARTY	LARCE SIS	Did tobacc	SEASO	ntributa to 3 🗆 Proba 24b. Wera availa	Approximate Interval Between Onset and Deal Communication of the cause of cably funding the cause of cably funding the cause of cable of the cause
o Be Completed by Physician/Medical	See if a cau car	mediate Cause (fease or condition ulting in death) quentially list conny, leading to important under use (Disease or la initiated events ulting in death) L	rinal nditions, mediate trying injury ast	a. b. c. d. TIA	ANTEN	Due to (co Due to (co Due to (co Due to (co	MOVALER OT OF AS A CONSEQUENT	CULAN Lenca of): C (A filtering cause g	When the care of t	LAND 23b.	Did tobacco	SEATO	e contributa to 3 Probi	Approximate Interval Between Onset and Dead Onset a
To Be Completed by Physician/Medical	See if a cau Ca that res	mediate Cause (fease or condition ulting in death) quentially list conny, leading to important under use (Disease or la initiated events ulting in death) L II. Other significations of the control of	Final nditions, mediate trying injury ast	a. b. c. d. TIA	ANTEN	Due to (co	If the unit of the	CULAN Lenca of): C (A) Lenca of): derlying cause g	Wing, such as car WHO M ZIX OWN S C given in Part I.	LEGSIS MARZ 23b.	Did tobacco Till Yes Was an authorformed? Ves Position Yes	SEATO	er (Specify)	Approximate Interval Between Onset and Dead Onset a
To Be Completed by Physician/Medical	See if a cau cau cau that res	mediate Cause (fease or condition ulting in death) quentially list conny, leading to imperent under use (Disease or Initiated events ulting in death) L. II. Other elgnifle Wes case referreexaminer? 12465 2 1 Natural	Final nditions, mediate trying injury ast	a. b. c. d. ons contri	ANTEN	Due to (co	MOVAL or as a consequence of the consequence of th	CULAN Jenca of): C CA f Jenca of): derlying cause g 28c. Ini	Wing, such as car WHO M ZIX OWN S C given in Part I.	23b. Death (Check on g Home 5 1	Did tobacco Till Yes Was an authorformed? Ves Position Yes	SEATO	er (Specify)	Approximate Interval Between Onset and Dead Onset a
To Be Completed by Physician/Medical	Serif a cau cau cau res	mediate Cause (fease or condition ulting in death) quentially list conny, leading to important under use (Disease or Linitiated events ulting in death) L. II. Other significations are caminer? 10 Yes 2 Natural 2 Natural 2 Accident 3 Suicide	Additions, mediate trying injury ast cant conditions.	a. b. c. d. Hons contri	ANTEN	Due to (co	In Do not ente	uenca of): CCA fuenca of): derlying cause g 28c. Inj W M	ying, such as can THOSE RELY OUTS SE given in Part I. 26. Place of other: 4 \(\text{Nursin jury at ork?} \)	23b. Death (Check on Home 5 1 28d. Descri	Did tobaccost Yes Was an authorformed? I Yes Inly one) Residence	SEASO O USE CON O USE CON OPSY COMPONENT O COMPONENT	ntributa to 3 Probation of dispersion of dis	Approximate Interval Between Onset and Dead Power a
To Be Completed by Physician/Medical	Serif a cau cau cau res	wediate Cause (fease or condition ulting in death) quentially list con inv. leading to immuse. Enter Under use (Disease or I initiated events ulting in death) L. Wes case referre examiner? What in the condition of the condit	Final nditions, mediate thying njury ast	a. b. c. d. Hons contri	D(So	Due to (co	In Do not ente	CULAN Jenca of): C CA f Jenca of): derlying cause g 28c. Ini	ying, such as can THOSE RELY OUTS SE given in Part I. 26. Place of other: 4 \(\text{Nursin jury at ork?} \)	23b. Death (Check of 28d. Description 28d. Location 28d.	Did tobaccost Yes Was an authorformed? I Yes Inly one) Residence	SEAT	ntributa to 3 Probation of dispersion of dis	Approximate Interval Between Onset and Dead Onset a
Certification: To Be Completed by Physician/Medical	See if a cau cau that res	wes case referred auminer? II. Other elgnification of Death III. Other elgnification	rinal noditions, mediate trying injury ast cant conditions. Cant conditions ast cant condition investign investign condition investign condition determined in conditions investign conditions in conditions	a. b. c. d. TIA Hong gation not be sined	D (So	Due to (c)	PROVINCE TO TAKE THE PROVINCE TO THE P	culf n uenca of): cenca of): deriving cause of 28c. In M 10 inet, factory, office	ying, such as can PHOSE REDITION AS C. 26. Place of Other: 4 Nursin lury at ork? Yes 2 No a	23b. Death (Check of 28d. Description) 28f. Locatif City of	Did tobacco Ti Yes Nas an autoerformed? Ves Note to the total to the total	SEAT (antributa to 3 Probe 24b. Wer avai com of d 1 Interest (Specify) red	Approximate Interval Between Onset and Dead Person of Cause of Cably April 1997 (1997)
Certification: To Be Completed by Physician/Medical	See if a cau cau that res	wediate Cause (feeds or condition of the	Additions, mediate trying injury ast cant conditions. Cant conditions ast cant conditions ast cant conditions ast cant conditions as the cant condition as the cant conditions as the cant condition as the cant conditions as the cant conditions as the cant condition as the cant conditions as the cant condition as the cant conditions as the cant conditions as the cant condition as the cant conditions as the cant condition as the cant conditions as the cant conditions as the cant condition as the cant conditions as the cant condition as the cant conditions as the cant conditions as the cant co	a. b. c. d. TIA Hong gation not be ained	ributing to death D (So espital: 1 Inpe 28e. Date of Ir (Month, I) 28e. Place of building, clian: To the besi	Due to (co Due to	ER/Outpatient 28b. Time of Injury	wert factory, office	ying, such as can THOSE RELY OUTS SE given in Part I. 26. Place of other: 4 \(\text{Nursin jury at ork?} \)	23b. Death (Check of pg Home 5 1 28d. Described to 28f. Location City of page 28f. Location City of p	Did tobacco Ti Yes Nas an autoerformed? Pesidence Town, Sta	SEASO O use con O psy 2 No 6 Oth our occurrence and Numb te)	ntributa to 3 Probe 24b. Wer avail com of d 1 Prober or Rural	Approximate Interval Between Onset and Dead Power and Dead Power Interval Between Onset and Dead Power Interval Between Onset and Dead Power Interval Interval Interval Interval Interval Interval Interval Interval Interval
edical Certification: To Be Completed by Physician/Medical	See if a cautha res	wediate Cause (fease or condition ulting in death) quentially list conny, leading to important in the conty, leading to important in the conty, leading to important in the conty leading to important in the conty leading to the conty leadin	Additions, mediate thying injury ast cant conditions. Cant conditions ast cant conditions ast cant conditions ast cant conditions ast cant conditions as cant condition as cant conditions as cant condition conditions as cant conditions as cant conditions as cant condition as cant conditions as cant condition conditions as cant condition conditions as cant conditions as cant conditions as cant condition conditions as cant condit	a. b. c. d. pns contri I A By Gation not be hined ag Physic Examina	D (So	Due to (co Due to	ER/Outpatient 28b. Time of Injury	JOA Set, factory, office occurred at the estigetion, in my	26. Place of Other: 4 \(\text{Nursing very at lork?} \) 27. Yes 2 \(\text{Nursing very at lork?} \) 4 time, date and propinion, death of the second	23b. Death (Check of pg Home 5 1 28d. Described to 28f. Location City of page 28f. Location City of p	Did tobacco I Tyes Nas an authorformed? Pesidence ibe how injunction (Street town, State the cause) Town, date e	SEASO Ouse con No Opsy Color opsy Col	ntributa to 3 Probe 24b. Wer aval corr of d 1 Prober or Rural anner as staend due to	Approximate Interval Between Onset and Dead Power a
Certification: To Be Completed by Physician/Medical	See if a cautha res	wediate Cause (feeds or condition of the	Additions, mediate thying injury ast cant conditions. Cant conditions ast cant conditions ast cant conditions ast cant conditions ast cant conditions as cant condition as cant conditions as cant condition conditions as cant conditions as cant conditions as cant condition as cant conditions as cant condition conditions as cant condition conditions as cant conditions as cant conditions as cant condition conditions as cant condit	a. b. c. d. pns contri I A By Gation not be an	ributing to death D (So espital: 1 Inpe 28e. Date of Ir (Month, I) 28e. Place of building, clian: To the besi	Due to (co Due to	ER/Outpatient 28b. Time of Injury	weet, factory, office occurred at the estigetion, in my	ying, such as car THOSE RELY OUTS SE given in Part I. 26. Place of other: 4 \(\text{Nursir} \) Nursir iury at rork? Yes 2 \(\text{No vision} \) No a time, date and por opinion, death of onse number	23b. Death (Check of City of City of Cocurred at the times of the cocurred at the cocur	Did tobacco I Tyes Nas an authorformed? Pesidence ibe how injunction (Street town, State the cause) Town, date e	SEATO	ntributa to 3 Proba 24b. Were available accommod discorred er (Specify) red anner as statend due to did (Month, D	Approximate Interval Between Onset and Dead Personnel Control of the Cause of Cably April 1997 (Park 1997) (Park 1
edical Certification: To Be Completed by Physician/Medical	See if a cautha res	wediate Cause (fease or condition ulting in death) quentially list conny, leading to important in the conty, leading to important in the conty, leading to important in the conty leading to important in the conty leading to the conty leadin	Additions, mediate thying injury ast cant conditions. Cant conditions ast cant conditions ast cant conditions ast cant conditions ast cant conditions as cant condition as cant conditions as cant condition conditions as cant conditions as cant conditions as cant condition as cant conditions as cant condition conditions as cant condition conditions as cant conditions as cant conditions as cant condition conditions as cant condit	a. b. c. d. pns contri I A By Gation not be an	D (So	Due to (co Due to	ER/Outpatient 28b. Time of Injury	weet, factory, office occurred at the estigetion, in my	ying, such as car THOSE RELY OUTS SE given in Part I. 26. Place of other: 4 \(\text{Nursir} \) Nursir iury at rork? Yes 2 \(\text{No vision} \) No a time, date and por opinion, death of onse number	23b. Death (Check of City of City of Cocurred at the times of the cocurred at the cocur	Did tobacco I Tyes Nas an authorformed? Pesidence ibe how injunction (Street town, State the cause) Town, date e	SEATO	ntributa to 3 Proba 24b. Were available accommod discorred er (Specify) red anner as statend due to did (Month, D	Approximate Interval Between Onset and Dead Personnel Control of the Cause of Cably April 1997 (Park 1997) (Park 1
edical Certification: To Be Completed by Physician/Medical	See if a cau cau cau that res	wediate Cause (fease or condition ulting in death) quentially list conny, leading to important in the conty, leading to important in the conty, leading to important in the conty leading to important in the conty leading to the conty leadin	ed to medical Solutions, mediate trying injury ast Cant condition FIGURE 1 Could in determine the condition of the condi	a. b. c. d. TIA Ho Ing gation not be sined ag Physic Examina	D(So	Due to (co	ER/Outpatient 28b. Time of Injury wiedge, death tion and/or Inventor	weet, factory, office occurred at the estigetion, in my	given in Part I. 26. Place of Other: 4 Nursin lury at ork? Yes 2 No a time, date and propinion, death of the propinion, death of the propinion of the pr	23b. Death (Check on g Home 5 1 28f. Location City on laca, and due to accurred at the times.)	Did tobacco Town, Sta the cause me, date e	SEATO OUSE CON OUSE OUSE OUSE OUSE OUSE OUSE OUSE OUSE	anner as staend due to d (Month, E	Approximate Interval Between Onset and Dead Personnel Approximate Interval Between Onset and Dead Personnel Interval Between Onset and Dead Personnel Interval Personnel Interval Personnel Interval Inte
edical Certification: To Be Completed by Physician/Medical	See if a caucha res	wes case referred and respondent of Death (1) and the condition of the con	ed to medical No	a. b. c. d. fraction gation not be sined gation who com who	D(So	Due to (co	ER/Outpatient 28b. Time of Injury wiedge, death tion and/or Inventor	weet, factory, office occurred at the estigetion, in my	ying, such as car THOSE RELY OUTS SE given in Part I. 26. Place of other: 4 \(\text{Nursir} \) Nursir iury at rork? Yes 2 \(\text{No vision} \) No a time, date and por opinion, death of onse number	23b. Death (Check on g Home 5 1 28f. Location City on laca, and due to accurred at the times.)	Did tobacco Town, Sta the cause me, date e	SEATO OUSE CON OUSE OUSE OUSE OUSE OUSE OUSE OUSE OUSE	anner as staend due to d (Month, E	Approximate Interval Between Onset and Dead Personnel Approximate Interval Between Onset and Dead Personnel Interval Between Onset and Dead Personnel Interval Personnel Interval Personnel Interval Inte



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of W	ai yiai		tificate				leg. No.		9990
	Physic /Medi		Decedent's Name (First, Middle, La MARY	LANGRA						2. Dete of Dee Month 5/19/	Day	Yeer	3. Time of Deeth 5:35 P.N
	Exami		4e. Fecility Neme (If not Institution, give					4	b. City, Town, or L			of Deeth	
f	Funeral Director			Sex 7. A		Road lest birthday) Yrs.	If Under 1 Months E	Year	Bivalv If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey 12/17	Year)		CO lace (State or Foreigr try) TYland
	pue w		Usuel Residence of Decedent 10a. State 10b. County		10c. C	ty, Town or Loc	ation						0d. Inside City Limits
	death with the Marylend ms 23a or 28a-f show	tor	Md Wicomi	CO		valve						45,1	1 ☐ Yes 2 ☐ No
	or 284	Director	10e. Street end Number		DI	VAIVE	10f. Zip Co	ode			Og. Citizen of V	Whet Coun	try?
	23a		20902 Bivalve	Wharf H	Road			814			U.S.	Α.	
020	or Ite	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 21 If Yes, Give Yeer or Dates:	?		Vas Deceden Yes, specify ☐ Yes 3€		spenic Origin? (S) n, Mexican, Puerto Specify:	pecify Yes or No- o Rican, etc.)	Bled	e - Americ ck, White, : Whi	etc.
21215-0020	n 72 ho	Completed	15. Decedent's E (Specify only highest on Elementary/Secondary (0-12)	ducetion ede completed) College (1-4or	5+)	(Give k		done d retired	etion furing most of work)	king	16b. Kind of Bu		dustry
9	be filed withintal Hygiena.	Be Co	17. Fether's Name (First, Middle, Last)		Home	Mak	er	18. Mother's Nam	ne (First, Middle,	Own H Meiden Sumen		
/lan	should be filed and Mental Hygi marked other imatic event, i	To B	George Larmo	re					Garne	tta Dic	kerso	n	
Maryland	2 9 5		19e. Informent's Name/Reletionship (and Number or Ru	ral Route Numbe	r, City or Town,	Stete, Zip	21014
	permit. Pages 1 and 2 should Department of Health end Mer Important: If Item 27 is marke eny Injury or other treumatic 000.00.		Ernestine Twil 20a. Method of Disposition	ley, Dau	ight	er 209	002 B	iva	alve Wh	arf Roa	d, Biv	alve	, Md
Baltimore,	Pages nant of nrt: If Its iry or o	B	1 X Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special			cemetery, crem	etory or othe	r plec					
alti	permit. Page Department Important: If eny injury or once.		21. Signeture of Funeral Service Licer	**		ivalve	Name end A	Addres	s of Fecility	5/22	Bival		
m	Depariment Important		Brukum	Moure	Sh	, M	lessi	ck	Funera Maryla	1 Home,	P.O.	Box	61
6	700		23a. Part 1. Enter the disease, or com shock, or heert feilure. List only	plications that cause one cause on each li	d the dea	th. Do not ente	r the mode o	f dying	g, such es cardiac	or respiretory en	est,		Approximate Intervei Between
	Physician /Medicai Examiner	Jule II	tmmediate Cause (Final disease or condition resulting in death)	. Acu		Res		F	ai lur	_		1	Onset end Deeth
	D iji	liner	MORE THE WAY	h			.0						
60,	ificete be executed g physician and as the burial-transit	al Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initieted events	C	Due to (or es e consequ	uence of):						
Box 68760,	n certificete anding physiuse as the	in/Medical	thet initiated events resulting in death) Last	d	Due to (d	or es e consequ	ence of):					9	
O. B	he ette	Physician/N	Pert II. Other eignificant conditions of	ontributing to death b	out not res	sulting in the un	derlying ceus	se give	en in Pert I.	23b. Did to	obacco use co	ntribute to	the cause of death?
s, P.O.	as thet the death cert igned by the ettendin be detached for use	by Phy								1 🗆 Y	es 2 No	3 Prot	bably 4 Unknow
Records,	w requires been s should	Completed								24e. Wes e perfor		eva	ere eutopsy findings allable prior to mpletion of cause deeth?
										1 🗆 Y	es 25 No	10	Yes 28 No
Viital	Physicien: The this certificate ral director, pag	o Be	25. Wes cese referred to medical exeminer? 1 ☐ Yes 2 No	Hospital:		ED/0	•□ 004	Othe		th (Check only or		10 11	
10	g Phys arthis	n: To	27. Manner of Death	1 ☐ Inpatie	iry	28b. Time of		Injury	4 U Nursing H	ome St Resid		1 1	()
Sior	Attending ar death. ector: Aftar by the funa	catio	1 Natural 5 Pending investigation	1	y rear/	Injury	М		Yes 2□No				
Division of	Ital or Attending Phy us efter death. rel Director: After this lled in by the funaral o	Certification:	3 ☐ Sulcide 6 ☐ Could not b 4 ☐ Homlcide determined	28e. Place of Inj building, et	iury - At h c. (Speci	ome, farm, stre fy)	et, fectory, o	ffice		28f. Location (S City or Tow		er of Rura	I Route Number,
	To the Hospital or I within 24 hours efter To the Funerel Direct completely filled in	edical	29a. Certifier 1 Certifying Ph (Check only 2 Medical Examone)	yeiclan: To the best niner: On the besis o end manner st	f examina	wiedge, deeth ation end/or inve	occurred at t estigetion, in	he tim my op	e, date end place, pinion, death occur	, end due to the c rred et the time, c	euse(s) end me late end place,	enner es si end due to	ated. the ceuse(s)
	To the Comp	M	29b. Signature end title of certifier	, DO		. ~			number	2	9d. Date signe	d (Month,	Day, Year)
	/		Deglen #	1 offe	X	m)	0	20	0683		5/2	1/9	5
	15	F	30. Name and address of person who		leath (Ite			2-1	NANT	TCOIC E	407	184	0
,	Sta Registr		31. Date filed (Month, Dey, Year)	32. Registr					, - , , , , ,				6 T 0 E

是此意识的"是是一个是一个是一种的"是一种"是一种"的"是一种"的"是一种"是一种",是一种"是一种"是一种"的"是一种,是一种"是一种"是一种,是一种,是一种"是一种,是一种种,是一种,是一种,是一种,是一种,是一种,这一种,是一种,是一种,这一种,是一种,是一种,这一种,是一种,是一种,这一种,是一种,是一种,这一种,是一种,这一种 THE PURIS STREET, WHEN THE Description of the A THE PARTY OF THE MAY 2 1 83 James of of the

3. TIME OF DEATH

ď	after	y the	[ea]
	Urs	in b	led
		filled on, o	he m
	hin .	rehy	1, 1
Ď,	d wil	mple , cre	ever
2	cute	d co	tic
	exe	In an	nma
5	te bi	sicia	tra
n	tifica	g phy	ther
0	n cer	Hygi	0 10
7	death	atte ental	'n,
2	the	y the	를
Ī	that	ed by	any
3	uires	sign	IWS
분	per /	been .	sho
١	e law	has	1 23
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Ë	cate	Her
>	CIAN	ertifi the	0
2	HYS	his c	ked,
Z	NG P	ter t	шаг
2	ION	R. A	-02
2	AT	ECTO s aft	1 28
5	OR	DIR	Item
	TAL	PAL 2	= 1
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sembours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burlal, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical
	HE	THE V	DOR
	2	5 9	IMP

	rmit. Pages 1, 2, 3 should		
or attending physician.	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		
ITTENDING PHYSICIAN: The law requires that the death certificate be executed within explora after death. Page 6 may be retained by the hospital or attending physician.	ge 5 should be detached fi		e notified at once.
after death. Page 6 may	y the funeral director, par	noval.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
recuted within Jours	and completely filled in b	burial, cremation, or ren	atic event, the medi
he death certificate be ex	the attending physician a	Mental Hygiene prior to	njury, or other traum
. The law requires that the	ate has been signed by	tate Dept. of Health and	tem 23 shows any li
ITENDING PHYSICIAN.	TOR: After this certific	after death with the S	28 is marked, or i

FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	TMENT OF			MENTAL HYGIEN REG. NO.		
1. DECEDENT'S NAME (First, Middle Kenneth W	ayne Laurie	LETTE A	115 11			2. DATE OF DEATH MONTH DA	999	YEAI
4. SOCIAL SECURITY NUMBER	5. BEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH		8. BI
215 46 0031	1 🔀 M 2 🗆 F	52 YRS.	MONTHS DAYS	HOURS	MIN.	Dec 4, 19	46	W
9a. FACILITY NAME (If not institution	n, give street and number)		96. CITY, TOW	N OR LOCAT	ION OF D	EATH	9c. CO	UNTY O
7805 Westover	Lane		Clin	ton			P	G.
RESIDENCE OF DECEDE	NT							
10a. STATE 10b.	COUNTY	10c, CIT	Y, TOWN OR LO	CATION				

Kenneth Wayne	Laurie							May	27. 1	999	-741	10:00 A M
4. SOCIAL SECURITY NUMBER	5. BEX	6. AGE (In yrs. les	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF	BIRTH	-8.		CE (State or Foreign
215 46 0031	1 M 2 F	52	YRS.	MONTHS	DATS	nouns	mirt.	Dec	4, 19	46	Wash	ington DC
9a. FACILITY NAME (If not institution, give str	reet and number)					R LOCATI	ON OF DE	EATH		9c. COUNTY		Н
7805 Westover Lar	ne			C	lint	on				P.0		
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c CIT	Y. TOWN	OBLOCAT	ION					104	I, INSIDE CITY
M.D. P.G	2			lint							100	LIMITS?
10e. STREET AND NUMBER	3.				-	. ZIP COD	F		-	10a CITIZEI		COUNTRY?
7805 Westover I	ane		m				735					States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. AR YES 2 1 WAN OR DATES. V16			If yee, sp		ın, Maxica	NIC ORIGIN? In, Puerto Ric y:		or No—	Black, WI Specify:	American Indian, hite, atc. White
15. DECEDENT'S EDUC (Specify only highest grade of		16a, DE	CEDENT'S	USUAL C	CCUPATIO	N et of worki	200	16b. K	IND OF BU	SINESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT u	se retired.)				1 .				
12 .		E	ngin	eeri	ng A	ssis	tant	. В	ell A	tlanti	LC	
17. FATHER'S NAME (First, Middle, Last)								ME (First, Mic		Surname)		
Charles Eugene La	aurie						Norm	a Fai	rall			
19a. INFORMANT'S NAME (Type/Print)										n, State, Zip Co		-
Judy F. Laurie (W)	IFE)	7	7805	West	over	Lan	e, C	linto	n,Mar	yland	2073	5
20a. METHOD OF DISPOSITION Duriel 2 Cremetton 3 Remo	wel Irom State	20b. PLACE other pi								CATION — CIT		
4 Donation 5 Other (Specify)	TOTAL STATE	Resur	rect	ion	Ceme	tery	Jun	e 1,	1999	Clinto	on,Ma	ryland
21. SIGNATURE OF FUNERAL SERVICE LICE Charles of	L. Be	lang	ec									Inc 6633 n,MD 2073
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONSE	OUÉNCE O	4	ny	ho	ma					interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSE	OUENCE O	F):								
PART II. Other significant conditions	contributing to	o dasth but not	resulting	in tha u	ndariyin	g cause	given in		PERFOI	MED?	CO OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				-	26. PL	ACE OF D	EATH (Ch	eck only one)				
EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3	DOA	OTHE		11		8 Other	Specifyl			
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. Till		28c. INJ WO	-		,		NJURY OCCU	RED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE building	OF INJURY — At he	ome, ferm,	street, fac				28t. LOCAT City or	TON (Street Town, State)	and Number or	Rural Route	e Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINEI	R: On the basia of					eath occu	red at the	time, deta a		nd due to the	cause(a) an	
296. SIGNATORE AND TITLE OF CERTIFIER	200					De LIC	ENSE NU	TOO S		29d. DATE	DXI	9.91x. Year)

MA

31. DATE FILED (MONTH, Day, Year) 1999 32. REGISTRAR'S SIGNATURE



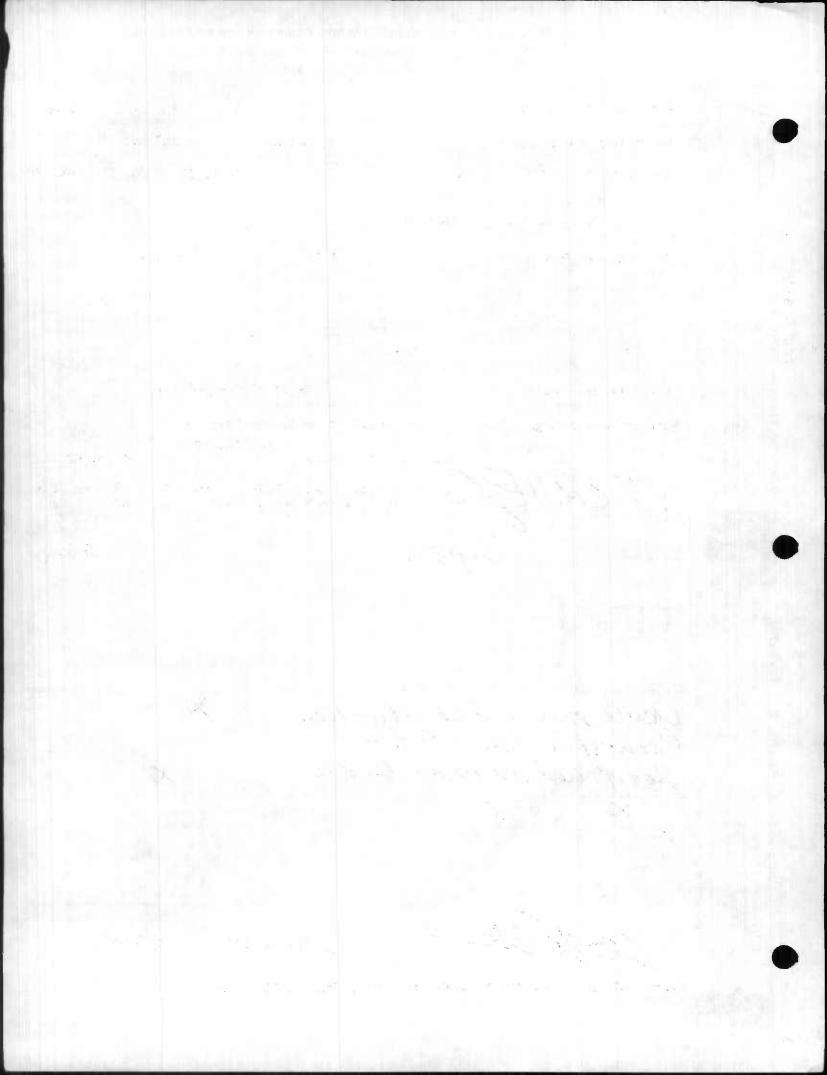
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9

Certificate of Death

18692

					Cer	lilicale	OIL	Jeani		Reg. No.				
Physician	1. Decedent's Na	ama <i>(First, Middle</i> Les li e I							2. Data of De Month	Day	Yaar	3. Time of Deat		
/Medical			n, giva street and nu	um har)				b. City, Town, or Lo	May		L 9 9 9 nty of Death	7:53P		
Examiner	The Me	morial	Hospita	al				Easton		Talk	oot			
Funeral	5. Social Security		6. Sax 1 ☑ M 2 ☐ F	7. Age (In yrs. le		If Undar 1 Months	Yaar Days	if Under 24 Hrs. Hours Min.	8. Date of Bir (Month, De	th ey, Year)	9. Birth	place (Stete or For intry)		
Director	214-32 Usual Residence			65	Yrs.				Sept.	16, 19	3 3 C	hester, N		
ž ==	10a. State	10b. County		10c. City,	Town or Lo	cation						10d. inside City Li		
ms 23s or 28s-1 show Emust be notified at neral Director	MD	Queer	n Anne's	Che	ster							1 ☐ Yes 2 ☐		
re not	10e. Street and N	lumber				10f. Zip C	ode			10g. Citizen	of What Cou	intry?		
23a c	300 Do	minion H	Road				216	19		U.S.A				
	11. Marital Status	s	12. Was Dad Armed F	cedant Evar in U,S	3. 13.	Vas Decede	nt of H	ispanic Orlgin? (Sp n, Mexican, Puerto	ecify Yas or No Rican, etc.))- 14. F	lace - Ameri			
by by	3 D Widowed	arried 2 Marri 4 □ Divorced	ied 1 X Yes	2 No		I□Yes 20				Spe	cify:	ite		
"natural", police Ex-	(So	15. Decedent	t's Education st grede complated,	0	16e. Deced	lent's Usual	Occupa dona	ation during most of work	ina	16b. Kind of	Business/Ir	ndustry		
ygiene. her then "nature it, it a Modell Completed	Elementery/Se	condery (0-12)	1	(1-4or 5+)			retired	during most of work						
Cor at the	8		4 41		Wate	rman		40 May 4 Non	. 1000	Self				
Department of Health end Mentel Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, that Modes. To Be Compi	17. Fathar's Nam						-	18. Mother's Nam			eme/			
J Men natic natic		Coleman			401 1: ::		04	Mabel El				in Ond 1		
h end Men 7 is merke traumatic	19a. Informant's							and Number or Rur				p Code)		
f Health and Mentel Hygiene. tem 27 is marked other than other traumatic event, tra M To Be Compl	Shirley 20a. Method of D		Legg - W			Omini sition (Neme		road, Che		4D 216		own State		
or of	1 🖾 Burial	2 Cremation	3 Removal from	n State Ce	metery, cren	netory or oth	er plec		14, 19	20c. Location				
Depertmen Important: any injury 2009.		n 5 □Other (Sp	-	Ste		lle C	_	-		Steven	svill	e, MD		
Depertment Important any injure 2005	21. Signature	Femeral Service I	Licensee /	4		. Nama and		ss of Facility elfenbein	& Norm	am Fun	oral	Home P		
.0260	1/10	al M	The	n	10	6 Sha	mro	ck Road.	Chester	r. MD	21619	nome, 1.		
	23a Part 1. Enter shock, or h	the disease, or eart failure. List	complication that only one course on	caused the death.	Do not ent	ar tha moda	of dyin	g, such as cardiac	or respiratory a	rrest,		Approximete Interval Betwae		
nysician				0	1							Onset and Dea		
Medical	Immediate Caus disease or condi resulting in deeth	ition	θ<	SEPS	15							5 day		
1000	resulting in deen	'',		Gue to (or	es a conseq	uence of):						0		
g physician end as the burial-transit fedical Examin	Sequentially list	conditions	b	Due to (or	as a conseq	uence of):								
an en rial-tr	Sequantially list if any, leading to cause. Enter Un Ceuse (Disease	immediate derlying	1000											
ysici ne bu	that initiated ever rasulting in death	nts	c	Due to (or	as a conseq	uenca of):								
nding physician end use as the bunal-transit n/Medical Examiner	tasuland in dead	i) Last	d						44					
	Part II. Other sign	nificant conditio	ons contributing to	death but not resul	iting in the u	nderlying cau	ıse aiv	en in Part i.	23b. Did	tobacco use	contributa	to the causa of d		
ate has been signed by the etter paga 2 should be detached for completed by Physicia	Davi	10		1.1	/	À	1		10	Ves 2□N	o 3 Pr	obably 4 Uni		
gned se de	cou	w /V	you	ille	INT	arci	u	71						
ed le	(M	apet.	e ho	artt	aclu	ne			24a. Was	an autopsy ormad?	a	Vere autopsy find vailable prior to		
2 sh	010	163/0	where I vascular disease							complation of deeth?		omplation of cause		
page Com	Ker	pher	al va	salla	rd	isla	SC		10	Yes 200	1	☐Yes 2☐No		
ctor, 1	25. Was case ref	ferred to medical						26. Place of Deat	th (Check only one)					
this cartificate al director, pag To Be Co	examiner?	1 ☐ Yes 2000 Hospital: 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursin								Home 5 ☐ Residenca 8 ☐ Other (Specify)				
within 24 hours aftar deeth. To the Funeral Director: After this cardificate has been signed by the enter completally filled in by the funeral director, paga 2 should be detached for Medical Certification: To Be Completed by Physicia	Natural	27. Mappier of Death Statural Statural							y at 28d. Describe how injury occurred k? Yes 2 □ No					
after deeth. Director: After this cartific in by the funeral director, ertification: To Be (3 Suicida								ica 28f. Location (Street end Number or Rurel Route Number, City or Town, State)					
within 24 hours after deeth. To the Funeral Director: After completely filled in by the funer Medical Certification:	29a. Certifier (Check only	(Check only 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)												
the mple	one)		and mai	nner stated.				e number						
1 0 0 0 T	29b. Signature ar	140	11/11	-	-	290.	> >	307	84	29d. Date sk	I I I	G G		
	10	elle //					V	03 00)	5/	11/7	/		
	30. Name and ad	Idress of person	who completed cau	use of death (Item	23a) (Type,	Print)			F F		*			
			.D., 219			St.,	Eas	ton, MD	21601					
State	31. Data filed (Mi	onth, Dey, Year)	32.1	Registrar's Signati			,							
Registrar		MAY 13	3 1999	Banera	13	. ,64	DE.	and the same of th						



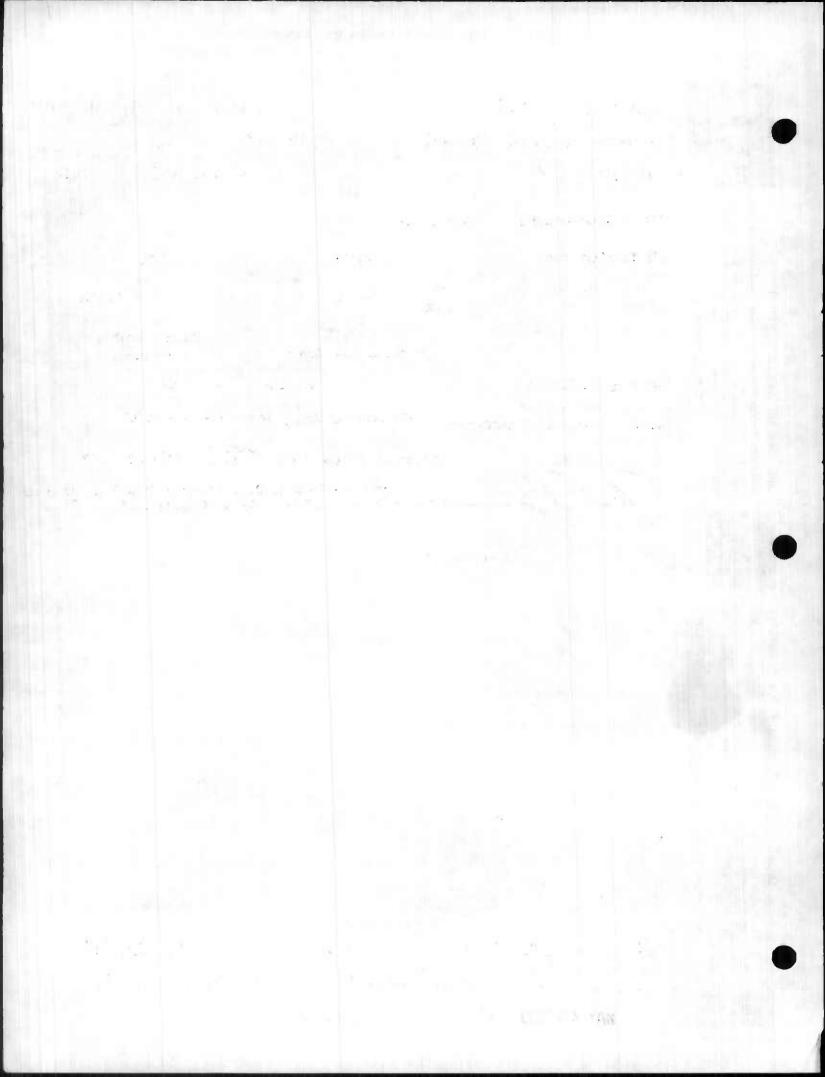
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month 3. Time of Death Year **Physician** Walter Henry 1:26 AM May 21 /Medical 4b. City. Town, or Location of Deeth 4a Facility Name (If not institution, dive street and number) 4c. County of Death Baltimore

If Under 24 Hrs. 8. Date of Birth
(Month, Day, Examiner Baltimore Veteran's Hospital NA If Under 1 Year Birthplaca (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days 1 M 2 F 271-12-6312 Yrs. 74 **Director** Ohio Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1X Yes 2 No Directo Anne Arundel Annapolis 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 7 is marked other than "natural", or items 23s or traumatic event, the Modical Examiner must be 603 Truxton Road 21401 permit. Pagas 1 and 2 should be filed within 72 hours aftar death v Department of Haelth and Mental Hygiene. Important: if frem 27 is marked other than "naturel", or items 234 any injury or other traumatic event, the Modical Examples. Funeral Was Decedent of Hispenic Origin? (Specify Yes or No-II Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 14. Raca - American Indien, 11. Meritei Status Black, White, etc. 1⊠Yes 2□No WWII If Yes, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White lf Yes, Give Year or Dates: ò 3 Widowed 4 Divorced Korea Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry United States Elamantary/Secondary (0-12) Collega (1-4or 5+) Retired U.S. Army Government 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Anthony Miller Myrtle Schneider 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 603 Truxton Road, Annapolis, MD 21401 Carolyn Vandertie / daughter 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date June 1 1 ₺ Burial 2 □ Cremation 3 □ Removal from State Arlington National Cem. Arlington, VA 1999 4 Donation 5 Other (Specify) 21. Signature of Fundal Service Lice 22. Name and Address of Facility Barranco & Sons, P.A. Severna Park Funeral Home 495 Gov. Ritchie Hwy., Severna Park, MD 21146 Party Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrast, by an anart failure. List only ona causa on aach lina. Approximate Interval Between Onset end Deeth **Physician** Immediate Causa (Finel disease or condition rasulting in death) /Medical Pneumonia Examiner Due to (or as a consequanca of): Examiner requires that the death certificate be executed attanding physician and for usa as the bunal-transit Sequentially list conditions, if any, laading to immediata cause. Entar Undarlying Cause (Disease or injury that initiated events resulting in daath) Last Dua to (or as a consaguanca of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) signed by the a d be datached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 cartificate has 2 No 1 ☐ Yes 2 No or Attending Physician: 25. Was case referred to medical axaminar? Be 26. Piaca of Death (Check only one) Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 □ ER/Outpatient 3 □ DOA After this funaral 28a. Data of Injury (Month, Day Yaar) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Dascriba how Injury occurred 1 Natural 5 Pending after death. 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be To the Hospital or Atte within 24 hours after de To the Funeral Directo complately filled in by the 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the ceuse(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signeture end title of certilier 29c. License number 29d. Date signed (Month, Day, Year) Sugar, 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Baltimore MD 21201 Greene Street Sugar, M.O. North 31. Date filed (Month, Day, Year) 32. Ragistrar's Signature MAY 2 5 1999 Registrar



WRC Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 99-3043-003 State of Maryland / Department of Health and Mental Hygiene MARK E. MCFADDEN ITEMS: #23 PART I, 27, PER MEO G772 6-14-99 WICE Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death Day 1999 Year Month **Physician** Mark E. McFadden 26, 3:00 PM. /Medical 4b. City. Town, or Location of Death 4e Facility Neme (If not Institution, give street end number) 4c. County of Death **Examiner** BWI AIRPORT GATE D-8 ANNE ARUNDEL Linthicum
If Under 24 Hrs. If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Hours 1)XIM 2□ F Yrs Director 227-70-6084 ,1952 New York Usual Residence of Decedent the Manyland 10b. County 10c. City, Town or Location 10d. Inside City Limits or than "natural", or items 23s or 28s-f show the Medical Examiner must be notfled at 1)QYes 2 □ No Director California San Diego San Diego 10e. Street and Number 10f. Zio Code 10g. Citizen of What Country? 3422 Winlow Street USA 92105 Funeral 14. Race - American Indien, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 1 Yes 2 No filed within 72 hours after 1 Never Merried 2 Married 0 21215-0020 1 ☐ Yes 2XXNo Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: White Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. College (1-4or 5+) 5+ Elementery/Secondery (0-12) Graphic Artist Art i. Peges 1 and 2 should be filed w tment of Health and Mental Hygie tent: If Item 27 is marked other ti jury or other traumatic event, m Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be 2 Floretta Beasley George L. McFadden 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Cynthia Hamstra/ Wife 3422 Winlow Street San Diego, CA 92105 20b. Pleca of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition
1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel trom State 20c. Location - City or Town, Stete Date Department of important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) 5-31-99 Alexandria, Virginia Metropolitan Crematory 22. Name and Address of Facility
George P. Kalas Funeral Home 21. Signature of Funeral Service Cicensee 2973 Solomons Island Rd. Edgewater, MD 21037 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Death Physician /Medical Immediate Ceuse (Final ATHEROSCLEROTIC CARDIOVASCULAR DISEASE disease or condition resulting in deeth) Examiner Due to (or as e consequenca of) The lew requires that the death certificate be axecuted Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last burial-tran Due to (or es e consequence of): P.O. Box 68760. Physician/Medical 4 Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably dunknown signed t Records, Completed by 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an eutopsy performed? page 2 1 Ves 2 | No 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attending Physician: funeral director, Be 25. Wes case reterred to medical 26. Place of Death (Check only one) AT Other: 4 Nursing Home 5 Residence 6 X Other (Specify) 1XX es 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this SCENE 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No To the Hospital or Attendit within 24 hours after deeth. To the Funeral Director: A 2 Accident 6 Could not be determined 3 Suicide Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Pleca of Injury - At home, term, street, fectory, office building, etc. (Specify) filled in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical (Check only one) completely

State Registrar

31. Dete tiled (Month, Dey, Year) JUN 0 1 1999

29b. Signature end title of certifier

HARADONO

KORTU M 32 Registrer's Signeture

30. Neme end address of parson who completed cause of deeth (Item 23a) (Typa, Print)

111 Penn Street, Baltimore, Maryland 21201

29c. License number

O.C.M.E.

29d. Date signed (Month, Day, Year)

MAY 27, 1999

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene O O

	•	1. Decedent's Na	1. Decedent's Name (First, Middle, Last)								Reg. No. 2. Date of Death Month Dey Year 1.0					
	Physician /Modical	Lawre	nce	Mi	sher						Month Dey Year 1327					
	/Medical Examiner	4a Facility Neme	(If not institution, giv	e street and nur	mber)	1010		4b.	. City, Tov	vn, or Loc	ation of Deat	-	y of Death			
ď		PRINCE	E GEORGES	HOSPITA	L CENTE	R			CHEVE	RLY		PRINCE GEO				
	Funeral Director	5. Social Security 577–92–		Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date (Months Days Hours Min. Months Days Hours Min.					8. Date of Bir (Month, Da March 1	f Birth (State or Country) 1 10, 1975 9. Birthplace (State or Country) Washington, I						
	2 .	Usuel Residence	-		40.00											
	aryta athor	10a. Stete	10b. County			y, Town or Loc								0d. Inside City Limits 1 X Yes 2 □ No		
	or 28a-f sh be notified.	Maryland	Prince (eorge s	нуа	ttsvil	10f. Zip Co	de				10g. Citizen of	Minal Cause			
	5 0 M D							078:	2			United				
	for death in the form and intermedial	11. Marital Status	Riggs Road		edent Ever in U.	S. 13. W				in? (Spe	cify Yes or No		ce - Americ			
050	uraf, or han al Examinar, od by Fun	26	erried 2 Merried	Armed Fo	18		Yes, specify		Mexican, Specify:	Puerto F	cify Yes or No lican, etc.)		ock, White,	etc.		
21215-0020	72 hou		15. Decedent's E			16a. Decede	ent's Usual O	ccupati	ion	of words		16b. Kind of B	Business/In	dustry		
21	ed within 72 ho ygiene. or than "netur f, the Medical.	Elementary/Se	pecify only highest gra econdary (0-12)	College (1	-4or 5+)		ent's Usual Or ind of work di O NOT use n			or workin	g			100		
	Con the Co			2 year	S	Car Detailer			r			Self-F	yed			
Pug	Be even		ne (First, Middle, Last,)				1	18. Mother's Name (First, Middle				me)			
Maryland	To To					I					Mishe					
Mai	d 2 st h and h and r la m		Name/Relationship (er, City or Town		.C. 20009		
	Healt Sm 2	20a. Method of D		riother		lace of Dispos			υι.,	14 . 44	Date	20c. Location				
Baltimore	and	1 🔯 Burial	2 Cremetion 3		State	emetery, crem	atory or other	r place))							
를	orthun allend	-	n 5 ☐ Other (Specif Funeral Service Lique		Gle	enwood	Name end A		of Encilib		1/99	Clintor	-			
Ba	Depart Department of the partment of the partm	1014	The same	4	BIH					Ste		Funeral				
		22s David Barry	(MOL)	Men	NAM							nington,	, D.C.			
10		shock, orb	r the disease, or comeant feilure. List only	one cause on e	aused the deatr ech line.	n. Do not ente	r the mode of	r ayıng,	such es o	cardiac of	respiretory e	rrest,		Approximate Intervel Between Onset end Death		
	Physician / /Medical	Immediale Caus	e (Final		11 11		1/	1	, ,	20	0			Original original popular		
	Examiner	Immediate Cause (Final disease or condition resulting in death) Auttype Author Due to (or as a consequence of):								nde						
L	<u> </u>				Due 16 (o	r as e consequ	ience of):									
	physician and sthe burish transit	Cognostiathy list	nonditions C	b	Due to for	r as a consequ	ieuce ut).	-								
o,		Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury c.														
68760,	ficate be physicle is the bu	Cause (Disease that initiated eve	nis	C	Due to (or	as a consequ	ence of):									
	* 04 -		I) Last													
Вох	death cerried of for use		100	d												
	that the death cert ed by the attending detached for use / Physician/M	Pert II. Other sign	nificant conditions o	nditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Dld	Did tobacco use contribute to the cause of de				
P.0.	d by the etache										1 Yes 2 No 3 Probably			bably 4 Unknow		
-	5 5 G															
Records	The law requir sate has been s page 2 should Completed	7										en eutopsy ormed?	ev	ere eutopsy findings eilable prior to impletion of cause		
Sec.	has b									of	death?					
E	clan: The clans the class		1 - 20 11								12 Yes 2□No			Yes 2□ No		
Vital		25. Was case ref examiner?	erred to medical	Hospital-						of Death	(Check only	one)				
o	hy his I di	1 Wes 2										5 ☐ Residence 6 ☐ Other (Specify) d. Describe how injury occurred				
L	After funer funer	27. Manner of De 1 Natural	5 Pending	(Mont	h, Day Year)	28b. Time of Injury	20G.	C. Injury at Work?	rat i? res 2 ☐ No				/			
Division	the the	2 ☐ Accident 3 ☐ Suicide	6 ☐ Could not b	8 290 Place	9/99	1240	2700				Subject Shot 281. Execution (Street and Number or Rural Route Num					
<u>≤</u>	or Attendant Sher deat Director:	4 Homicid	e determined							City or T			28 Tu	xedo Rows		
	Hospital 24 hours Funeral I stely filled	29a, Certifier	1☐ Certifying Ph	veicien: To the	hest of my know		1	he time	dale and		Chever	1	anner es s	tated		
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by Medical Certifi	(Check only one)	2 Medical Exam		sis of examinat											
	within 2 To the comple	29b. Signature ar	nd tillle of certifier				29c. Lie	cense r	number			29d. Date sign	ed (Month,	Day, Year)		
		•	1/2	100	1			O.C	.M.E.			MAY	25,	1999		
	161	30 Name and ad	dress of person who	propleted caus	e of death (Item	23a) (Tuna P	(Print)									
	1.1/1.1															

Registrar

31. Date filed (Month, Day, Year) MAY 2 8 1999

Dennis Chute M.D.

111 Penn Street, Baltimore, Maryland 21201

Spale

market the second

recit i fin

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last)
Lessie Peterson Manuel 2. Date of Death 3. Time of Death May 17, 1999 **Physician** 5:45 A.M. /Medical 4b. City Town, or Location of Death HYATTSVIIIE 4a Facility Name (If not institution, give streat end number) Heart land Healthcare Center Profile George's Examiner If Under 1 Yeer | If Under 24 Hrs. | Months | Days | Hours | Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth Month Days Year) May 21, 1913 9. Birthplace (State or Foreign South) Carolina **Funeral** 10 M 2XXF Months 83 577-58-4669 Director Usual Residence of Decedent with the Meryland 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryle Department of Health and Mental Hyglene. Important: If item 27 is marked other than "naturel", or home 23a or 28e-f show any fujury or other treumatic event, the Medical Examiner must be notified an onse. 1 Yes 2 No Director Hyattsville Maryland Prince George's t and Number 6500 RIggs Road 10e. Street 10f. Zip Code 10g. Citizen of What Country? 20783 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 20 No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Stefus 14. Race - American Indian. Never Merried 2□ Merried **Black** Baitimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: à 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) D0mestic Housekeeping 6th grade 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Annie Dubois Sharp Peterson 19a. Informant's Name/Reletionship (Type, Print)
Mr. Levern Bacote (Son) 19b. Mailing Address (Street and Number or Rural Route Number. City or Town State, Zip Code) 3553 Jay Street, N.E. Washington, D.C. 20019 20b. Plece of Disposition (Name of cemetery, crematory or other place)
Glenwood Cemetery 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from Stete 5/21/99 Washington, D.C. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility
Rollins Funeral Hame, Inc. 21. Signature of Funeral Service Licenses 4339 Hunt Place, N.E. Washington, D.C. Enter the disease, or complications that caused the deefh. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** /Medical Immediete Cause (Final disease or condition resulting In death) 1 year Metastatic Carcinoma Colon Examiner Due to (or es a consequence of): Examiner physician and the buriel-transit The lew requires that the death certificate be executed Sequentially fist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of) P.O. Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23h. Did tohacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Senile Dementia, End Stage Division of Vital Records. by 24b. Were autopsy findings available prior to completion of cause of death? pege 2 should Certification: To Be Completed Dysphagia 24a. Wes an autopsy 1 ☐ Yes 2XXNo 1 ☐ Yes 2X No or Attending Physicien: 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of fnjury 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending investigation within 24 hours after death.
To the Funerel Director: A completely filled in by the fu 1 Yes 2 No 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital XXX Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) end menner steted. edical 29a. Cartifier (Check only one) To the 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 1852 30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 4203 Queensbury Road Hyattsville, Maryland 20781 Paul A. Devore, MD 32. Registrar's Signeture 31. Date filed (Month, Day, Year) State MAY 2 6 1999 Registrar

Please Type or Print In Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Date of Deeth 1. Dependent's Name (First, Middle, Last) 3:55 Pm 4e Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Rockville, MD Montgomery Shady Grove Adventist Hospital If Under 1 Year If Under 24 Hrs. 9. Birthplece (State or Foreign Country) WorTh CAIOLIN A 5. Social Security Number 7. Age (In yrs. lest birthdey) Days Hours 1 M 2 F 221-46-9548 Usuel Residence of Decedent 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits ROCKVILLE 1 Pres 2 □ No MONTEOME MD 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 522 LONGWOOD 80250 Drive 14. Race - American Indian, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Status 1 Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) Coilege (1-4or 5+) LICENSING DEFT 12 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Last) Herbert Wi ALSTON MITCHELL ELLEN 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Reletionship (Type, Print) MeadowBlook 11MA OHIO 45801 Drive LAMY C. MITCHELL 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stete SILVERBIOOK Wilm. 4 ☐ Donation 5 ☐ Other (Specify) See FUNERAL Home 259 E. MAIN ST ELXTONMD 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Deeth 4 days Immediate Cause (Final disease or condition resulting in death) Due to (or es e consequence of): four pounding 23b. Did tobacco ues contributa to the causs of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yss 2 No 3 Probably 4 Unknown

Physician /Medical Examiner

> and physician

the

88

950

signed by the a

After t i or Attendin after death. Director: Aft

Hospital of 24 hours a Funeral D

To the 1 within 2 To the I

completely

any Injury or o

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be

O_

Funeral

Director

Itam 27 is marked other than "natural", or Itama 23e or 28e-f show other traumatic event, the Wed cal Examines must be northed at

2 should be filed within 72 hours after ond Mental Hygiena. Is marked other than "natural", or its

permit. Pages 1 and 2 sh Depertment of Heelth end Important: If Itam 27 is m

Baltimore, Maryland 21215-0020

Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Physician/Medical

					24a. Was an autopsy performed?	24b. Were eutopsy finding: available prior to completion of cause of deeth? 1 \(\text{Yes} \) 2 \(\text{No} \) No
25. Was cese referred to medical examiner? 1 \(\text{Yes} \) 2 \(\text{No} \)	Hospital: Inpatient 2	ER/Outpetient	3 DOA	Othor	Death (Check only one) 3 Home 5 ☐ Residence 6 ☐ Ott	ner (Specify)
27. Manner of Deeth 1 Natural 5 Pending 2 Accident Investigat	28a. Date of Injury (Month, Dey Year)	28b. Time of Injury	M 28	c. Injury at Work?	28d. Describe how Injury occur	rred
3 ☐ Suicide 6 ☐ Could not determine		nome, farm, street	281. Location (Street end Num. City or Town, State)	ber or Rural Route Number,		

Completed by Be Certification: To Medical

end menner steted 29c. License number

29b. Signeture and title of certifier

29d. Date signed (Month, Dey, Year)

Dr. Rockville.

30. Name end address of person who completed ceuse of death (Item 23a) (Type, Print)

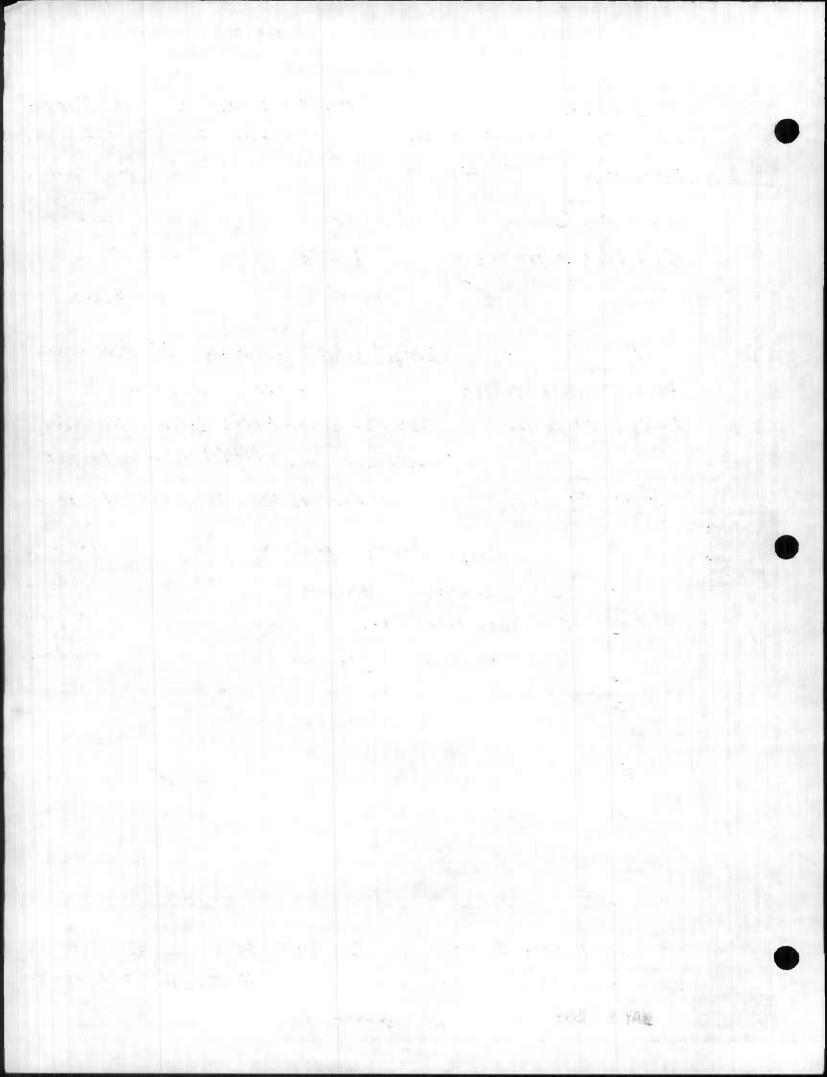
1396 Piccond

HING-CHUNG 31. Date filed (Month, Day, Yeer)

MAY 27 1999

32. Registrer's Signature

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 99 18698

Part Common Control Common Control Common C		4 Decemberation															
46 Facility Name (if not institution, give street and number) Anontgomery General Hospital Olney General Hospital 128-28-0391 Unual Reliations of Decedent 108-28-88-0391 Unual Reliations of Decedent 108-28-88-0391 Unual Reliations of Decedent 108-28-9391 Unual Reliations of Decedent 108-28-89-0391 Unual Reliations of Decedent 108-28-89-0391 Unual Reliations of Decedent 108-28-89-0391 Unual Reliations of Decedent 108-28-89-0391 Unual Reliations of Decedent 108-28-89-0391 Unual Reliations of Deced	•					Мс	Coll	in					May	26, P	999	Year	3. Time of Deat 6: 25a
Street and Number 10c. City. Town or Location 10d. Tip. Code 10d. City. Town or Location 10d. Tip. Code 10d. Street and Number 4307 Knowles Avenue 10d. Tip. Code 20895 10g. Citzen of What Country USA 11. Mean Street 11. Markal Status 11. Mean Street 11. Markal Status 11. Mean December 11. Mean Mean Number of Mean, etc. 11. Mean December 11. Mean Mean Number of Mean, etc. 11. Mean December 11. Mean Mean Number of Mean, etc. 11. Mean December 11. Mean Mean Number of Mean, etc. 11. Mean December 11. Mean Mean Number of Mean, etc. 11. Mean December 11. Mean Mean Number of Mean, etc. 11. Mean December 11. Mean Mean Number of Mean, etc. 11. Mean Mean Number of Mean Number of Mean Number of Mean Number							spit	al		4				Me	ont		ery
Montpower Mont		128-2	8-0391	3			in yrs. last b						8. Date of E (Month, I NOV.	28 , 1	936	9. Birthr Cour NE	place (State or Formatry) York
10. Street and Number 10. Street and Number 20.00	J.	10a. State	10b. Cou	inty	merv	10										1	10d. Inside City Lin
Specify: S	Directo	10e. Street an	d Number						10f. Zip (
The composition Towns To	Funeral	11. Marital Sta	ntus		12. Wes Dec	cedent Eve forces?	er in U,S.	13. W				igin? (Sp n, Puerto	ecify Yes or I Rican, etc.)		14. Race	e - Americk, White,	etc.
Evans McCollin 19a. Informant's Name/Relationship (Type, Print) Angela McCollin/ Wife 20a. Method of Disposition 1	þ	3 ☐ Widov	ved 4 ☐ Divo	ced	If Yes, G Yeer or I	ive						:					
Sequentially list conditions are sufficient conditions as a consequence of list in the influence of the sufficient conditions as a consequence of list in the influence of the sufficient conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contribution to the cause of t	II piece	Elementary	(Specify only hi	ghest gra	ade completed			(Give ki	ind of work O NOT use	done d	du <i>ring</i> mos ()		ing				dustry
Evans McCollin Mary Louise Haywood 19a. Informant's Name/Relationship (Type, Print) Angela McCollin Wife 4307 Knowles Ave. Kensington, Md 20895 20a. Method of Disposition 1 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4307 Knowles Ave. Kensington, Md 20895 20a. Method of Disposition 2 20b. Location - City or Town, State, Zip Code) 4307 Knowles Ave. Kensington, Md 20895 20a. Method of Disposition 2 20b. Location - City or Town, State, Zip Code) 4307 Knowles Ave. Kensington, Md 20895 20a. Method of Disposition 2 20b. Location - City or Town, State, Zip Code) 4307 Knowles Ave. Kensington, Md 20895 20a. Method of Disposition 2 20b. Location - City or Town, State, Zip Code) 4307 Knowles Ave. Kensington, Md 20895 20a. Length of Method of Disposition 2 20b. Location - City or Town, State, Zip Code) 4307 Knowles Ave. Kensington, Md 20895 20a. Length of Method of Disposition 2 20b. Location - City or Town, State, Zip Code) 4307 Knowles Ave. Kensington, Md 20895 20a. Length of Method of Disposition 2 2 2 2 2 2 2 2 2		17. Father's N	ame (First, Mid	dle, Last)			C	orda:	ined	Mi			e (First, Mida				
19b. Maling Address (Street and Number or Rural Route Number, City or Town, State, 2p Code) Angela McCollin/ Wife 20a. Method of Disposition 1 Burial 2 (Differention 3 Removal from State) 4 Donation 5 Other (Specify) 21. Signeture of Funeral Service Leading 22. Name and Address of Facility 22. Name and Address of Facility 23b. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Part II. Other significant conditions, if any, leading to immediate cause Circle Underlying 1		Evan	s McC	oll	in						Mar	y L	ouise	Hay	WOO	d	
20a. Method of Disposition 1		19a. Informar				ife											
22. Name and Address of Fecility PHILIP D. RINALDI FUNERAL SERVICE 11818 New Hampshire Ave. Silver Spg. 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest. Approximation for the disease or condition as shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, fany, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): 1 Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause fany, leading to death but not resulting in the underlying cause given in Part I. 24e. Was an autopsy evaluate prorocompletion of death? 1 Yes 2 No 3 Probably 4 Season for the cause of death? 25. Wes case referred to medical evants. Enter of the cause of death? 1 Yes 2 No 2 N		20a. Method o	of Disposition	on 3 🗆	Removal from		20b. Place cemet	of Disposi	ition (Nam etory or oti	of er plac	ce)	i	Date	20c. Lo	ocation -	City or To	own, State
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yee 2 No 3 Probably 4		21. Signeture	of Funeral Sen	ice Llo	100			D1	HTTT	DF) RI	TNAT.	1) I FI	INERA	L S	ERV	ICE
24e. Was an autopsy performed? 24b. Were autopsy performed? 24b. Were autopsy performed? 24b. Were autopsy performed? 24b. Were autopsy performed? 24c. Was an autopsy performed? 24b. Were autopsy available prior completion of of death? 1 Yes 2 No 1	cai Examiner	23a. Part1. E shock, of limmediate Ca disease or co resulting in de Sequentially if any, leading cause. Enter Cause (Disea that initiated a	nter the disease ir heart failure.	o, or com	nplications that one cause on	Jepa Du	e to (or as a	P1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	HILI 818 r the mode	New of dyin	Hang, such es	npsh s cardiac	ire A	ve.			
P 1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)	Physician/Medical Examiner	23a. Part I. E shock, c limmediate Ca disease or co resulting in de limited e resulting e	nter the disease r heart failure. Losse (Final notition sath) ist conditions, to immediate Underlying se or injury vivents sath) Last	a, or com List only	b c contributing to d	Du	e to (or as a	P1 1 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2	HILI 818 r the mode rence of): ence of):	New of dyin	7 Hang, such es	npsh s cardiac	ire A or respiretory	errest,	Sil	ver	Spg. Md Approximate Interval Between Onset and Death Onset and Death Onset of the cause of death
1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)	by Physician	23a. Part I. E shock, c limmediate Ca disease or co resulting in de limited e resulting e	nter the disease r heart failure. Losse (Final notition sath) ist conditions, to immediate Underlying se or injury vivents sath) Last	a, or com List only	b c contributing to d	Du	e to (or as a	P1 1 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2	HILI 818 r the mode rence of): ence of):	New of dyin	7 Hang, such es	npsh s cardiac	ire A or respiretory A 23b. Di 11	errest, errest, errest, 2	Sil No	ntribute t	Spg. Md Approximate Interval Between Onset and Death Onset and Death o the cause of de bebly 4 Unkn for autopsy findin raliable prior to ompletion of cause
27. Manner of Death 1 Naturel 2 Accident 3 Sulcide 4 Homicide 28. Place of Injury - At home, farm, street, factory, office 28. Location (Street and Number or Rural Route Nur City or Town, State)	by Physician	23a. Part1. E shock, collissess or coresulting in de Sequentially if any, leading cause. Enter Cause (Diseath at initiated a resulting in de Part II. Other st	niter the disease r heart failure. ause (Final ndition sath) ist conditions, to immediate Underlying se or injury vents sath) Last	a, or com List only	b c contributing to d	Du	e to (or as a	P1 1 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2	HILI 818 r the mode rence of): ence of):	New of dyin	7 Hang, such es	npsh s cardiac	ire A or respiretory A 23b. Di 11 24e. W. pe	errest, errest, d tobacco Yee 2 as an autor fromed?	Sil No	ntribute t	Spg. Md Approximate Interval Between Onset and Death Onset and Death o the cause of de bebly 4 Unkn for autopsy findin raliable prior to ompletion of cause
3 ☐ Suicide 4 ☐ Homicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number of Rur	Be Completed by Physician/Medical Examiner	23a. Part1. E shock, c Immediate C disease or coresulting in de Sequentially if any, leading cause. Enter Cause (Disea that initiated a resulting in de Part II. Other s	nter the disease r heart failure. ause (Final ndition sath) ist conditions, to immediate Underlying so or Injury events sath) Last	a, or com List only	b	Du Du death but n	e to (or as a e to (or a) (or as a e to (or a) (or as a e to (or a) (or a) (or a) (or a) (or a) (or	P 1 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1	HILI 818 r the mode rence of): ence of):	New of dyin	7 Hang, such es	npsh seardiac	23b. Di 24e. W. pe	d tobacco Yee 2 as an autordomed? Yes 2 y one)	Sil use con	ntribute t 3 Pro	Spg. Md Approximate Interval Between Onset and Death Onset and Death of the cause of de the beby 4 Unknown allable prior to morpletion of cause death?
	To Be Completed by Physician	23a. Part I. Shock, colored in the shock, co	ist conditions, to immediate Underlying so or injury years all plants and investigation of the conditions of the conditi	a, or com List only	b c d Hospital: 1 28a. Dete (Mon	Du Du Du Du Du Du Do Do Do Do	e to (or as a e to (or a e to (or a) (or as a e to (or a)	P1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	HILI 818 r the mode rence of): ence of): ence of):	New of dyin	7 Hang, such es	npsh seardiac	23b. Di 24e. W pe 16th (Check onloans 5 □ Re	d tobacco Yee 2 as an autordomed? Yes 2 y one) ssidence	Sil use cor	ntribute t 3 Pro	Spg. Md Approximate Interval Between Onset and Death Onset and Death of the cause of de the beby 4 Unknown allable prior to morpletion of cause death?
29a. Certifier (Check only one) 29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es steted. 2 Medical Examiner: On the best of exeminetion and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner es steted.	To Be Completed by Physician/Medical Examiner	23a. Part1. E shock, c Immediate Cidisease or coresulting in de Sequentially if any, leading cause. Enter Cause (Disea that initiated a resulting in de Part II. Other s 25. Wes case examiner 1 Yes 27. Manner of 1 Naturu 2 Accid 3 Sulcioi	inter the disease r heart failure. ause (Final notitions, to immediate Underlying se or injury each) path Last interpreted to mediate Underlying se or injury each) path all 5 pe ent invested to mediate to	dittions of the stigation and ingrestigation and ingressing at ion and i	b b c d Hospital: 128a. Dete (Moon per 28a. Place)	Due	e to (or as a e	P1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	HILI 818 r the mode rence of): ence of): derlying ca	New of dyin	7 Hang, such es	npsh seardiac	23b. Di 24e. W. pe 1[th (Check online) 28f. Location	dd tobacco Yee 2 as an autorformed? Yes 2 y one) esidence the how Injury	Sil Use con No Psy O No O Other Ty occurre	ntribute t 3 Pro 24b. Was as a confiner (Special red	Spg. Md Approximate Interval Between Onset and Death o the cause of de obebly 4 Unknown United Unit
29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)	To Be Completed by Physician	23a. Part I. Eshock, commediate Cadisease or coresulting in definition of the cause. Enter Cause. Clisea that initiated a resulting in definition of the cause. Enter Cause (Disea that initiated a resulting in definition of the cause (Disea that initiated a resulting in definition of the cause (Disea that initiated a resulting in definition of the cause o	niter the disease r heart failure. ause (Final notitions, to immediate Underlying se or Injury events at h) algnificant con- referred to mere 22 No Death at 5 Pe inv de 6 Codde	dittions of discal	b	Du D	e to (or as a e	P 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	HILI 818 r the mode lence of): ence of): ence of): derlying ca 3 DO. M et, factory,	New of dyin of	7 Hang, such es	npsh seardiac	23b. Di 23b. Di 24e. W. pe 16 16 28f. Location City or 1	d tobacco Yee 2 as an autorromed? Yes 2 y one) esidence he how injure the cause(s)	Sil Use core No Psy And Number and Number)	ntribute t 3 Pro 24b. Was occorded anner es s	Spg. Md Approximate Interval Between Onset and Death Onset and Death of the cause of death? If the cause of death of death of the cause of death of the cause of death
D 53864 3/26/79	edical Certification: To Be Completed by Physician/Medical Examiner	23a. Part I. Eshock, consolidate Cadisease or coresulting In de Cadisease or coresulting In de Cause. Enter Cause. Clisea that initiated a resulting in de Cause. The Cause Consolidate initiated a resulting in de Cause. The Cause Consolidate II. Other se Cause Consolidate II. Other se Cause Consolidate III. Other se Cause Consolidate III. Other se Cause Consolidate III. Other se Cause Cause III. Other se Cause Cause III. Other se Cause III. Ot	ist conditions, to immediate Underlying so or injury vents with batter of the condition of	ditions of the stigation and ing estigation and ing estigation and in the stigation and in th	b	Du D	e to (or as a e	P 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	HILI 818 r the mode r the mode rence of): ence of): ence of): derlying ca 3 DO M et, factory, occurred a sistigation,	New of dyin of	7 Hang, such es	npsh seardiac	23b. Di 23b. Di 24e. W. pe 16 16 28f. Location City or 1	errest, arrest, arr	Sil No Psy No Other or occurrence Numb and nad mad d place,	ntribute t 3 Pro 24b. Wasaccoff 11 per (Special red) anner es send due t	Spg. Md Approximate Interval Between Onset and Death Onset O

Comment of the contract of the

State of Maryland / Department of Health and Mental Hygiene (

				Ce	rtificate o	f Death		Reg. No.		0099
Г	Dhualaian	1. Decedent's Neme (First, Middle, L	ast)				2. Dete of De	eth Dey	Yeer	3. Time of Death
ı	Physician /Medical	MARTHA CRAWFO	RD MABRY				05	24	99	12:10am
	Examiner	4e Fecility Neme (If not institution, g	ive street and number)			4b. City, Town, or I	ocation of Deeth	4c. County	of Deeth	
		PRINCE GEORGE'S	HOSPITAL CE	VTER		CHEVERLY		PRINC	E GEO	RGE'S
	Funeral Director	578-48-6214	Sex 7. Age (In yrs. last birthday) 59 Yrs.	Months Dey		8. Date of Birl (Month, Da August 2	3, 1939	9. Birthpl Count Virg	
	pus *	Usual Residence of Decedent 10e. Stete 10b. County	1	Oc. City, Town or Lo	ocation				10	Od. Inside City Limits
	with the Maryland a or 28a-f show be not that all		George's	Landover						12 Yes 2 □ No
	vith the Me to 288-f a	10e. Street end Number	George S	Dandover	10f. Zip Code			10g. Citizen of	What Count	trv?
	th with		Road			0785	0.00	U.S		
5-0020	hours after death value!; or items 234	11. Maritel Status 1 Never Married 2 Married	12. Wes Decedent Eve Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:			f Hispenic Origin? (Suben, Mexican, Puert	pecify Yes or No o Rican, etc.)	14. Rad Ble	ce - America ck, White, e	
0-	72 hou		ducation	16e. Dece	dent's Usual Occ	cupation		16b. Kind of B		
215	led within 72 ho tygiena. her than "natur nt, the Medeall Completed	(Specify only highest gi	rade completed) College (1-4or 5+)	(Give	kind of work dor DO NOT use reti	ne during most of wor ired)	king			
2121	d wil	7th			Homemake	er		Pri	vate	
pu	THE OF THE	17. Fether's Neme (First, Middle, Las	t)			18. Mother's Nar				
yla		Harry Grayson				Mary F	rances !	Robinso	n	
Maryland	d 2 sh th and 7 is rr traum	19a. Informent's Name/Relationship Jackie C. Brownir				et and Number or Au ast, Takon				
re,	t He He othe	20e. Method of Disposition		20b. Place of Dispo	osition (Name of metory or other p	n/aca)	Date	20c. Location	- City or To	wn, Stete
9	0 0 - 5	1 Burial 2 Cremetion 3 4 Donetion 5 Other (Spec		Chesapea			05/28 1999	Beltsvi	110.	Maryland
Baltimore	permit. Pag Department Important: I any Injury o	21. Signeture of Funerel Service Lica		22	2. Name end Add	dress of Facility		5010011		. Ida j a dila
ä	Depa Impo any l	I No A	p +	J	.B. JENI	KINS FUNER dover Road	AL HOME		wrel am	a 2070E
		23a. Pert1. Enter the disease, or cor shock, or heart failure. List only	npiications thet caused th						-	
	Physician	shock, or heart failure. List only	y one ceuse on each line.							Approximete Intervel Between Onset end Death
	/Medical	Immediate Ceuse (Final	CAA	VG CZPT	IVO	HEAR	TEA	11-111	5	7 YRC
	Examiner	diseese or condition resulting in deeth)		e to (or as e conse	quence of):					1 0.3
ч	executed in end ital-transit		DI	LATE	D C	MADIO.	MYOP	ATH	4	7 YRS
	be executed ician end burial-transit	Sequentially list conditions,	Du	e to (or es e consec	quence of):	00011	1	0-11		7
60,	cian burial	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury	٠,7,	CHEM	1C CA	AR DIU	MYOVI	TI HY		1 yrs
68760	5 8 5 E	that Initieted events resulting In death) Lest	Du	e to (or es e consec		1 /4/5	-0-1 0 -			7
-	ding pt		<i>p</i>	190 CM	CDIM	ZINF	ARCT	(ON)	i	1 9Kg
Bo	death ce a attandi ad for use sician/									
o.	tha the	Part II. Other eignificent conditions								the cause of death?
9	that the ded by data	NON INT	VLIN	ACT ON	MONT	DABC	Tes IN	Yes 2 No	3 Prob	ably 4 Unknown
of Vital Records	8 50 0	NON INS ROSTRIC	TIVET 1	HAIC	D 1000	10-	24e. Wes	en eutopsy	24b. We	ere eutopsy findings
O	The lew requir sate has been s page 2 should	100311010	1100 2	-0700	0 (- ())	TSC	perfo	rmed?	con	ellable prior to inpletion of cause death?
Re	0 00 00						10,	Voc. 0 1041a		
B	cartificata rector, pag	25. Wes case referred to medical				00 Di(D	10		1	Yes 2 No
>	Physician: Tha lithis cartificata he ral director, paga: To Be Com:	examiner?	Hospitel:	2 ER/Outpetier	2 2 DOA	26. Place of Dec			nor (Conside	d
of	Physic ir this ci aral dire	27. Manner of Deeth	28a. Dete of Injury (Month, Day Y				ome 5 Resid	now injury occur		7
on	ith. : Afte a fun	1 Natural 5 Pending investigation		ear) Injury		Vork? ☐ Yes 2 ☐ No				
Division	tal or Attanding P is after death. In Director: Atter led in by the funeral Certification:	3 Suicide 6 □ Could not	28e. Piece of injury	· At home, ferm, str	reet, factory, offic	ce			ber or Rura	I Route Number,
Ö	after after of in	4 Homicide	building, etc. (Specity)			City or Tox	vii, State)		
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral Medical Certification: 7		hysician: To the best of n	aminetion end/or in						
	ithin of the sample Mec	29b. Signature end title of ce	end manner stated		29c. Lice	ense number		29d. Dete signe	ed (Month, I	Day, Year)
	F3F8	No dalle	oraya	0.	2	8195		5- X	24-	99
	4	30 Neme end eddress of parson who	completed cause of deet	h (Item 23e) (Type, 12/64	Print)	TE AVE.	Ипси	ELVIL	LE.	MO 2072
_			•	-						-

· Registrar

31. Dete filed (Month, Day, Year)
MAY 2 6 1999

To Sifered the Sire Since

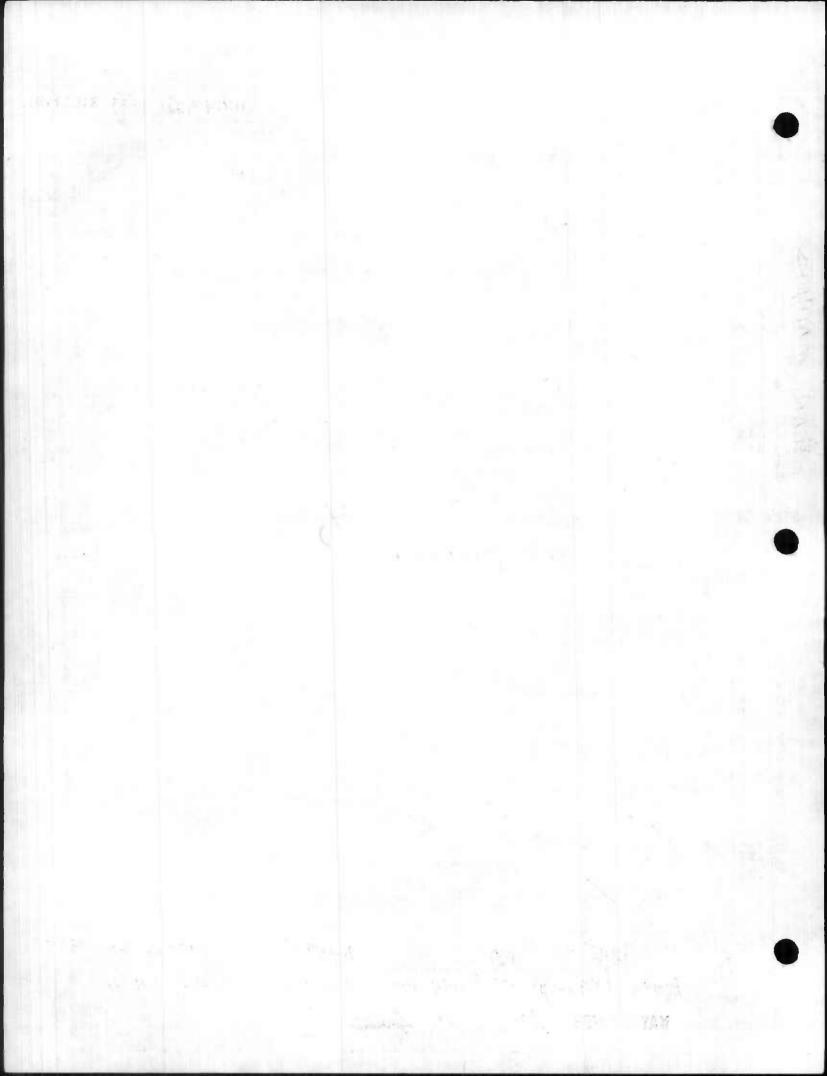
STATE SHOW A STATE

THE REPORT OF THE PARTY OF THE

A DESCRIPTION OF STREET

A THE RESIDENCE OF THE PROPERTY OF THE PARTY
sual Residence of Decedent Da. Stata 10b. County MD. Anne A De. Street and Number 1666 Carlyle 1. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced (Specify only highest Elementary/Secondary (0-12) 12 7. Father's Name (First, Middle, La James Hughe 9a. Informant's Name/Relationship Ohn Mathers/S Da. Mathod of Disposition 10 Burial 2 Cremation 11 Burial 2 Cremation 12 Burial 2 Cremation 13 Burial 3 Cremation 14 Donation 5 Other (Spe 1. Signature of Funeral Service Lie Shannon W.	on Math giva street and number el Hospita 5. Sex 1 M 22 F arundel Drive 12. Was Decedent Armed Forces d 1 1 Yes 22 If Yes, Give Year or Dates: Education grade completed) College (1-4or ast) S P (Type, Print) Con B Chemoval from State scify) Consee Ramire 2 N Ramire 2 N	20b. PF	y, Town or Locator of ton S. 13. War My. 16a. Deceden (Give kin life. DO Home) 19b. Mailing / 1032 Cometery, cremator to the control of th	211 s Decedent cas, specify Colyes 2 Min t's Usual Occ d of work door NOT use ret emakes Address (Sine Christ on (Nama of ony or other p nCOIn ry ama and Add	Glen Biar If Under 24 hys Hours N Bar If Under 24 hys H	(Specify Yas or erto Rican, etc.) Working Jame (First, Micket in a Rural Routa Nucleon)	Day Day Anne Birth Day, Year) 10g. Citizen of Great No- 16b. Kind of Own Clee, Maiden Sum. Camero mber, City or Tow	Friace - Americack, White Stifty: Wh Businass/In HOM ama) n City or T	ndel placa (Stata or Foraign ntry) ndia 10d. Insida City Limits					
North Arunde Social Security Number 77-48-9883 Sual Residence of Decedent Da. Stata 10b. County MD. Anne A De. Street and Number 1666 Carlyle I. Marital Status 1 Nevar Married 2 Marrie 3 Widowed 4 Divorced 15. Decedent's (Specify only highest Elementary/Secondary (0-12) 12 7. Father's Name (First, Middle, La James Hughe 9a. Informant's Name/Relationship Ohn Mathers/S Da. Mathod of Disposition 12 Burial 2 Cremation 3 4 Donation 5 Other (Spe Shannon W. Sa. Part I. Enter the disease, or conshock, or heart failura. List or	Arundel Drive 12. Was Decedent Army State of College (1-4or Coll	al ge (In yrs. 37	y, Town or Locator of ton S. 13. War My. 16a. Deceden (Give kin life. DO Home) 19b. Mailing / 1032 Cometery, cremator to the control of th	ion 10f. Zip Code 21 1 s Decedent c es, specify C Yes 2 N Ys Usual Occ of of work doi NOT use ret cmake: Address (Street Christ on (Nama of ony or other p nCOIn ry ama and Address	Glen Biar If Under 24 hys Hours N Bar If Under 24 hys H	(Specify Yas or erto Rican, etc.) Working Jame (First, Midtina Rural Routa Nut. Gambi	Anne Birth Day, Year) 18, 191 10g. Citizen of Great No- 14. R B Spec 16b. Kind of OWn Camero Ther, City or Tow Cills, 20c. Location	Aru 9 Birth Cot 2 I What Cou Bri ace - Ameniack, Whita sifty: Wh Businass/fit HOM ama) n Md - City or T	ndel placa (Stata or Foraign ntry) ndia 10d. Insida City Limits					
Social Security Number 77-48-9883 sual Residence of Decedent Da. Stata 10b. County MD. Anne A De. Street and Number 1666 Carlyle 1. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest Elementary/Secondary (0-12) 12 7. Father's Name (First, Middle, La James Hughe 9a. Informant's Name/Relationship Ohn Mathers/S Da. Mathod of Disposition 12 Burial 2 Cremation Da. Mathod of Disposition 13 Burial 2 Cremation 14 Donation 5 Other (Specific County) Shannon W. Sa. Part1. Enter the disease, or cashock, or heart failura. List or	S. Sex 1 M 2 F 7. A 1 M 2 F	ge (In yrs. 37 10c. City Crc 110c. C	y, Town or Locator of ton S. 13. War My. 16a. Deceden (Give kin life. DO Home) 19b. Mailing / 1032 Cometery, cremator to the control of th	ion 10f. Zip Code 21 1 s Decedent c es, specify C Yes 2 N Ys Usual Occ of of work doi NOT use ret cmake: Address (Street Christ on (Nama of ony or other p nCOIn ry ama and Address	er If Under 24 Fys Hours M Christ Hours M Christ Hours M Christ Hours M Hours	(Specify Yas or ento Rican, etc.) Working Jame (First, Middle Lina Rural Routa Nut. Gambi	Birth Day, Year) 18, 191 10g. Citizen of Great No- 14. R B Spect 16b. Kind of OWn Camero mber, City or Tow cills, 20c. Location	9 Birth Cou. 2 I What Cou. Bri ace - Ameriack, Whita sity: Wh Businass/ii HOM ama) n m, Stata, Zi Md . n - City or T	placa (Stata or Foraign intry) ndia 10d. Insida City Limits 1					
Anne A De. Street and Number 1 666 Carlyle I. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest Elementary/Secondary (0-12) 12 7. Father's Name (First, Middle, La James Hughe 9a. Informant's Name/Relationship Ohn Mathers/S Da. Mathod of Disposition 150 Burial 2 Cremation 150 B	arundel Drive 12. Was Decedent Armed Forces of I yes 2M I yes, Give Year or Dates: Education grade completed) College (1-4or ast) S D (Type, Print) CON B C Removal from State with) Consee Ramire 2 M	10c. City Crc t Ever in U. ? No 5+)	y, Town or Locator of ton S. 13. War My. 16a. Deceden (Give kin life. DO Home) 19b. Mailing / 1032 Cometery, cremator to the control of th	ion 10f. Zip Code 21 1 s Decedent c es, specify C Yes 2 N Ys Usual Occ of of work doi NOT use ret cmake: Address (Street Christ on (Nama of ony or other p nCOIn ry ama and Address	Hours N Hou	(Specify Yas or erto Rican, etc.) working lame (First, Midtina Rural Routa Nut.) Gambi	10g. Citizen of Great No- 14. R B Spec 16b. Kind of OWn Camero Camero Camero City or Tow Cills, 20c. Location	Friace - Americack, White Stifty: Wh Businass/In HOM ama) n City or T	ndia 10d. Insida City Limits 1 Ves 2 No intry? tain ican Indian, , atc. ite ndustry e					
sual Residence of Decedent Da. Stata 10b. County MD. Anne A De. Street and Number 1666 Carlyle I. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest Elementary/Secondary (0-12) 12 7. Father's Name (First, Middle, Le James Hughe 9a. Informant's Name/Relationship Ohn Mathers/S Da. Mathod of Disposition 10 Burial 2 Cremation 3 4 Donation 5 Other (Specific Specific Specif	rundel Drive 12. Was Decedent Armed Forces 1	10c. City Cr C Ever in U. ? No 20b. P F 40 0 7 9	y, Town or Locat ofton S. 13. Wai if Y. 10 16a. Deceden (Give kin life. DO HOME 19b. Mailing / 1032 C Place of Dispositionerly, crempt ort L1 Cemete. 22. N 98 651	211 s Decedent cas, specify Colyes 2 Min t's Usual Occ d of work door NOT use ret emakes Address (Sine Christ on (Nama of ony or other p nCOIn ry ama and Add	of Hispanic Origin? uban, Mexican, Puban, Mexican, Mexican, Mexican, Puban, Mexican, Me	(Specify Yes or ento Rican, etc.) working lame (First, Midtina Fural Routa Nut. Gambi	10g. Citizen of Great No- 14. R B Spec 16b. Kind of OWN Cle, Maiden Sum. Camero mber, City or Tow Cills, 20c. Location	Briace - Ameriack, White ace - Ameriack, White Businass/Int HOMarna) n, Stata, Zi Md.	10d. Insida City Limits 1 □Xes 2□No intry? tain ican Indian, , atc. ite ndustry e ip Code) 21054 cown, Stata					
Anne A De. Street and Number 1666 Carlyle 1. Marital Status 1 Nevar Married 2 Marrie 3 Widowed 4 Divorced 15. Decedent's (Specify only highest Elementary/Secondary (0-12) 12 7. Father's Name (First, Middle, La James Hughe 9a. Informant's Name/Relationship Ohn Mathers/S Da. Mathod of Disposition 12 Burial 2 Cremation 3 4 Donation 5 Other (Specific Specific Specif	Drive 12. Was Decedent Armed Forces of the Private	Crc t Ever in U. ? No 5+) 20b. P. F	S. 13. Wai MY 10 16a. Deceden (Give kin life. DO) Home 19b. Mailing / 1032 Cometery, cremete or L1. Cemete 22. N	211 s Decedent cas, specify Colyes 2 Min t's Usual Occ d of work door NOT use ret emakes Address (Sine Christ on (Nama of ony or other p nCOIn ry ama and Add	of Hispanic Origin? uban, Mexican, Puban, Mexican, Mexican, Puban, Mexican, Mexi	working Hame (First, Mids tina Rural Routa Nu. Gambi	Great No- 14. R B Special Spe	f What Cou Bri ace - Ameri ack, Whita lack, Whita Businass/li HOM ama) n City or T	1 □Yes 2 □ No intry? tain ican Indian, , atc. ite ndustry e ip Code) 21054 cown, Stata					
De. Street and Number 1 666 Carlyle I. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest) Elementary/Secondary (0-12) 1 2 7. Father's Name (First, Middle, Later's Name (First, Middle, Later's Name/Relationship) Da. Informant's Name/Relationship Ohn Mathers/S Da. Mathod of Disposition 12 Burial 2 Cremation 3 4 Donation 5 Other (Special Support of Funeral Service Lie) Shannon W. 3a. Part1. Enter the disease, or cashock, or heart failura. List or	Drive 12. Was Decedent Armed Forces of the Private	t Ever in U.?? No S+)	16a. Deceden (Give kin life. DO HOME) 19b. Mailing / 1032 Cort L1 Cemete. 22. N	211 s Decedent cos, specify Coses, s	of Hispanic Origin? uban, Mexican, Puban, Mexican, Mexican, Puban, Mexican, Mexi	working Hame (First, Mids tina Rural Routa Nu. Gambi	Great No- 14. R B Special Spe	Bri ace - Americack, White sity: Wh Businass/In HOM ama) n Md. n - City or T	tain ican Indian, , atc. ite industry e ip Code) 21054 cown, Stata					
De. Street and Number 1 666 Carlyle I. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest) Elementary/Secondary (0-12) 1 2 7. Father's Name (First, Middle, Later's Name (First, Middle, Later's Name/Relationship) Da. Informant's Name/Relationship Ohn Mathers/S Da. Mathod of Disposition 12 Burial 2 Cremation 3 4 Donation 5 Other (Special Support of Funeral Service Lie) Shannon W. 3a. Part1. Enter the disease, or cashock, or heart failura. List or	Drive 12. Was Decedent Armed Forces of the Private	t Ever in U.?? No S+)	16a. Deceden (Give kin life. DO HOME) 19b. Mailing / 1032 Cort L1 Cemete. 22. N	211 s Decedent cos, specify Coses, s	of Hispanic Origin? uban, Mexican, Puban, Mexican, Mexican, Puban, Mexican, Mexi	working Hame (First, Mids tina Rural Routa Nu. Gambi	Great No- 14. R B Special Spe	Bri ace - Americack, White sity: Wh Businass/In HOM ama) n Md. n - City or T	tain ican Indian, , atc. ite industry e ip Code) 21054 Town, Stata					
1. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest 12) 7. Father's Name (First, Middle, La James Hughest) 9a. Informant's Name/Relationship ohn Mathers/S 10a. Mathod of Disposition 10 Burial 2 Cremation 3 4 Donation 5 Other (Specific Specific Specifi	12. Was Decedent Armed Forces of Types 2 Bit Yes, Give Year or Dates: Education grade completed) College (1-4or ast) S D (Type, Print) COLLEGE (1-4or ast)	7 (No 5+) 200. P F	16a. Deceden (Give kin life. DO Home) 19b. Mailing / 1032 Cort L1 Cemete. 22. N	s Decedent of es, specify C lyes 2 M h. d.	of Hispanic Origin? uban, Mexican, Pu No Specity: cupation ne during most of ti ired) 18. Mother's t Chris eet and Number or tmas La place)	working Hame (First, Mids tina Rural Routa Nu. Gambi	16b. Kind of OWN Camero mber, City or Tow Cills, 20c. Location	ace - Ameriack, White lack, White Wh Businass/III HOM ama) n, Stata, Zi Md.	ican Indian, , atc. ite ndustry e ip Code) 21054 cown, Stata					
1. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest 12) 7. Father's Name (First, Middle, La James Hughest) 9a. Informant's Name/Relationship ohn Mathers/S 10a. Mathod of Disposition 10 Burial 2 Cremation 3 4 Donation 5 Other (Specific Specific Specifi	12. Was Decedent Armed Forces of Types 2 Bit Yes, Give Year or Dates: Education grade completed) College (1-4or ast) S D (Type, Print) COLLEGE (1-4or ast)	7 (No 5+) 200. P F	16a. Deceden (Give kin life. DO Home) 19b. Mailing / 1032 Cort L1 Cemete. 22. N	s Decedent of es, specify C lyes 2 M h. d.	of Hispanic Origin? uban, Mexican, Pu No Specity: cupation ne during most of ti ired) 18. Mother's t Chris eet and Number or tmas La place)	working Hame (First, Mids tina Rural Routa Nu. Gambi	16b. Kind of OWN Camero mber, City or Tow Cills, 20c. Location	ace - Ameriack, White lack, White Wh Businass/III HOM ama) n, Stata, Zi Md.	ican Indian, , atc. ite ndustry e ip Code) 21054 cown, Stata					
3 Widowed 4 Divorced 15. Decedent's (Specify only highest Elementary/Secondary (0-12) 12 7. Father's Name (First, Middle, La James Hughest Hu	d 1 Yes, 2 Kill Yes, Give Year or Dates: Education grade completed) College (1-4or ast) S p (Type, Print) O n D Removal from State scrip) censee Ramire 2 N	5+) 20b. P F	16a. Deceden (Give kin life. DO Home) 19b. Mailing / 1032 Cort L1 Cemete. 22. N	Address (Street on (Nama of ony or other process) arma and Address arma arma and Address arma arma arma arma arma arma arma ar	cupation me during most of irred) 18. Mother's P Chris eet and Number or tmas La place) 05-	working Hame (First, Mids tina Rural Routa Nu. Gambi	Special Specia	Homarna) n. Stata, Zi Md.	ite ndustry e ip Code) 21054 Town, Stata					
(Specify only highest Elementary/Secondary (0-12) 12 7. Father's Name (First, Middle, La James Hughe 9a. Informant's Name/Relationshi ohn Mathers/S 1a. Mathod of Disposition 15 Burial 2 Cremation 15 Burial 2 Cremation 15 Burial 2 Cremation 15 Surgial 2 Cremation 15 Surgial 2 Cremation 16 Surgial 2 Cremation 17 Surgial 2 Cremation 18 Surgial 2 Cremation 19 Surgial 2 Cremation 10 Surgial 2	consee Ramire 2 Ramire 2 Ramire 2	20b. P	Home 19b. Mailing / 1032 C Maca of Disposition or t L1 Cemete 22. N 98 651	Address (Sine Christ on (Nama of ony or other; nCOIn ry ama and Add	18. Mothers to Chrise eet and Number or tmas La place)	tina Rural Routa Nu Gambi	Own Camero mber, City or Tow cills, 20c. Location	Hom ama) n Md - City or T	e ip Code) 2 1 0 5 4 Town, Stata					
Elementary/Secondary (0-12) 12 7. Father's Name (First, Middle, La James Hughe 9a. Informant's Name/Relationshi Ohn Mathers/S 0a. Mathod of Disposition 11/2 Burial 2 Cremation 11/2 Burial 2 Cremation 11/3 Burial 2 Cremation 11/3 Sonature of Funeral Service Lie Shannon W. 3a. Part1. Enter the disease, or coshock, or heart failura. List or	College (1-4or ast) SS p (Type, Print) ON G GRemoval from State acity) Consee Ramire 2 N	20b. P	Home 19b. Mailing / 1032 C Maca of Disposition or t L1 Cemete 22. N 98 651	Address (Sine Christ on (Nama of ony or other; nCOIn ry ama and Add	18. Mothers to Chrise eet and Number or tmas La place)	tina Rural Routa Nu Gambi	Camero mber, City or Tow cills, 20c. Location	n n n, Stata, Zi Md . n - City or T	ip Code) 21054 Town, Stata					
James Hughe 9a. Informant's Name/Relationship ohn Mathers/S)a. Mathod of Disposition 10 Burial 2 Cremation 3 4 Donation 5 Other (Spe 1. Signature of Funeral Service Lie Shannon W. 3a. Part1. Enter the disease, or conshock, or heart failura. List or	on General from State scity) Consee Ramire 2 N	10079	19b. Mailing A 1032 Collace of Dispositioneriety, cremate ort Licemete 22. N 28 651	Address (Street In 1 Street In	18. Mother's P Chris eet and Number or tmas La place)	tina Rural Routa Nu Gambi	Camero mber, City or Tow cills, 20c. Location	n n , Stata, Zi Md . n - City or T	ip Code) 21054 Town, Stata					
James Hughe 9a. Informant's Name/Relationship ohn Mathers/S)a. Mathod of Disposition 10 Burial 2 Cremation 3 4 Donation 5 Other (Spe 1. Signature of Funeral Service Lie Shannon W. 3a. Part1. Enter the disease, or conshock, or heart failura. List or	on General from State scity) Consee Ramire 2 N	10079	lace of Disposition ort Licemete. 22. N	christ on (Nama of ony or other p ncoln ry ama and Add	Chris eet and Number or tmas La place) 05-	tina Rural Routa Nu Gambi	Camero mber, City or Tow rills, 20c. Location	n m, Stata, Zi Md • n - City or T	21054 own, Stata					
9a. Informant's Name/Relationship Ohn Mathers/S Da. Mathod of Disposition 15 Burial 2 Cremation 3 4 Donation 5 Other (Spe 1. Signature of Funeral Service Lie Shannon W. 3a. Part1. Enter the disease, or cashock, or heart failura. List or	p (Type, Print) On	10079	lace of Disposition ort Licemete. 22. N	christ on (Nama of ony or other p ncoln ry ama and Add	eet and Number or tmas La place)	- Gambi	rills,	m, Stata, Zi Md • n - City or T	21054 own, Stata					
ohn Mathers/S a. Mathod of Disposition 12 Burial 2 Cremation 3 4 Donation 5 Other (Spe 1. Signature of Funeral Service Lie Shannon W. Sa. Part1. Enter the disease, or coshock, or heart failura. List or	GON GEREMOVAL from State Consee Ramire 2 M	10079	lace of Disposition ort Licemete. 22. N	christ on (Nama of ony or other p ncoln ry ama and Add	tmas La place) 05-	. Gambi	20c. Location	Md.	21054 own, Stata					
2a. Mathod of Disposition 12 Burial 2 Cremation 3 4 Donation 5 Other (Spe 1. Signature of Funeral Service Lie Shannon W. 3a. Part1. Enter the disease, or coshock, or heart failura. List or	Consee Ramire 2 N	10079	Place of Disposition	on (Nama of ory or other p NCOLN LY ama and Add	olace) 05-	Data	20c. Location	n - City or T	own, Stata					
1. Signature of Funeral Service Lie Shannon W. 3a. Part1. Enter the disease, or coshock, or heart failura. List or	ceity) Consee Ramirez M	10079	Cemete:	ncoln ry ama and Add	05-									
1. Signature of Funeral Service Lie Shannon W. Shannon W. 3a. Part1. Enter the disease, or coshock, or heart failura. List or	Ramirez M	40079	22. N 98 651	ama and Add		24-99	Brent	rood						
Shannon W. Shannon W. 3a. Part1. Enter the disease, or co shock, or heart failura. List or	Ramirez N		8 651						Ma.					
3a. Part1. Enter the disease, or c shock, or heart failura. List or				Shannon W. Ramirez M00798 6512 N.W. Crain Highway Bowie, Mo 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on aach line.										
	nly one cause on aach	line.		2 N.V	V. Crain	n High	vay Bow	ie,						
nmediate Cause (Finel					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nao or roophator	, 2.1001,	1	Approximate Interval Between Onsat and Death					
	20	eum	01.4					1	11.					
iseasa or condition asulting In death)	a	1000	r as a conseque	nce off:	· · · · · · ·			1	long					
		2201010	a a consoque	100 017.				1 i						
equentially list conditions,	b	Due to (o	r as a conseque	nce of):				1						
equentially list conditions, any, leading to immediate ausa. Entar Underlying ause (Disease or injury								1						
eat initiated events isulting in death) Last	G.	Due to (or	r as a consequer	nce of):				1						
ATT OF SELECTION	d							i						
art II. Other significant conditions	s contributing to death t	but not resu	ulting in the unde	rtying causa	given in Part I.	23b. D	id tobacco use							
						1	Yes 2/2 No	3 Pro	obably 4 Unknow					
						24a. W	as an autopsy	24b. V	Vare autopsy findings					
						po	erformed?	C	vailable prior to ompletion of cause f death?					
							Tiva and		□Yas 2□No					
Was case referred to medical					OC Plans of I				LI YAS 2LINO					
axaminar?	Hospital:	iont o[]	ED/Outpationt	2 DOA	Othor			What /Casa						
'. Mannet of Death	28a. Data of Inju	ury	28b. Time of						ny)					
1 Natural 5 Pending investigat		ay Year)	Injury											
3 Suicide 6 Could no	t be 28e. Place of In	jury - At ho	oma, farm, street	, factory, offic	00	28f. Locatio	n (Street and Nu	nber or Ru	ral Route Number,					
4 Homicide	building, e	tc. (Specif)	y)			City or	Iown, State)							
ea. Certifiar (Check only one) Certifying	raminer: On the basis of	of axaminat	wledge, death oction and/or invest	curred at the tigation, in m	time, date end play y opinion, death o	ace, and due to to ocurred at the tin	ha cause(s) and ne, date and place	mannar as e, and due	stated. to the cause(s)					
b. Signature and titla of certifier	and little and 30			29c. Lice	ense number		29d. Data sign	ned (Month	, Day, Year)					
M				2	112677		ma.	20	1999					
Name and a live of the live of	no completed cause of	death /lea-	23a) (Turn P.	10 4	13/1/		- my	00	.,,,					
	4 1	A Company	- road (13ha' Lin			1		1061						
Anoka Mai.	111. 301 1	Home	of some	- (Ho	· Bun	e n	0. 2	HOUI.						
5.	was casa rafarred to medical axaminar? 1 Yes 2 No Mannet of Death 1 Natural 5 Pending investiga 3 Suicide 4 Homicide Homicide Accident	Was casa rafarred to medical axaminar? Was casa rafarred to medical axaminar? Van Casa rafarred to medical axaminar. Van Casa rafarred to medical axamina	Was casa rafarred to medical axaminar? Was casa rafarred to medical axaminar? Hospital: Impatient 2 Accident 3 Suicide 4 Homicide Accident Accident Suicide Accident Acci	Was casa rafarred to medical axaminar? Manual	Till. Other significant conditions contributing to death but not resulting in the underlying causa axaminar? Hospital: Impatient 2 ER/Outpatient 3 DOA	Till. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. Was casa rafarred to medical axaminar? Hospital: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing investigation 2 Accident 3 Suicide 4 Homicide 1 Could not be detarmined 2 Be. Place of Injury Al homa, farm, street, factory, office building, etc. (Specify) Due to (or as a consequence of): 26. Place of Injury 2 Be. Time of Injury 3 Be. Time of Injury 4 Mork? M 1 Yas 2 No 28. Place of Injury 4 North, Day Year) 28. Place of Injury 4 North, Day Year) 29. Place of Injury 5 Be. Time of Injury 6 North, Day Year) 29. Place of Injury 7 North, Day Year) 20. Place of Injury 7 North, Day Year) 20. Place of Injury 8 North, Day Year) 21. Place of Injury 8 North, Day Year) 22. Place of Injury 9 North, Day Year) 23. Place of Injury 9 North, Day Year) 24. Place of Injury 9 North, Day Year) 25. Place of Injury 9 North, Day Year) 26. Place of Injury 1 North, Day Year) 27. Place of Injury 1 North, Day Year) 28. Place of Injury 9 North, Day Year) 28. Place of Injury 1 North, Day Year) 29. Place of Injury 1 North, Day Year)	Till. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Data of Injury (Month, Day Year) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to to come of the condition of certifier Due to (or as a consequence of): Condition Check on the conditions Che	Due to (or as a consequence of): Control Control	Till. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute 1 24a. Was an autopsy performed? 24b. V performed					

DHMH 16 Rev 6/95



Physician/Medical 980 þ 50 Completed page 2 has certificate Physician: funeral director, 8 Certification: To this After Attending deeth 24 hours efter deet Funeral Director: 6

o

۵.

Records,

of Vital

Division

ò

Hospital

within 2 eg.

filled in

edical

Approximete Intervel Between Onset and Death Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown 24b. Were eutopsy findings evailable prior to completion of cause of death? 24a. Wes en autopsy performed? 12 Yes 2 No 1. Yes 2□ No 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) 1√ Yes 2 No Hospitel: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Nother (Specify) at scene 28a. Dete of Injury
(Month, Dey Year)
Found: 27. Menner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? A 1 Neture 5 Pending Invastigation Fourlainy 1 Yes 2 No 2 Accident SUBJECT INGESTED DRUGS 6-1-99 8:55 6 X Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) RT. 450 RAMP TO BW 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide FOUND IN PARK PRINCE GEORGE'S COUNTY, MD. 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examinar: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b. Signatura and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

O.C.M.E.

3. Time of Death

9:05 A.M.

1 □ Yes 2 □ No

20019

June 02, 1999

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Stephen 31. Dete filed (Month, Dey, Year) **JUN 0 4 1999**

Radentz 32. Registrer's Signeture

30. Name end address of person who completed cause of death (Item 234) (Type, Print)

DHMH 16 Rev 6/95

EXT 1 2 HUL

State of Maryland / Department of Health and Mental Hygiene Q

y) If Under 1 Year Months Days Location ILLE 10f. Zip Code 19975 3. Was Dacedant of H If Yas, specify Cuba	;	8. Data of Birth (Month, Day,)	Day Ya. 25 9 4c. County of D 4c. County of D 4c. 10 CC 5 1934 M	Death Death Dir C. Birthplaca (Stata or Country) IARYLAND 10d. Insida City
y) If Under 1 Year Months Days Location ILLE 10f. Zip Code 19975 3. Was Dacedant of H If Yas, specify Cuba	Berlin If Under 24 Hrs. Hours Min.	s. Data of Birth (Month, Day,)	25 9 4c. Gounty of D V O CCC Year) 9. 1934 M	Death Death Dirt C. Birthplaca (Stata or Country) IARYLAND 10d. Insida City
y) If Under 1 Year Months Days Location ILLE 10f. Zip Code 19975 3. Was Dacedant of H If Yas, specify Cuba	Berlin If Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Day,)	Year) 9. 1934 M	Birthplaca (Stata or Country) IARYLAND 10d. Insida City
Location ILLE 10f. Zip Code 19975 3. Was Dacedant of H If Yas, specify Cuba	If Under 24 Hrs. Hours Min.	(Month, Day, Y	9. 1934 M	Birthplaca (Stata or Country) [ARYLAND] 10d. Insida City
Location ILLE 10f. Zip Code 19975 3. Was Dacedant of H If Yas, specify Cuba	Hours Min.	(Month, Day, Y	1934 M	IARYLAND 10d. Insida City
Location ILLE 10f. Zip Code 19975 3. Was Dacedant of H If Yas, specify Cuba	5	MAR. 30,	1934 M	ARYLAND 10d. Insida City
ILLE 10f. Zip Code 19975 3. Was Dacedant of H If Yas, specify Cuba		100	044	10d. Insida City
ILLE 10f. Zip Code 19975 3. Was Dacedant of H If Yas, specify Cuba		109	000	1 ☐ Yas 2
10f. Zip Code 19975 3. Was Dacedant of H If Yas, specify Cuba		109	- 011-	
19975 3. Was Dacedant of H If Yas, specify Cuba		10		
3. Was Dacedant of H If Yas, specify Cuba			g. Citizen of What	: Country?
		W M M	USA	
1 □ Yas 2 No	an, Mexican, Puarto	Ricen, atc.)		Amarican Indien, Vhite, etc.
	Specify:		Specify:	WHITE
adant's Heuri Occurs	action	10	6b. Kind of Busine	
cedant's Usual Occupi va kind of work done o . DO NOT usa ratired	during most of worki	ng	D. KING OF BUSINE	155/moustry
			DANNETNO	
MEK SEKVI				
iling Addrage (Street				te Zin Code)
position (Nama of		The same of the sa		
ramatory or other place				
		/29/99 R	DSEDALE,	MARYLAND
ZZ. Nama and Addres	iss of recility			
ASTINGS FU	UNERAL HON	Æ, SELBYV	JILLE, DI	ELAWARE 1
enter the mode of dyin	ng, such as cerdiac d	r raspiratory erres	at,	Approximete Interval Batw
				Onsat and De
Sol Sol	ris			5 Drav
	2010			
				5 DAY
sequance ot):				
equence ot):				
				1 = 1
undarlying causa giv	van in Part I.	23b. Did tob	acco usa contrit	bute to the cause of
		1□ Yes	2 No 3	□ Probably 4□U
				4b. Wara eutopsy fin available prior to
		perroma	BOT	complation of cer
		4□ Va	Ma	
				1 □ Yes 2 □ N
Oth	or:			
ient 3LI DOA	4 LI Nursing Ho			Specify)
		LOU. Describe nov	r injury occurred	
		Oot Location (Ctr.	and and Atum has a	or Rural Routa Numb
straet, factory, offica		City or Town,		ii nurai nouta ivutto
	1			
				ar as stated
ath occurred at tha tin				
invastigation, in my o	plnion, deeth occurr	ed at tha tima, dat	te and place, and	dua to tha ceusa(s)
invastigation, in my o	pplnion, deeth occurr	ed at tha tima, dat	te and place, and d. Date signed (M	dua to the ceusa(s) Month, Day, Year)
invastigation, in my o	plnion, deeth occurr	ed at tha tima, dat	te and place, and	dua to tha ceusa(s) Month, Day, Year)
invastigation, in my o	pplnion, deeth occurr se number	ed at tha tima, dat	te and place, and d. Date signed (M 5/25/9	dua to tha ceusa(s) Month, Day, Year)
	MEADOWVI position (Nama of amatory or other pla OF FAITH 22. Nama and Addre ASTINGS FI Inter the mode of dyir equence of): equence ot): undartying causa gin of 28c. Injury	LAURA MEADOWVIEW DRIVE, position (Nama of amatory or other place) OF FAITH 22. Nama and Address of Fecility ASTINGS FUNERAL HON inter the mode of dying, such as cerdiac of equence of): equence of): equence of): underlying causa givan in Part I. 26. Placa of Death ent 3 DOA Other: 4 Nursing Hor of 28c. Injury et Work?	18. Mother's Nama (First, Middla, Me LAURA LAURA LAURA MEADOWVIEW DRIVE, WHITEHAD position (Nama of amatory or other place) OF FAITH 22. Nama and Address of Fecility ASTINGS FUNERAL HOME, SELBY Inter the mode of dying, such as cerdiac or raspiratory erres Pequence of): equence of): equence of): undarlying causa givan in Part I. 23b. Did tob 1 Yes 24a. Was an perform: 1 Yas 26. Placa of Death (Check only ona, of) 28c. Injury et Work? 28d. Describe how	18. Mother's Nama (First, Middla, Meidan Sumama) LAURA LAUFERT Illing Address (Street end Number or Rural Routa Number, City or Town, State MEADOWVIEW DRIVE, WHITEHALL, MARY position (Nama of amatory or other place) OF FAITH 20c. Location - City or Town of amatory or other place) OF FAITH 21. Nama and Address of Fecility ASTINGS FUNERAL HOME, SELBYVILLE, District the mode of dying, such as cerdiac or raspiratory errest, District the mode of dying, such as cerdiac or raspiratory errest, District the mode of dying as cerdiac or raspiratory errest, District the mode of dying as cerdiac or raspiratory errest, District the mode of dying as cerdiac or raspiratory errest, District the mode of dying as cerdiac or raspiratory errest, District the mode of dying as cerdiac or raspiratory errest, District the mode of dying as cerdiac or raspiratory errest, District the mode of dying as cerdiac or raspiratory errest, District the mode of dying as cerdiac or raspiratory errest, District the mode of dying as cerdiac or raspiratory errest, District the mode of dying as cerdiac or raspiratory errest, District the mode of dying as cerdiac or raspiratory errest, District the mode of dying as cerdiac or raspiratory errest, District the mode of dying and the mode of th

Registra

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after Baltimore, Maryland 21215-0020

> **Physician** /Medical **Examiner**

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after deeth.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burial-transit

Division of Vital Records, P.O. Box 68760.

Milleri beral

and sufficient temperature for a fact or suffer

Mark words the constant of the second of the

MARKET STATE OF STATE

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** 420 MAY Ralph Lee Melvin, Jr. /Medical 4c. County of Death 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner Cecil Elkton Union Hospital 7. Aga (In yrs. last birthday) If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Social Security Number Birthplece (State or Foreign Country) **Funeral** 1€M 2□ F Days 218-70-3934 42 Yrs. Director Jan. 11, 1957 Maryland Usuel Residence of Decedent the Merylend 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Md. Cecil Elkton 1 No 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after deeth with 1 ment of Heelih and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or items 23a or 3 may yor other trans to event, the Mental Entire mental by any property or other transmatter. 21921 U.S.A. 104 Whitmore Avenue Funeral 14. Race - Amarican Indian, Black, White, etc. 12. Was Decedent Evar in U.S. Armed Forces? 1 ☐ Yes 2 ☑ Yo If Yes, Give Yaar or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Dependent Adult Elementery/Secondary (0-12) College (1-4or 5+) NA--Unable to 18. Mother's Name (First, Middla, Maidan Sumeme) 17. Fathar's Nama (First, Middla, Last) Linda Cole Ralph Lee Melvin, Sr. 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Relationship (Type, Print) 220 Conquest Rd., Centreville, Md. 21617 Mrs. Donna Dukes (Sister) May 21, 1999 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 1 ☐ Buriel 2 ☑ Memetion 3 ☐ Removel from State permit. Page Department of Important: If any injury or page. 4 ☐ Donetion 5 ☐ Other (Specify) Chesapeake Cremation Center Stevensville, Md. 21. Signeture of Funetal Service Licensus 22. Name end Addrass of Fecility Fellows, Helfenbein & Newnam Funeral Home 408 S. Liberty St, Centreville, Md. 2161 23a. Pert1. Enter the disease, or compile point that caused tha death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only on the one each line. Approximate Intervel Between Onset end Deeth **Physician** Preemonia Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical Day Examine Due to (or as e consequence of): Examiner physician and the buriel-trensit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequenca of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of) ettending ph signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco uea contributa to the cause of death? Schrophrenia 1 Yes 2 No 3 Probably 4 Yunknown P 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? certificete hes lirector, page 2 s 1 ☐ Yes 2 ☐ No 1 □ Ves 2 □ No or Attending Physician: funeral director, 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yes 2 No Certification: To this 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred After 1 Naturel 5 Pending after death. Director: Aft 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be 24 hours after des Funerel Director pletely filled in by th 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 28e. Placa of Injury - At home, farm, straet, factory, offica building, etc. (Specify) 4 Homicide Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the cause(s) end menner as stated. Medical To the Hosp within 24 hor To the Fune completely fi (Check only one) 2 Madical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end pleca, and due to the cause(s) end manner stated. 29c. Licensa number 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certiful Seedele & MI) 023322

118 Noch & Suite 33, Elle Con MD21921

Registrar

State

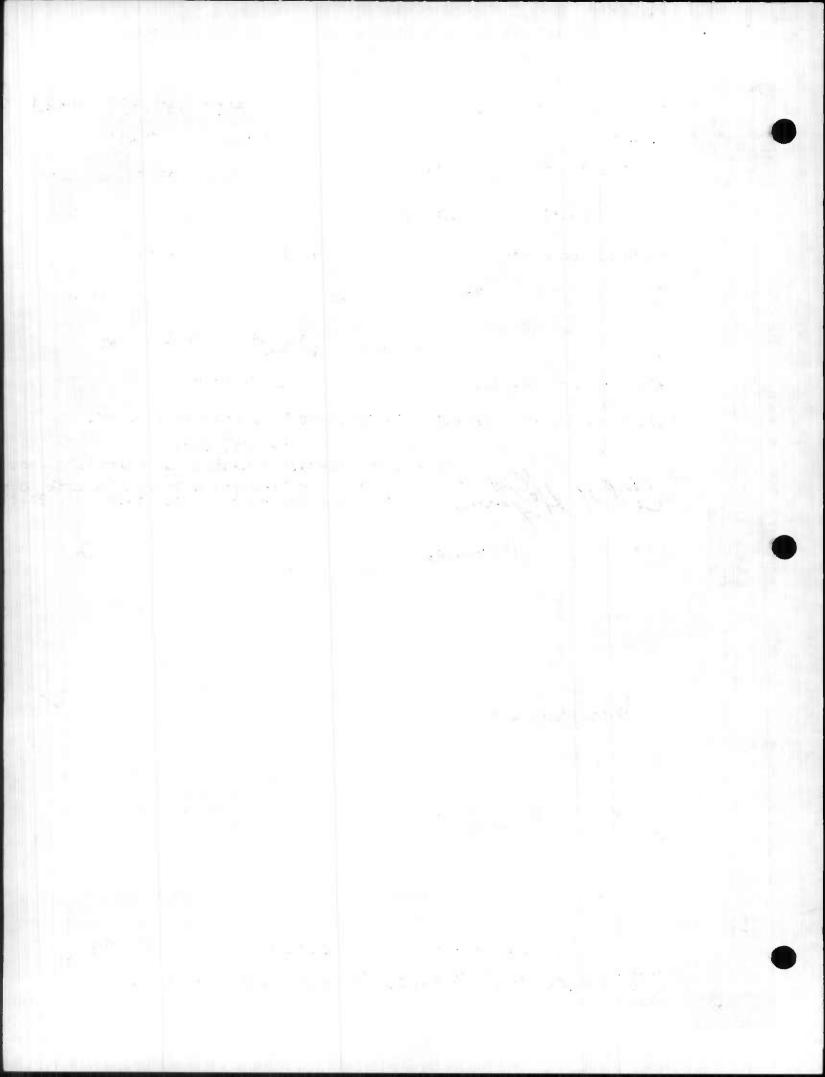
30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

32. Registrer's Signature

S.S. SACHDER M.D.

MAY 2 0 1999

31. Dete filed (Month, Day, Yeer)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physici /Medic		1. Decedent's Name (First, Middle, Last) Howas	ARUE	TR			2. Date of Dec	2 Pay	3. Time of De
Examin		4a. Facility Name (If not institution, give street end nur					ocation of Death		
		Heartland Health Care of				attsv			ce George's
Funeral Director		577-76-6251 1 [™] X ^M 2□F	7. Age (In yrs. last 45	Yrs.		nder 24 Hrs. urs Min.	(Month, Da	th y, Year) 0, 1953	9. Birthplace (State or F Country) Wash., D.C
r 28a-f show notified at		Usual Residence of Decedent 10a. State 10b. County	10c. City, T	own or Location					10d. Inside City
Maria Militar	cto	District of Columbia		Washi	ngton				1 DXYes 2
23a or 2	ai Director	10e. Street and Number 1736 Hobart St., N.W.		10f. Z	tip Code 2000)9		10g. Citizen of Unit	Whet Country? ted States
al', or items Examiner no	by Funeral	11. Marital Status 1 ⚠ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced 12. Was Deca Armed For 1 ☐ Yes, Giv Yeer or Day	2 DXNo e		edent of Hispanic ecify Cuban, Mex 2 XNo Spe		pecify Yes or No Rican, etc.)	- 14. Rac Bla Specify	ce - American Indien, ck, White, etc. y: Black
natural'	Completed	15. Decedent's Education (Specify only highest grade completed)	1	6a. Decedent's Us (Give kind of w life. DO NOT	ual Occupation	most of war	kina	16b. Kind of B	usiness/Industry
- 31	nple	Elementery/Secondery (0-12) College (1	-4or 5+)	life. DO NOT	use retired)	most of wor	aniy		
rrygiene. ther than	S	12th		Health (Care Pro				civate
o do	Be	17. Father's Name (First, Middle, Last)			18. M	fother's Nan	ne (First, Middle,		
merked o	2	Thomas L. Narce, S						Crawfor	
7 Is trau		19a. Informant's Name/Relationship (Type, Pnint) Clorethia R. Narce — Si		19b. Mailing Addres 6357 Wins					, State, Zip Code) 22312
It if Item 2		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from 9 4 ☐ Donation 5 ☐ Other (Specify)	otate	a of Disposition (Na etery, cremetory or oln Memon			Date 6/1/99		City or Town, State
ortan Injur		21. Signature of Funeral Service Licensee	DINC		end Address of F	ecility			
4 4 4 4		111	L				Stewart	Funeral	Home
ysician ledical		23a. Parti. Enter the disease, or complications that or shock or heart failure. List only one cause on el Immediate Cause (Final disease or condition	trushed the death. It ach line.	Do not enter the mo		h es cardiad	or respiratory ar	rrest,	Approximete Interval Betwee Onset and Dec
ysician dedical aminer pe privel-transit	dical Examiner	shock, or heart tailure. List only one cause on ea	Due to (or as	s e consequence of	ode of dying, such	h es cardiad	or respiratory ar	rrest,	Approximete Interval Betwee Onset and Dec
oy the ettending physician and claim and cornes as the buriel-transit and cornes as the buriel-transit and cornes are the principles.	Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	Due to (or as	s e consequence of	ode of dying, such	A 7 C	or respiratory and	TAILL tobacco ues co	Approximete Interval Betwee Onset and Dec
s been signed by the ettending physician and circuit be deteched for use as the buriel-transit ultimates.	by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet Initiated events resulting in death) Lest	Due to (or as	s e consequence of	ode of dying, such	A 7 C	23b. Did 1	TAILL tobacco ues co	Approximate Interval Between Onset and Det
ate has been signed by the ettending physician and major page 2 should be deteched for use as the bunel-transit and a large.	by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet Initiated events resulting in death) Lest	Due to (or as	s e consequence of	ode of dying, such	A 7 C	23b. Did 1	tobacco ues co Yes 2 No an autopsy	Approximate Interval Between Onset and Detection of the Cause of C
ate has been signed by the ettending physician and major page 2 should be deteched for use as the bunel-transit and a large.	Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Part II. Other significant conditions contributing to de	Due to (or as	s e consequence of	ode of dying, such	A 7 C	23b. Did to 1 1 24a. Was perio	tobacco uee co Yes 2 No an autopsy rmed?	Approximate Interval Between Onset and Det O
certificate has been signed by the ettending physician and mological pological process. The process of the principal pological	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet Initiated events resulting in death) Lest D	Due to (or as Due to (or as Due to (or es ath but not resultin	s e consequence of a consequence of a consequence of grant in the underlying	cause given In P	A 7 C	23b. Did to 1 1 24a. Was perfo	tobacco uee co Yes 2 No an autopsy med? Yes 2 No one)	Approximate Interval Betwee Onset and Det On
this certificate has been signed by the ettending physician and months in policy and director, page 2 should be deteched for use as the buriel-transit and a large	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Death II. Other significant conditions contributing to death in the conditions of the conditions	Due to (or as Due to (or as Due to (or es ath but not resultin	s e consequence of a consequence of a consequence of grant in the underlying	cause given In P	A 7 C	23b. Did to 100 th (Check only of ome 5 Resident and the control of the control	tobacco uee co Yes 2 No an autopsy med? Yes 2 No one)	Approximate Interval Betwee Onset and Det Onset (Specify)
this certificate has been signed by the ettending physician and months in policy and director, page 2 should be deteched for use as the buriel-transit and a large	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying cause (Disease or Injury thet Initiated events resulting in death) Lest Deart II. Other significant conditions contributing to death leading to immediate cause. The conditions cause (Disease or Injury thet Initiated events resulting in death) Lest Deart II. Other significant conditions contributing to death leading to the conditions of the condit	Due to (or as Due to (or as Due to (or es ath but not resultin	s e consequence of a consequence of a consequence of grant in the underlying	cause given In P	A 7 C	23b. Did to 100 th (Check only of ome 5 Resident and the control of the control	tobacco uee co Yes 2 No an autopsy med? Yes 2 No one) dence 6 □Oth	Approximate Interval Betwee Onset and Det Onset (Specify)
this certificate has been signed by the ettending physician and months in policy and director, page 2 should be deteched for use as the buriel-transit and a large	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying cause (Disease or Injury thet Initiated events resulting In death) Lest Death II. Other significant conditions contributing to death a condition condition contributing to death a condition contributing co	Due to (or as Due to (or as Due to (or es ath but not resultin patient 2 EPV f Injury 281	De not enter the mo	cause given In P	Place of Dea	23b. Did to 1 24a. Was performent to (Check only of the Check only	tobacco uee co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth now injury occur Street and Numb	Approximate Interval Betwee Onset and Det Onset (Specify)
this certificate has been signed by the ettending physician and months in policy and director, page 2 should be deteched for use as the buriel-transit and a large	Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying cause (Disease or Injury thet Initiated events resulting in death) Lest Death II. Other significant conditions contributing to death axaminer? The significant conditions contributing to death axaminer.	Due to (or as Due to (or as Due to (or as Due to (or es ath but not resultin Inpatient 2 ERV Injury 28i Oay Year) of Injury - At home on etc. (Specify)	consequence of a consequence of a consequence of a consequence of the	28. PODA Other: 40 28c. Injury at Work?	Place of Dea	23b. Did to 1 24a. Was performent 5 Residence 28d. Describer 28d. Location (\$ City or Townson and due to the control of the co	tobacco uee co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth now injury occur Street and Number cause(s) and me	Approximate Interval Betwee Onset and Det Onset (Specify) The onset of the Cause of Cause o
this certificate has been signed by the ettending physician and months in policy and director, page 2 should be deteched for use as the buriel-transit and a large	ledical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying cause (Disease or Injury thet Initiated events resulting In death) Lest D	Due to (or as Due to (or as Due to (or as Due to (or es ath but not resultin Inpatient 2 ERV Injury 28i Oay Year) of Injury - At home on etc. (Specify)	Do not enter the model of the model of the consequence of the conseque	28. POA Other: 41 28c. Injury at Work? 1 Yes 2 2ry, office	Place of Dea	23b. Did to 1 24a. Was performed to the Check only of the Check only of the Company of the Compa	tobacco uee co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth now injury occur Street and Numb vn, State) cause(s) and me date end place,	Approximate Interval Betwee Onset and Det Onset and Onset and Det Onset (Specify) The Onset and Det Onset and Onset and Det Ons
Property filled in by the funeral director, page 2 should be deteched for use as the buriel-transit of property is	ledical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying cause (Disease or Injury thet Initiated events resulting in death) Lest Death II. Other significant conditions contributing to death axaminer? The significant conditions contributing to death axaminer.	Due to (or as Due to (or as Due to (or as Due to (or es ath but not resultin Inpatient 2 ERV Injury 28i Oay Year) of Injury - At home on etc. (Specify)	Do not enter the model of the model of the consequence of the conseque	28. PODA Other: 40 28c. Injury at Work?	Place of Dea	23b. Did to 1 24a. Was performed to the Check only of the Check only of the Company of the Compa	tobacco uee co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth now injury occur Street and Numb vn, State) cause(s) and me date end place,	Approximate Interval Betwee Onset and Det Onset (Specify) The onset of the Cause of Cause o
this certificate has been signed by the ettending physician and months in policy and director, page 2 should be deteched for use as the buriel-transit and a large	ledical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying cause (Disease or Injury thet Initiated events resulting In death) Lest D	Due to (or as Due to (or as Due to (or as Due to (or es ath but not resultin Inpatient 2 ERV Injury 28i Oay Year) of Injury - At home on etc. (Specify)	Do not enter the model of the model of the consequence of the conseque	28. POA Other: 41 28c. Injury at Work? 1 Yes 2 2ry, office	Place of Dea	23b. Did to 1 24a. Was performed to the Check only of the Check only of the Company of the Compa	tobacco uee co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth now injury occur Street and Numb vn, State) cause(s) and me date end place,	Approximate Interval Betwee Onset and Det Onset and Onset and Det Onset (Specify) The Onset and Det Onset and Onset and Det Ons
this certificate has been signed by the ettending physician and months in policy and director, page 2 should be deteched for use as the buriel-transit and a large	ledical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying cause (Disease or Injury thet Initiated events resulting In death) Lest D	Due to (or as ath but not resultin patient 2 ERV f Injury 28i Day Year) of Injury - At home of examination of examination stated.	Do not enter the model of the model of the model of the consequence of	28. POA Other: 41 28c. Injury at Work? 1 Yes 2 2ry, office	Place of Dea	23b. Did to 1 24a. Was performed to the Check only of the Check only of the Company of the Compa	tobacco uee co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth now injury occur Street and Numb vn, State) cause(s) and me date end place,	Approximate Interval Betwee Onset and Det Onset and Onset and Det Onset (Specify) The Onset and Det Onset and Onset and Det Ons

8881 \$ \$ VAB

State of Maryland / Department of Health and Mental Hygiene Q

4s Facility Name (If not institution, give street and number) Kent & Queen Anne's Hospital Chestertown Ke Kent & Queen Anne's Hospital Chestertown Ke Chestertown Min. July 16 19 100. City, Town or Location Kentown July 16 19 101. Zip Code 201. Zip Code 202. Light State Indian Chistertown Min. July 16 19 102. City Town or Location Chestertown Min. July 16 19 103. Zip Code 104. Zip Code 105. Kentown Min. July 16 19 105. Kentown Min. July 16 19 106. City, Town or Location Kentown Min. July 16 19 107. Zip Code 202. Light State Indian Chister Indian Chister Indian Chister Indian Chist	
Social Security Number 16	3. Time of Deeth
Facility Name (If not institution, give street and number) Kent & Queen Anne's Hospital 5. Social Security Number 063-12-9673 180 M 20 F 7. Age (in yrs. last birthday) 106. City, Town or Location 106. State 106. County 107. The street and Number 108. Street and Number 29150 Ricks Landing Rd. 108. Zired and Number 29150 Ricks Landing Rd. 109. City, Town or Location 109. Kent 100. State 100. Zired and Number 29150 Ricks Landing Rd. 101. Zired and Number 29150 Ricks Landing Rd. 102. Was Decedent Ever in U.S. Armed Forces? 188. Was Decedent Ever in U.S. Armed Forces? 188. Was Decedent Ever in U.S. Armed Forces? 188. Seption of Chipsolity Only Inspect grade completed) 199. Informant's Name/Relationship (7-ype, Print) 190. Mailing Address (Street and Number or Pural Route Number, City or To Pence of Disposition 199. Informant's Name/Relationship (7-ype, Print) 190. Mailing Address (Street and Number or Pural Route Number, City or To Pence of Disposition (Name of Pural Route Number, City or To Pence of Disposition (Name of Pural Route Number, City or To Pence of Disposition (Name of Pural Route Number, City or To Pence of Disposition (Name of Pural Route Number, City or To Pence of Disposition (Name of Pural Route Number, City or To Pence of Disposition (Name of Pural Route Number, City or To Pence of Disposition (Name of Pural Route Number, City or To Pence of Disposition (Name of Pural Route Number, City or To Pence of Disposition (Name of Pural Route Number, City or To Pence of Disposition (Name of Pural Route Number, C	999 2225
S. Social Security Number G. Sex T. Age (In yrs. last birthday) Wunder 1 Year Wunder 24 Hrs. B. Date of Birth (Month), Day, Year) Total Year Wunder 24 Hrs. S. Date of Birth (Month), Day, Year) Total Year Wunder 24 Hrs. S. Date of Birth (Month), Day, Year) Total Year Wunder 1 Year Wunder 24 Hrs. S. Date of Birth (Month), Day, Year) Total Year Wunder 24 Hrs. S. Date of Birth (Month), Day, Year) Total Year Wunder 1 Year Wunder 24 Hrs. S. Date of Birth (Month), Day, Year) Total Year Wunder 1	unty of Death
Usual Residence of Decedent 10e. Call County 10e. Call Call Call Call Call Call Call Cal	nt
MD Kent Kennedyville 10e. Street and Number 29150 Ricks Landing Rd. 11. Marital Status 11. Marital Status 11. Never Merried 2KI Merried 11. Never Merried 2KI Merried 12. Was Decedent Ever in U.S. Armed Forces? 11. Yes, Sive 2 No 1942 11. Yes, Specify Cuban, Mexican, Puerto Rican, etc.) 11. Yes 2KI No Specify: 15. Decedent's Education (Gre kind of work done during most of working life. Do NoT use retired) 15. Decedent's Education (Gre kind of work done during most of working life. Do NoT use retired) 16. Most use retired) 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sur Kirsten Jensen 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or To Complete of Disposition 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or To Complete of Disposition (Name of Complete) 20a. Method of Disposition 1 Burial 2 Kicremetion 3 Removel from State 4 Donation 5 Other (Specify) 21. Sonature of Funeral Service Dournes 22. Neme and Address of Facility Galena Funeral Home of Stevenselov or other place) 22. Neme and Address of Facility Galena Funeral Home of Stevenselov or other places or respiratory errest, 22. Neme and Address of Facility Galena Funeral Home of Stevenselov or other places or respiratory errest, 22. Neme and Address of Facility Galena Funeral Home of Stevenselov or other places or respiratory errest, 22. Neme and Address of Facility Galena Funeral Home of Stevenselov or other places or respiratory errest, 22. Neme and Address of Facility Galena Funeral Home of Stevenselov or respiratory errest, 22. Neme and Address of Facility Galena Funeral Home of Stevenselov or respiratory errest, 23. Part Enter the Misease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, 23. Part Enter the Misease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory	9. Birthplece (Stete or Foreig Country) 20 New York
Specify Specify only highest grade completed 16a. Decedent's Usuel Occupation (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working DO NOT use retired) Specify only highest grade completed Specify only highest grade Specify only highest grade Specify only highest grade Spec	10d. Inside City Limits
Specify Spec	1 ☐ Yes 2 ☐ No
Specify Spec	of Whet Country?
Jens Christian Nielsen 19a. Informant's Name/Relationship (Type, Print) Margaret Nielsen (wife) 20a. Method of Disposition 1 Burial 2 Storemeton 3 Removel from State 4 Donation 5 Dother (Specify) 21. Segment of Funeral Service Dourses 22. Neme end Address of Fecility Galena Funeral Home of Storemeton or heart failure. List only one cause on each line. 18. Mother's Name (First, Middle, Maiden Sur Kirsten Jensen 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Total Capture of Disposition (Name of comejeny, cremetory or other place) 20b. Place of Disposition (Name of comejeny, cremetory or other place) 21. Segment of Funeral Service Dourses 22. Neme end Address of Fecility Galena Funeral Home of Storemetor, or heart failure. List only one cause on each line. 23. Particular the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of):	Race - American Indien, Bleck, White, etc. ecity: White
17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sur Kirsten Jensen 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or To Margaret Nielsen (Wife) 29150 Ricks Landing Rd. Kenne 20a. Method of Disposition 20b. Place of Disposition (Name of cemejery, cremetory or other place) 20c. Locat 20c.	of Business/Industry
17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sur Kirsten Jensen 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or To Margaret Nielsen (Wife) 29150 Ricks Landing Rd. Kenne 20a. Method of Disposition 20b. Place of Disposition (Name of cemejery, cremetory or other piece) 20c. Locat 20c.	erical &
Jens Christian Nielsen 19a. Informant's Name/Relationship (Type, Print) Margaret Nielsen (wife) 20a. Method of Disposition 1 Burial 2 **Extremetion 3 **Removel from State* 4 Donation 5 **Other (Specify) 21. Separature of Funeral Service Bounses MO0510 22. Neme end Address of Fecility Galena Funeral Home of State 118 W. Cross St. Galena, I 23a Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of):	dential Const
Margaret Nielsen (wife) 29150 Ricks Landing Rd. Kenner 20a. Method of Disposition 20b. Place of Disposition (Name of cemejery, cremetory or other place) 20c. Locat 20c.	name)
20a. Method of Disposition 20b. Place of Disposition (Name of cemejery, cremetory or other piece) 5/26/99 Dor cemej	own, Stete, Zip Code) 2164!
1 Burial 2 Micremetion 3 Removel from State 4 Donation 5 Other (Specify) 21. Signature of Funcial Service Doubles M00510 22. Neme end Address of Fecility Galena Funeral Home of State 118 W. Cross St. Galena, I 23. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Immediate Cause (Final disease or condition resulting in death) Cardiac arrest Due to (or as a consequence of):	edyville, MD.
M00510 Galena Funeral Home of Steam	ion - City or Town, Stete
23 Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or hydrifadiure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) a. Cardiac arrest Due to (or as a consequence of):	
Immediate Cause (Final disease or condition resulting in death) Cardiac arrest Due to (or as a consequence of):	Approximete Intervel Between
disease or condition a Cardiac arrest Due to (or as a consequence of):	Onset and Death
Due to (or as a consequence of):	1 minute
Pulmonary arrest	2 days
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause. Disease or injury cause (Disease or Injury)	2 days
resulting in death) Last Due to (or es a consequence of): myocardial infarction	3 days
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use 1	s contributa to the causa of death
Hypercholesterolemia 24a. Wes an eutopsy performed? 1 Yes 2 2 Xev	24b. Were eutopsy findings evailable prior to completion of cause
	of deeth?
	lo 1 □ Yes 2 No
25. Wes case referred to medical examiner? 1 Yes 2 No Hospital: IX Inpatient 2 FB/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6	10u - 20 21
2 Accident investigation M 1 Yes 2 No	lumber or Rurel Route Number,
29e. Certifier (Check only Medical Examiner: On the bast of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) en (Check only and manner stated).	or menner es stated. ace, and due to the ceuse(s)
2	igned (Month, Dey, Year)
30. Name and address of benon who completed cause of death (Nem 23a) (Type, Print) Frederick Delboy MD Round Top Medical Center Chester State 31. Date filed (Month, Day, Year) 32. Registrar's Signature JUN 0 1 1999	3. [

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 0

Physician /Medical Examiner

21215-0020

Baitimore, Maryland

The lew requires that the death certificate be executed Box 68760. the USB P.O. Records, Division of Vital or Attanding Physician: deeth. 24 hours after deet Funeral Director: filled in by Hospital etely within 2 To the

MAME K. NIANG Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death 19, 1999 Month MAY **Physician** 1920 PM MAME KHOUDIA /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner DOCTOR"S COMMUNITY HOSPITAL LANHAM PRINCE GEORGES If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 10 M 20 F Director 577-17-9063 9-14-55 SENEGAL Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits must be notified at Yes 2□No Maryland Director Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 81 University Blvd 20901 Senega1 Funeral Nome 2 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Meritel Status filed within 72 hours after 1 Yes 2 No If Yes, Give Year or Detes: 1 Never Merried 2 Married "natural", or 1 Yes 2 No Specify: Specify: Black Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Hygiene. Private Duty 4 Nurse Jermit. Pages 1 and 2 should be file.
Department of Health and Mental Hy important: If Itam 27 is marked other any Injury or other traumatic avent. 17. Father's Neme (First Middle Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Ibrahima Niang Awa Diop 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stele, Zip Code) 6483Brickheart Ct, Alexandria, Va. 22306 Tidjani Niang- Brother 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 15 Burial 2 Cremation 3 Removel from State 4 Donetion 5 Other (Specify) 5-28-99 Family Cemetery Dakar, Senegal 22. Name end Address of Facility Universal Mortuary Inc. 21. Signature of Juneral Service Licenses 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset end Death Immediate Cause (Finat disease or condition resulting in deeth) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last Physician/Medicai Disease Pert tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24a. Was en eutopsy performed? 24b. Were autopsy findings available pror to Completed 1 tres 2 No 2 No Be 25. Was case reterred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To XXYes 2 No 1 Xopatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 ☐ Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, tarm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the cause(s) and manner as stated.

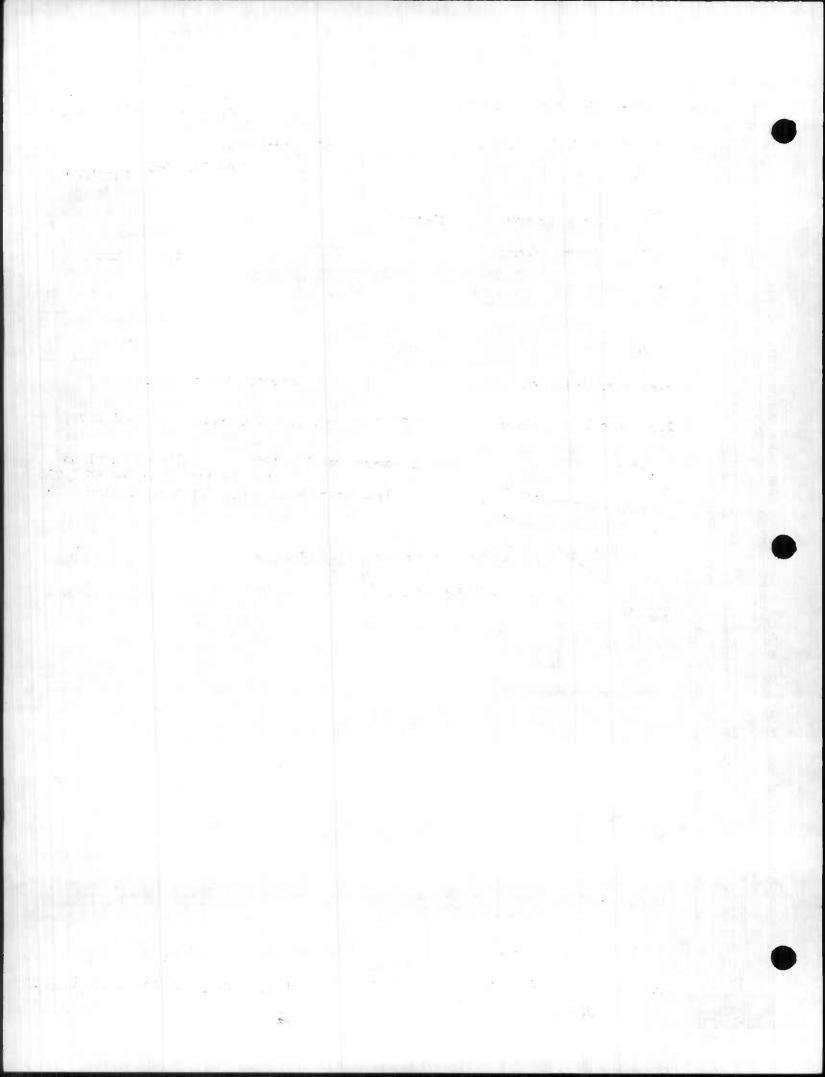
Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signeture end title of MAY 21, 1999 O.C.M.E ho completed cause of death (Item 23a) (Type, Print) 30. Name and addr 111 Penn Street, Baltimore, Maryland 21201 tomes 0 31. Dete tiled (Month) Pey, Year) 32. Registrar's Signeture State MAY 24 1999 Registrar

DHMH 16 Rev 6/95

forte



		State of Marylan		artment of I			iene 99		8707
	1. Decedent's Name (First, Middle, Last)				2. Date of Dea	th		3. Time of Deeth
Physician	Aiden Kenneth	Nikkel				Month	Day	Y <i>e</i> er	20.20
/Medical Examiner	4a Facility Name (If not institution, give	street and number)			4b. City, Town, or	MAY Location of Deeth	4c. County	-	20:30
Examiner	THE JOHNS HOPKINS			D	AT TTMODE	CTTV			
Funeral Director	5. Social Security Number 6. Se		last birthday) Yrs.	If Under 1 Year Months Days	ALTIMORE If Under 24 Hrs Hours Min 3	8. Date of Birth	Ye1999	9. Birthp Coun Mary	lace (State or Foreign try)
2 >	Usual Residence of Decedant	100 Cib	v. Town or Lo	nantion				4	Od. Insida City Limits
anyla show	10a. State 10b. County							1	1 ☐ Yes 2 ☐ No
ufer death with the Ma r terms 23s or 28s-1 s river must be notified for Funeral Director	Anne Ar	undel H	arwood						
or 2	10e. Street end Number	Counsel		10f. Zip Code 207	76		log. Citizen of W		
ath v	4776 B Carmody						United		
or de	111111111111111111111111111111111111111	Wes Decadent Ever in U, Armed Forces?	S. 13.	Was Decedent of a If Yes, specify Cub	Hispanic Origin? (en, Mexican, Pue	Specify Yes or No- to Rican, etc.)		e - Americ k, White,	
urs after	1 Never Married 2 Married	1 ☐ Yes 2 🔀 No If Yes, Give		1□ Yes 21/21/10	Specify:		Specify	: Wh	nite
To should be filed within 72 hours after death with the Maryland de should be filed within 72 hours after death with the Maryland 71s marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinat must be notified at To Be Completed by Funeral Director	3 Widowed 4 Divorced	Year or Dates:	10. 5	4			40h Kind of Bu	ala asa fin	duates
ed within 72 ho sygiene. nor than "nature rt, in wooles!	15. Decedant's Edu (Specify only highest grad	e completed)	(Give	dent's Usual Occu kind of work done DO NOT usa ratire	during most of wo	orking	16b. Kind of Bu	isiness/inc	dustry
d within 72 hours at giene. In the "netural", or the "netural", or the "netural", or the world Emm	Elamantary/Secondary (0-12)	Collaga (1-4or 5+)	N/A	DO NOT USA TAINE	10)		N,	/A	
filed w Hygier ther th	17. Fether's Neme (First, Middle, Last)		21,75		18 Mother's Na	me (First, Middle,	Maiden Sumam	e)	
Mari y all of a should be file th and Marial Hy 7 is marked other traumatic event.	Ryan Kenneth Nikk	xel .				ry Marie		-,	
should man ind	19a. Informant's Neme/Raletionship (7)		10h Maili	na Addraga /Ctma	t and Number or E	lural Route Numbe	r City or Town	State 7in	Codel
d2 sl han han traur						Harwood			
CENE	Ryan Nikkel (I	FATHER)		osition (Name of	iy court,	Deta	20c. Location -		
O HIGH	1 ☐ Buriel 2 X Cremation 3 ☐ F	Removal from State	ametary, cra	matory or other pla					
Pag tment tant: II	4 Donation 5 Other (Specify)		e Crema	atory May	28, 199		Clinton		
Demit. Pa Departmen Important: any Injury obse.	21. Signature of Faneral Service Licens	00	2:	2. Name and Addr	ess of Facility Le	e Funera	1 Hame,	Inc 6	6633 OLG
4 405 8 4	1 1	/	A	lexandria	a Ferry F	Road, Cli	nton,Ma	rylar	na 20/35
Physician	23a Part 1. Briller the disease, or complete shock or heart failure. List only or						rast,	1	Approximata Intervel Between Onset and Death
/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)	Persistent 7 Due to (o Multiple	Pulmon	aray Hyp	pertension	1			8 hours
n and tal-transit Examiner	/ .	Multiple	Conger	nitul A	nomali	es.			8 hors
be executed burial-true	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		AS & CONSO	11.1				1	81.
8 55 6	Cause (Disease or injury that initiated events	Tetrology	OF Y	TURNOR OFF					Oneurs
	resulting in death) Last	500 100	. 03 4 00.1300	4001104 01/.					
seth certificat strending phy for use as th		d						1	
the am the did to ysicite	Pert II. Other algolificant conditions con	ntributing to death but not resu	ulting in the u	inderlying cause g	iven In Part I.	23b. Did t	obacco usa cor	ntribute to	the cause of death?
as that the death certification of the state of the standing photo detached for use as it by Physician/Med						101	2 × No	3 Prol	bably 4 ☐ Unknown
been s should						24a. Was operfor	en eutopsy med?	ev.	ere eutopsy findings allable prior to mpletion of cause death?
The I						1 XY	es 2 No	10	Yes 2 No
ysician: The lav ysician: The lav director, page 2	25. Was case raterred to medical				26. Place of De	eath (Check only o	ne)		
hysicie nis cer il direc	examiner?	Hospital: 1 Inpatient 2	ER/Outpatie	nt 3 DOA	har:	Home 5□ Rasid		er (Specif	(y)
erthi heral	27. Mannar of Death	28a. Data of Injury (Month, Day Year)	28b. Time o	of 28c. Inju	iry at	28d. Describe h	ow injury occur	red	
atio	1 Natural 5 Panding 2 Accidant Investigation	(Normi, Day roat)	лцагу		Yes 2□No				
tal or Attending P is aftar death. al Director: After ted in by the funers Certification:	3 Sulcide 6 Could not be 4 Homicide determined	28e. Placa of Injury - At he building, atc. (Specify	raat, factory, office		28f. Location (5 City or Tow	itreet and Numb m, State)	er or Rura	al Route Number,	
To the Hospital or Attending Physician: within 24 hours after death: To the Funeral Director: After this certifica completely filled in by the funeral director, Medical Certification: To Be C		sician: To the best of my kno- ner: On the basis of axaminal and manner stated.							
To the vithin round on pomp	29b. Signature and title of cartifier			29c. Licer	se number		29d. Date signe	d (Month,	Day, Year)
F > F 0	1 43.N 1.	TRun		D-0	52933		Mu. Jett	190	90
	30. Name end addrass of person who co	ompleted cause of death (Ita-	23e) /Tuna				ing as		7
1	ALSTON E. DUNG		6	00 Nor	th Wolfe	Street	Bultino	re, N	Luyland21287
State Registrar	31. Data filed (Month, Day, Year) JUN 0 1	1999 Dene	ne.	B. A.	south				



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 1999 28 Raymon G. Phipps 11:34 PM · /Medical 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Anne Arundel Medical Center Annapolis Anne Arundel | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Aug. 9, 1923 5 Social Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** 1⊠M 2□ F Months 75 Yrs. Mary Tand 217-16-4312 Director Usual Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or Items 23s or 28s-f show other traumstic event, the Medical Examinar must be notified at with the Meryler Anne Arundel 1 Yes 2 □ No MD Annapolis Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 135 Porter Drive 21401 USA Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ⊠ Yes 2 □ No
if Yes, Give
Yeer or Detes: WW II Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Bace - American Indian 11. Maritel Status Bleck, White, etc. 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by White 3 ☑ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry d 2 should be filed within 72 h and Mentel Hygiene. el Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Logistics Specialist U.S. Civil Service 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Raymond Phipps Anna Meriken 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) parmit. Pages 1 end 2 sh Department of Health and Important: If Item 27 is m any injury or other traum once. 101 Shamrock Dr. Summerville, S.C. 29483 Robin P. Whray / daughter 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 Buriel 2 Cremetion 3 Removel from State 6-2-99 Hillcrest Cemetery Annapolis, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility 147 Duke of Gloucester St. 21, Signature of Funeral Service Licensee John M. Taylor FH, Inc. Annapolis, Maryland 2140 ame 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dylng, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** Immediate Ceuse (Final disease or condition resulting in deeth) /Medicai Or gan acute Examiner Examiner Chronic Konal ettending physician and for use as the buriel-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Last Due to (or es e consequence of): certificate be execu Chronic H4Desternion Box 68760 Physician/Medical Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? P.O. the th 1 Tos 2 No 3 Probably 4 Unknown signed by Chronic Obstructive pulmonany, Division of Vital Records, ð 8 24b. Were autopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Completed Cor pulmonale certificate hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 1 ☐Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this funeral 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28b. Time of Certification: 28c. Injury et Work? or Attending 5 Pending investigation 1 Watural s efter deeth. 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours of To the Funeral Di Medical 29a. Certifie 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end manner es steted. completely 2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. License number Boshen MD)-26594 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) Aone Arundel medical center, Annapolis MD 21401 BOKHAR1 M.D. 31. Dete filed (Month, Dey, Yeer) 32. Registrer's Signeture State JUN 0 1 1999 Registrar Sparker

DHMH 16 Rav 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 20, 1999 Anne Margaret Poist May 8:30 pm 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Anne Arundel Medical Center Annapolis Anne Arundel If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Devs Hours Min. (Month, Dey, Yeer) 5. Sociel Security Number 7. Age (In yrs. last birthday) Deys 1 □ M 2 1 F 79 Yrs 213-14-2967 Aug 27, 1919 MD Usuel Residence of Decedent 10a. Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Anne Arundel Severna Park 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 504 Retford Drive 21146 USA 12. Wes Decedent Ever in U,S Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Meritel Stetus 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: White 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Home 12 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Joseph Watts Margaret Schindhelm 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 504 Retford Drive Severna Park, MD 21146 Liquori Tewes/Daughter 20b. Plece of Disposition (Name of cometery, crematory or other plece) May 24 20c. Location - City or Town, Stete 20e. Method of Disposition 1 Buriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Sacred Heart Cem. Baltimore, MD 1999 22. Name end Address of Fecility 495 Ritchie Hwy. Severna Park FuneralHom Approximate or heeri feilure. List only one cause on each line. Barranco & Sons Severna Park FuneralHome Approximate Intervel Between Onset end Deeth Immediate Ceuse (Final disease or condition resulting in deeth) CVA Due to (or es e consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or es e consequença of): Due to (or es e consequenca of) 23b. Did tobacco use contribute to the cause of death? Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

Physician /Medical Examiner

Physician

/Medical

Examiner

Directo

Funeral

py

Completed

Be

Funeral

Director

f is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinar main be notified at

natural

Pages 1 and 2 should be filed within 7 ment of Health and Mental Hygiena.

other

with the Maryland

hours after

Baltimore, Maryland 21215-0020

physician and the burial-tran 88 esn paga 2 s has certificata

Examiner Physician/Medical þ Completed Be 10 Certification:

1 ☐ Yes 2 No

27. Menner of Deeth

1 Netural 2 □ Accident

3 Suicide

29a. Certifier

4 Homicide

(Check only one)

29b. Signeture and the of certifier

certificate be axec Box 68760. Division of Vital Records, or Attending Physicien: funeral diractor, this After after death. within 24 hours a To the Funeral D

Hospital

To the I

State Registrar

edical

completaly

5 Pending

Investigation 6 Could not be determined

32. Registrer's Signeture

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)
Charles W. Phalps MD Anna Arandal

1 Inpatient 2 □ ER/Outpetient 3 □ DOA

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

an D

28b. Time of

28c. Injury et Work?

1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner es steted.

I Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated.

29c. License number

29d. Dete signed (Month, Dey, Year)

Madrial Center

Franklin St.

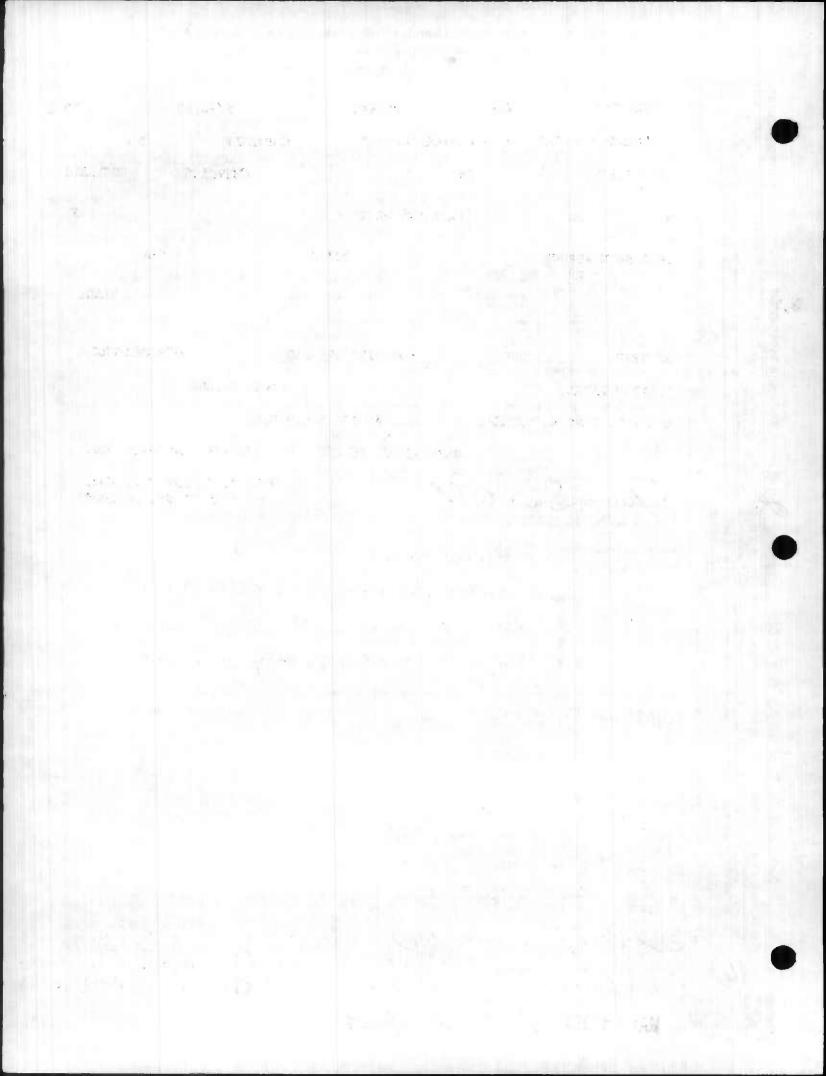
DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 00

1	0	119	1	0
	- 0	1		U

			C	ertificate of	Death		Reg. No.		10110
,	1. Decedent's Name (First, Mi	iddle, Last)				2. Dete of D		Mana	3. Time of Death
Physician	HERBERT	ELZIA		PARKER		Month 5/20	/qq	Year	9:03 AM
/Medical	4a Fecility Name (If not institu			THULLK	4b. City, Town, or			of Death	9.03 AH
Examiner			Y MEDICAL C	CMTCD					
	5. Social Security Number				CHEV		P		lane (Otata an Family
Funeral		6. Sex 1 M 2 F	7. Age (In yrs. last birthd	Months Day			ey, Yeer)	9. Birthe	place (State or Foreigntry)
Director	577-88-5252		36 Yrs			8/14/1	962	CHE	VERLY
2	Usual Residence of Decedent 10a. State 10b. Cou		10c. City, Town or	Location				1	Od. Inside City Limit
r 28a-f show			FATRMONT						1 XYes 2 □ N
ct o	MD P	G	FAIRMONI	HEIGHIS					122163 2
or 2	10e. Street and Number			10f. Zip Code			10g. Citizen of \	Whet Cour	ntry?
A nous autar deam win ne maryand natural', or itema 23a or 28a-f show sted Examiner marke noth ad an sted by Funeral Director	1013 58TH AV	ENUE		207	43		USA		
riteme 23a or 28a-1 s dicerrant be notified Funeral Director	11. Marital Status SINGL	E 12. Was Dece	dent Ever in U,S. 1	3. Was Decedent of	Hispenic Origin? (S ben, Mexican, Puer	pecify Yes or N		e - Americ	can Indien,
F.	1 Never Married 2 N	Married 1 Tes	2 No			to ritoan, etc.)		DY	
b P	3 ☐ Widowed 4 ☐ Divor	ced If Yes, Giv		1 ☐ Yes 2 🔀 No	Specify:		Specify	y: DL	ACK
her then "natural", nt. tre Medical Ex.	15. Dece	dent's Education	16a. De	cadent's Usual Occi ive kind of work don	upation		16b. Kind of B	usiness/in	dustry
o o		phest grade completed)	lif	ive kind of work don a. DO NOT use retir	e during most of wo red)	rking			
tha th	Elementary/Secondary (0-1:	2) College (1 NONE		MPUTER OP	FRATOR		OFFICE	WOR	KER
D P P	17. Father's Name (First, Midd		- 00	HOILK OI		me (First, Middle	e, Maiden Sumen		
ever Be out						L TAYLO		1	
marked other imatic event, To Be Cc	WILLIAM PARK								
B 50 B	19a. Informant's Name/Relati			ailing Address (Stree			ber, City or Town,	Stere, Zip	Code)
ealth	CECIL T. PAR	KER (MOTHER		E AS 10A,	D, C, D, E, e				
If Itam 2 or other	20a. Method of Disposition 1 Burial 2 ☐ Crematic	on 3 Demoval from 9	20b. Placa of Di cametery,	sposition (Name of Crematory or other p. MEM PK CE	lace)	Dete 5/25/99	ZOC. Location	-	
Department of Important: If i any injury or page.	4 Donation 5 Other		HARMONY	MEM PK CE	M	1/25/99	LANDOVE	ik, m	D.
orta 6	21. Signature of Funeral Serv	ice Ligansee	0.	22. Name and Add	ress of Fecility JOH	DI	TNEG GO	TW	0
Deparement of the process of the pro	6/1.	(, ,	101		JOH	IN T. KE	IINES CU	, IN	0.17
	Juan	much					ST NE, I	JC 20	
	23a. Part1. Enter the disease	, or complications that ca List only one ceuse on ea	ach line.	enter the mode of d	ying, such as cardia	c or respiretory	errest,	-	Approximate Interval Between Onset and Death
ysician								1	Oriset and Death
Medical	Immediate Cause (Final disease or condition		i						
caminer	resulting in death)		i						
		1655	ible Par	lmonger	1,1	Seven	10015		
physician and s the burial-transit	Sequentially list conditions	b. 70)	Due to (or as a con	sequence of):	1-1			1	
EX Tal	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of):								
sicis e bu	Cause (Disease or Injury that initiated events	c. 1033	Due to for es econ	securence off:	43/16	WVIVII	1/4 Ellin	The same	
ing physician and se as the burial-transit	that initiated events resulting in death) Lest Due to (or es a/consequenca of): Acquired immune deficiency studyome								
attanding for use as		d. ACQU	ureamn	ione de	paena	1 Jyne	drome	- 1	
ate has been signed by the attandin page 2 should be datached for use Completed by Physician/N		0		1	, ,				
the ched	Part II. Other significant cond	fittons contributing to de	ath but not resulting in th	e underlying cause (given in Part I.	23b. Did	d tobacco use co	ntribute t	o the cause of deat
d by	Wastine	syndror	ne			10	Yes 2 Wo	3 Pro	bably 4 Unkno
be da	- 10013117							_	
should leted						24a. Wa	s an autopsy formed?	av	ere autopsy finding ailable prior to
S S Pe								of	empletion of cause deeth?
age 2						10	Yes 20 No	11	Yes 25No
or, p	OE Man ages referred to mad	line!			40.01 15				
E 0 W	25. Was case referred to med examiner?	Hospital:	/		Wher	ath (Check only			
this cal dire	1 Yes 2 No	1641	npatient 2 ER/Outpa	tient 3LI DOA	4 U Nursing I	1	sidence 6 Oth		fy)
on on	27. Manner of Death 1 ☑Netural 5 ☐ Per	nding (Mont	of Injury h, Day Year) 28b. Tim Inju	y W		280. Describe	how Injury occur	red	
octor: After fune by the fune ification	Z C T TOOIGOTT	estigation			Yes 2 No				
rect rect	3 Suicide 6 Cou	ermined 288. Place	of Injury - At home, farm, ng, etc. (Specity)	street, factory, offic	а	281. Location City or To	(Street and Numi own, Stete)	ber or Hun	al Route Number,
al Direction									
houn houn houn houn houn houn houn houn	29a. Certifier 1 Certif	fying Physician: To the	best of my knowledge, de	eath occurred at the	time, date and place	e, and due to the	e cause(s) and m	enner es s	stated.
within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral Medical Certification: 7	(Check only 2 Medic one)	cal Examiner: On the ba end mann	sis of examination and/o er steted.	mivestigation, in my	opinion, death occ	urrea et the time	, date and placa,	and due t	o the cause(s)
within 24 hours after death. To the Funeral Director: A completely filled in by tha fi	29b. Signature and title of cert	tifiar /	0 11	29c. Lice	nse number		29d. Date signs	id (Month),	Day, Year)
750	a m	Kala	13/14	101	20536	80	5/2	010	79
(7)	-//		1		0000	000	De de sal	1/1	wast Mx
(6)	30 Name and address of pers	son who completed cause	e of death (Item 23e) (Ty	pe, Print)	100	naed 1	120 pt 01	1016	20120
	Mines (700)	4(1 1105)	0,3001	Huspita	1 Drive	chev	Eves	M	1) 2011
State	31. Date filed (Month, Day, Ye	(ar) 32. Fe	gistrar's Signature				1 '		
Registrar	MAY 9 / 100	10 Bench	a A	don't					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

99 1871

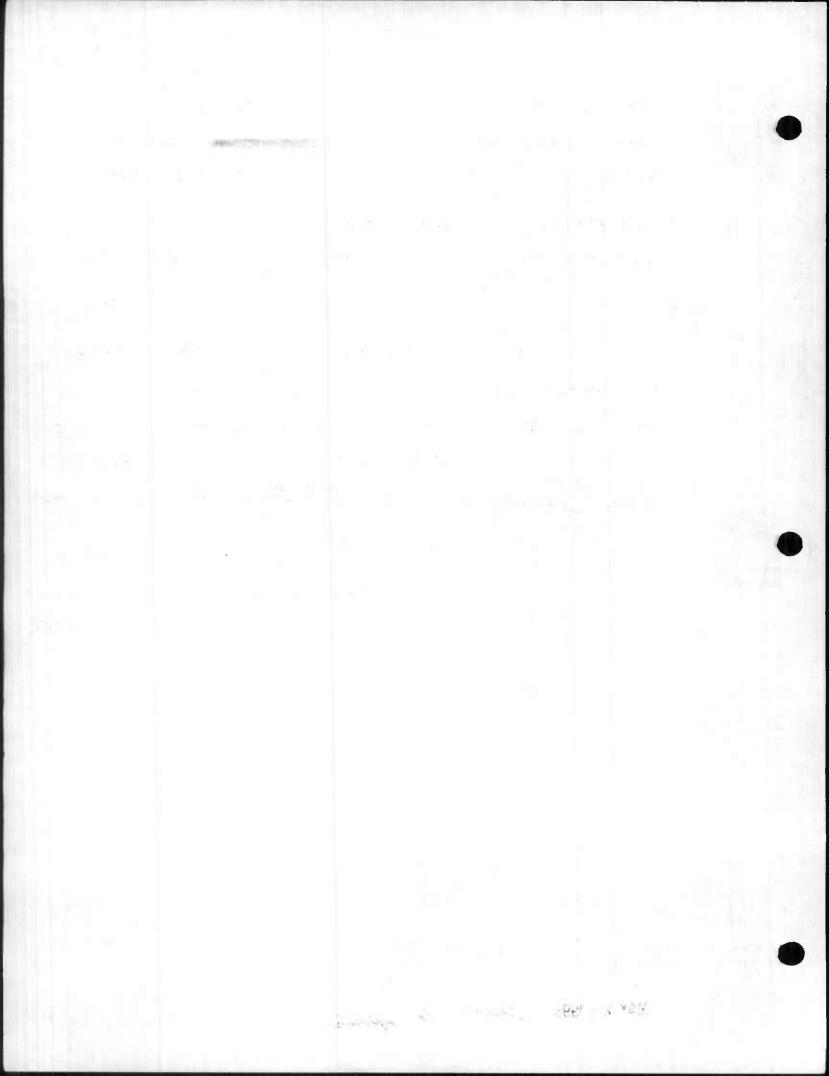
					(Certificate of	of Death		Reg. No.	2	10/11
D 1		1. Decedent's Name (First, Middle,	Last)		10			2. Dete of De		Year	3. Time of Death
Physic /Med		VERA B. 1	POTTER					May 22	1999	rear	4:00 p.m.
Exam		4e. Fecility Name (If not institution, g	give street end numb	er)			4b. City, Town,	or Location of Deeth	4c. County	y of Deeth	
		ST MARYS N	JRSING HOM	Œ			LEONA	RDTOWN	ST M	ARYS	
Funera		5. Social Security Number 6		Age (In yrs.	last birth		If Under 24 H	rs. 8. Dete of Birt	h Voorl	9. Birth	place (Stete or Foreign
Directo		513-07-9002	1□M 210 F	77	Yı	s. Months Da	ys Hours M	SEPT 18		KAN	ntry) SAS
D.		Usuel Residence of Decedent									
nytar show		10a. State 10b. County		10c. Cit	y, Town	or Location					10d. Inside City Limits
e Ma	S	MARYLAND ST MAR	RYS	CI	HARL	OTTE HALL					1 ☐ Yes 2X No
or 28	Director	10e. Street end Number				10f. Zip Coo	te		10g. Citizen of	Whet Cou	ntry?
death with the Maryland rms 23a or 28a-f show	60	30155 GERSHWIN	ROAD			206	22		UNITE) STA	TES
	Funerai	11. Marital Status	12. Was Decede Armed Force	ent Ever in U	,S.	13. Was Decedent	of Hispanic Origin? Cuben, Mexican, Pu	(Specify Yes or No-		ce - Ameri	can Indien,
o ete		1 Never Married 2 Married				1 ☐ Yes 2]X		orto ritozii, oto.,			etc.
ours rel:	by	3 N Widowed 4 □ Divorced	Year or Date	s:		TO Tes ZA	Но Зреспу.		Specif	y: WI	HITE
C Z1Z15-UUZU filed within 72 hours efter death with the Marylan Hygiene. ther than "natural", or items 23a or 28a-1 showning, the Medical Examiner from the notified at	Completed	15. Decedent's (Specify only highest of	Education arade completed)		16e. D	ecedent's Usuai Od	cupation one during most of v	vorkina	16b. Kind of B	luainess/In	dustry
Lan.	npidu	Elementary/Secondery (0-12)	College (1-4	or 5+)	1	ife. DO NOT use re	tired)		DEDE OF	A CID	TOUT MUDE
d 212 filed with Hygiene ther the	3		3			SECRETARY					ICULTURE
0 0 0 0	Be	17. Fether's Name (First, Middle, La	st)				18. Mother's N	lame (First, Middle,	Maiden Surnai	me)	
should be and Mentel marked o	2	THOMAS LOVELI	BRADLEY				NELL	C. JONE	S		
Maryla id 2 should th end Men 7 is merke traumetic		19e. Informant's Name/Relationship	(Type, Print)		19b. N	Mailing Address (Str	reet end Number or	Rural Route Numbe	er, City or Town	, Stete, Zij	Code)
end eaith n 27		CARL POTTER	(SON)		481	137 CHRIS	TIAN WAY,	LEXINGTO	N PK MA	RYLA	ND 20653
ore, es 1 en of Heal f Item 2		20a. Method of Disposition 1 XBurial 2 ☐ Cremetion 3	□ Removal from Str		Plece of D	Disposition (Name of cremetory or other	f	Dete	20c. Location		
Baltimor permit. Peges Department of i important: if its any injury or o		4 □ Donation 5 □ Other (Spec			RT L	INCOLN CE	EMETERY	5-27-99	BRENTW	00D,	MARYLAND
Deartil Popartme Importan any injur		21. Signature of Funeral Sarvicu Lic	ensee			22. Name end Ad		NIDAT WAY			
D 88 E 8 8		Vaina.	Herrer.	M0090	7	3401 B	INCOLN FU	NEKAL HOM	NTWOOD	MADV	LAND 20722
Physician /Medical Examiner		23e. Pert1. Enter the disease, or co shock, or heart feilure. List on Immediate Ceuse (Final disease or condition resulting in death)	e.	2/2	to,	r coll	2018	iac or respiratory er	rrest,		Approximate Intervel Between Onset and Death
	ē		(-	1		nsequence of):	+			1	41
uted	Examiner		b. C 2 V	615		zvyna	71411	2			luis
executed in end inel-trensit	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	1	Due to to	r es e co	nsequence of):	1			1	10.
ob / ou, ficete be executed physician end is the bunel-trensit		Cause (Diseese or injury thet initiated events	o. heu	Kei	412					1	MOUTS
certificete be reding physicial	edicai	resulting in deeth) Lest		Due to (o	r es e coi	nsequence of):				i	
leath certifice ettending pt	2		d								
dS, P.O. BOX ires that the death cer signed by the ettendir d be detached for use	Physician/	Port II. Other elemifleent conditions	acatritusian to dont	h hut not son	italia a la a	La contact de a acces	in Deat I	ook Did	lahassa		to the cause of death?
gebe the	hys	Pert II. Other significant conditions	contributing to deat	T DUI HOL TOS	ulting in t	ne underlying cause	given in Pert I.	1 🗆 1	A		bably 4 Unknown
that	by P							_ 'U	Yes 2 No	3 110	dabiy 4 Onknown
s been	Completed b								en eutopsy med?	6/	fere eutopsy findings veileble prior to empletion of cause deeth?
0 - 0	E							101	res 22 No	1	☐ Yes 2☐ No
VICAL The slotan: The certificate irector, pag	Be C	25. Was case referred to medical					26. Place of [Deeth (Check only o	nel	-	
s cer direc	0	examiner? 1 ☐ Yes 2 No	Hospitai:	atient 2 🗆	ER/Outp	etient 3 DOA	Othor: A 4	Home 5□ Resid		her (Speci	(h)
Phy or this	T :	27. Manner of Death	28e. Date of I	njury	28b. Tin		njury et Work?	28d. Describe h			97
A Attending for deeth.	tio	1 ☑ Neturei 5 ☐ Pending 2 ☐ Accident Investigat		Dey Year)	Inje		Work? 1 ☐ Yes 2 ☐ No				
Atter dee	fice	3 ☐ Suicide 6 ☐ Could not	d 286. Place of	Injury - At ho	me, farm	n, street, factory, off	ice			ber or Rur	el Route Number,
d in the	Certification:	4 Homicide	building,	etc. (Specify	V)			City or Tou	vn, Stete)		
To the Hospital or Attending Physician: within 24 hours effer deeth. To the Funeral Director: After this certific completely filled in by the funeral director,	edical C		Physician: To the be aminer: On the basis and manner	of examinal							
o the	Me	29b. Signeture end title of certifier		/		29c. Lic	ense number		29d. Date signe	ed (Month.	Dey, Year)
F3F0		1- con la	Se	whe	4	DC DC	00506		MAY 2		

Registrar

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

28170 OLD VILLAGE ROAD, MECHANICSVILLE MARYLAND 20659

Decedent: Vera Porter



State of Maryland / Department of Health and Mental Hygiene 9 9 19712

				Certifica	ate of D	eath	W 91	Reg. No.		116.		
Physician	1. Decedent's Neme (First, Middle, I		D	11			2. Dete of De Month		Veer	3. Time of Deeth		
Medical .	Beatri	ce	rre	att			May	23		9:58 AI		
xaminer	4a Fecility Neme (If not institution, g			1. 1	4b.	. City, Town, or						
<u> </u>		egional	Hosp		day 4 Vage	Lau If Under 24 Hrs			ce G			
neral ector	240-40-2984	. Sex 7. Ag 1 ☐ M 2 1 ☐ F	pe (In yrs. last b	Yrs. Month		Hours Min.	8. Date of Bi (Month, D April 0	rth ey, <i>Year)</i> 3, 1924	9. Birthplac Country North	Carolin		
	Usuel Residence of Decedent 10a. Stete 10b. County		10c. City. To	wn or Location					10d	I. Inside City Lim		
Director	Name of the last o	George's	Lau							1 N Yes 2 □		
Director	10e. Street and Number	George S	Dau		Zip Code			10g. Citizen of	Whet Country	17		
_ 0	9573 Muirkirk Ro	nad			207	08		U.S.				
Funeral	11. Maritai Status	12. Was Decedent Armed Forces?	Ever in U,S.	13. Wes Dec			pecify Yes or N		e - American			
p y	1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Ri Bit 12. Was Decedent of Hispenic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Ri Bit 12. Was Decedent of Hispenic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 15. Wes Decedent of Hispenic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 16. Ri Bit 12. Was Decedent of Hispenic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 16. Ri Bit 12. Was Decedent of Hispenic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.)							ck, White, etc	ack		
t, the Medical Ext	15. Decedent's	Education	16	e. Decedent's U	suel Occupati	ion ning most of wo	rkina	16b. Kind of B	usiness/Indu	stry		
Med	(Specify only highest (Secondary (0-12)	College (1-4or	5+)	life. DO NOT	use retired)	nng most of wo	King					
Con	12th			Nurses					ivate			
Be	17. Fether's Neme (First, Middle, La	st)			1			a, Maiden Sumen	ne)			
To metic	Roe McNeill						ia Patt					
Table 1	19a. Informant's Name/Relationship							ber, City or Town,				
or other treumetic event, the Me	Ronald Jones/Sc 20e. Method of Disposition	ori		of Disposition (f		Street,	South Pi	20c. Location				
important; it item 27 is marked other than any Injury or other treumatic event, the Minore. To Be Comp	1 Buriel 2 Cremation 3 4 Donation 5 Other (Special		cemet	lawn Cen	r other place))	05/29 1999	Souther				
any Injury	21. Signature of Funeral Servica Lic	0 +	,	J.B.	end Address JENKIN Landov	S FUNER	AL HOME	ver, Mai	cvland	20785		
	23a. Part1. Enter the disease, or co shock, or heart entere. List on	er can be proposed as the cause	d the deeth. Do							oproximete ntervel Between		
ician	Shock, or heartpentire. List on	ny one cease on eech ii			^		_	0	¦ Ö	Inset end Deeth		
dical	Immediate Cause (Final disease or condition	Cer	pero	Vage	ula	& Acc	iden	1				
niner	resulting in deeth)	0		a consequence o						11 days		
ine		En En	nbol	us'					-	· Janes		
-trans	Sequentially list conditions,		Due to (or es	consequence o	of):					U		
burie	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury	C										
es the buriel-transit	that initieted events resulting in deeth) Lest		Due to (or es e	consequence o	f):							
5												
Cia Cia	Death Other desident continue			In the condent in		o la Cont I	non Die	I tobassa uso se	manihusa sa si	he cause of da		
be detached for use by Physician/	Pert II. Other significant conditions			in the underlyin	y cause given	/mreπ1.			use contribute to the cause of dea □ No 3□ Probably 4☑ Unkn			
y P		ardio	myo	parm	-		,,,	1105 20110	0_1105	bly 4E Oliki		
Completed			0	0			24e. We	s en eutopsy formed?	eveil	e eutopsy finding able prior to pletion of cause		
npie									of de			
Co Co							1□	Yes 20 No	10	Yes 2□ No		
Be Be	25. Wes case referred to medical exeminer?	University of					eth (Check only	one)				
direction of the control of the cont	1 Yes 2 10	Hospital: Inpatie		Outpetient 3	-	4 LI Nursing I		idenca 6 Ott				
ion:	27. Manner of Death 1 ☑ Naturel 5 ☐ Pending	28e. Dete of Inju (Month, De	y Yeer) 28b.	. Time of Injury M	28c. injury e Work?		28d. Describe	how injury occur	rred			
the	2 Accident investigat 3 Suicide 6 Could not	be Ose Diese of In	huma. At harman		1	es 2 No	28f Location	(Street and Numi	her or Bural I	Poute Number		
S = 1	4 ☐ Homicide determine	28e. Plece of Inj building, et	c. (Specify)	ierm, street, iaci	ory, onice			wn, Stete)	Der Grindrari	TOUTE TRUTTON,		
E -	5 Sunding, etc. (specify)								annor on state	lad		
filled in	29a Certifier 15 Cartifying	29a. Certifier (Check only Medical Exampler: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Exampler: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)										
etely filled in dical Cert	29a. Certifier (Check only one)	aminer: On the besis o	f examinetion e	nd/or investigati	on, in my opir	nion, death occi	urred et the time	, date end place,	end due to ti	he cause(s)		
ompletely filled in by the funera Medical Certification:	(Check only 2 Medical Ex	Phyelclen: To the best aminer: On the besis o and menner st	f examinetion e	end/or investigati	on, in my opir	nion, death occu	urred et the time	, date end place, 29d. Date signe				
completely filled in	(Check only 2 Medical Excone)	aminer: On the besis o	f examinetion e	end/or investigati	on, in my opir 29c. License i	nion, death occu	urred et the time	29d. Date signe	ed (Month, De			
7)	(Check only 2 Medical Excone)	aminer: On the besis o	f examinetion eated.	end/or investigati	on, in my opir 29c. License i D243	nion, death occu number 283			ed (Month, De	ey, Year)		

MAY 2 5 1999 Sum , O Mar C

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				Certificate	of Death		Reg. No.	9 1	8/13		
	1. Decedent's Neme (First, Middle,	, Last)				2. Dete of De Month	eath Dey	Year	3. Time of Death		
Physician	Corleise Anit	a Penn				May		999	11:40 an		
/Medical Examiner	4e Fecility Neme (If not institution,	give street end number)		4b. City, Town,	or Location of Deat		y of Deeth			
Laminier	Suburban Hospit	al			Bethes		Mont	gomer	,		
Funeral Director	579-32-6638	6. Sex 7. A	ge (In yrs. last bir 86	thday) If Under 1 Yrs. Months		Hrs. 8. Date of Bir (Month, De Aug. 2	v. Year)	9. Birth	place (State or Foreigntry) r land		
pue &	Usual Rasidence of Decedent 10a. Stete 10b. County		10c. City, Tow	n or Location					10d. Inside City Limits		
Mary H eho	Maryland Montg	omerv	Bethes	da					1 ☐ Yes 2 No		
vith the Ma or 28a-f • be notified	10e. Street end Number			10f. Zip (Code		10g. Citizen of	What Cou	ntry?		
th wit	5721 Grosvenor	Lane		208	314	5.00	U.S.A.				
filed within 72 hours after death with the Maryland thygiene. ther than 'natural', or items 23a or 28a-f show brit, the Marical Examiner must be notified at a Completed by Funeral Director	11. Maritel Status 1 X Never Merried 2 Merrie 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces ed 1 Tyes 2 M If Yes, Give Yeer or Detes:	? No	13. Wes Decede It Yes, specif	nt of Hispenic Origin'ry Cuban, Mexicen, P	? (Specify Yes or No uerto Rican, etc.)	Bla	ce - Americk, White,			
72 ho	15. Decedent's (Specify only highest	s Educetion	16e.	Decedent's Usual	Occupation done during most of	working	16b. Kind of E	Business/In	dustry		
led within 72 ho ygiene. Ne than "natura it, the Wester Completed	Elementery/Secondary (0-12)	College (1-4or		life. DO NOT use	retired)	montaing .	Modelant	Toda			
S Project	12 17. Fether's Neme (First, Middle, L	noti	INU	ırse	19 Matharia	Nome /First Middle	1	edical Industry iden Summeme)			
antal Hed out	Spencer M. Penn					ailable)	, inalogii Sulligi	110)			
Mender Me	19e. Interment's Name/Reletionsh		19h	Mailing Addrass	Street and Number o		er City or Town	State Zi	n Code)		
trau	Bonnie Stein -				lis View						
Hear termination	20e. Method of Disposition		20b. Piece of	Disposition (Neme	e of	Dete	20c. Location				
pemit. Pages 1 end 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, the Meance. To Be Comple	1 X Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Othar (Sp.			ry, cremetory or ott Hill Cen		05/26/99	Suitlar	nd, Ma	aryland		
ortar Ortar	27 Signature of Furger Service				Address of Fecility s Funeral						
Depa Impo	M 7111 8	(,)	-					11.	MD 20701		
_	23a Pert1. Enter the disease or o	policetions that cause	den dealy Day		Baltimore .			rre,	Approximate		
Dhysisian	23a. Pert1. Enter the dispersion of shock, or heart tanking List of	only ona causa on each	line						Intervel Between Onsat end Death		
Physician / /Medical	Immediate Ceuse (Finel		00	MA							
Examiner	disease or condition resulting in daath)										
ē			Due to (or as a	consequence of):				1			
executed in end intrensit	Cognontially list conditions	b	Due to for as a	consequence ot):	-			1			
EXS	Sequentially list conditions, if eny, laeding to immediate causa. Enter Underlying Cause (Disease or injury that initiated events	14.46	Duo (d) An as o	A A A - T							
physicies the burner edical	Cause (Diseese or injury that initieted events	с	Due to (or es e o	consequence of):	N/						
- 0 0 -	resulting in death) Last										
at the death cert d by the attendin etached for use		d	LUA"					1			
0 0 0	Part II. Other significant condition	e contributing to death t	out not resulting in	n tha underlying ca	use given in Pert I.	23b. Dld	tobacco use co	ontribute I	o the cause of deat		
	uman	trail	in loi	tim		10	Yes 2□ No	3 Pro	bebly 42 Unkno		
signe d be	,		rigar	-vy		Ota Was	en eutopsy	24h W	/era eutopsy findings		
ete shou	deveni	ra				perfe	ormed?	av	vellable prior to empletion of cause		
has the page of th	1	1 11					/		daath?		
iclen: The lev certificate has rector, page 2 be Comp	Mardin	awn	Mose	-		10	Yes 2 No	1	☐ Yas 2☐ No		
Sertific Sector	25. Wes cese reterred to medicel examiner?	Hospital:	/		Othor	Deeth (Check only					
hya his	1 Ves 2 No	1 Impati	ient 2 ER/Ou			ng Homa 5 Rasi			(hy)		
After th funeral	27. Mannar of Death 1 Divatural 5 Pending	28a. Dete of Inj (Month, De	ay Year) 28b.		c. Injury et Work?	28d. Describe	how injury occu	irrea			
Attending or death. Octor: After by the fune iffication	2 Accident invastigetion M 1 Yes 2 No								10-11		
al Director: After the in by the funeral Certification:	4 Homicide detarmin	ZOA. PIACE OF IT	ijury - At homa, te tc. (Specify)	rm, street, tectory,	office	City or To	wn, State)	iber or Hur	al Route Number,		
within 24 hours after death. To the Funeral Director: After completely filled in by the funer Medical Certification	(Check only 2 Medical E	Physician: To the best	ot examination an	, death occurred a d/or investigation, i	the time, date end p	lece, and dua to tha	cause(s) and m	nannar as :	stated. to the ceuse(s)		
To the Hospital within 24 hours a within 24 hours a completely filled Medical Co	one)	and menner si	teted.	200	Linenea number		29d. Dete sign	ed (Month	Day Vans)		
F 1 5 0 0	29b. Signature end title of certitier	29	-	290.	License number	1	1	.A	1 1200		
8	Tens t	Spells	em N	M) ()	0558		mar	121	1 177		
12	30. Neme end eddress ot person								1		
0	Elliot R. Golds	lein, M.D.	9410 01	d Georget	own Road,	Bethesda	, Maryl	and 2	0814-1700		
State	31. Dete filed (Month, Day, Year)		rer's Signeture								
Registrar	MAT Z 5 1999	100 m	- 14								

3981 - \$ 40%

*

Registrar **DHMH 16 Rev 6/95**

State

05

1999

(Month, Day, Year)

JUN 01

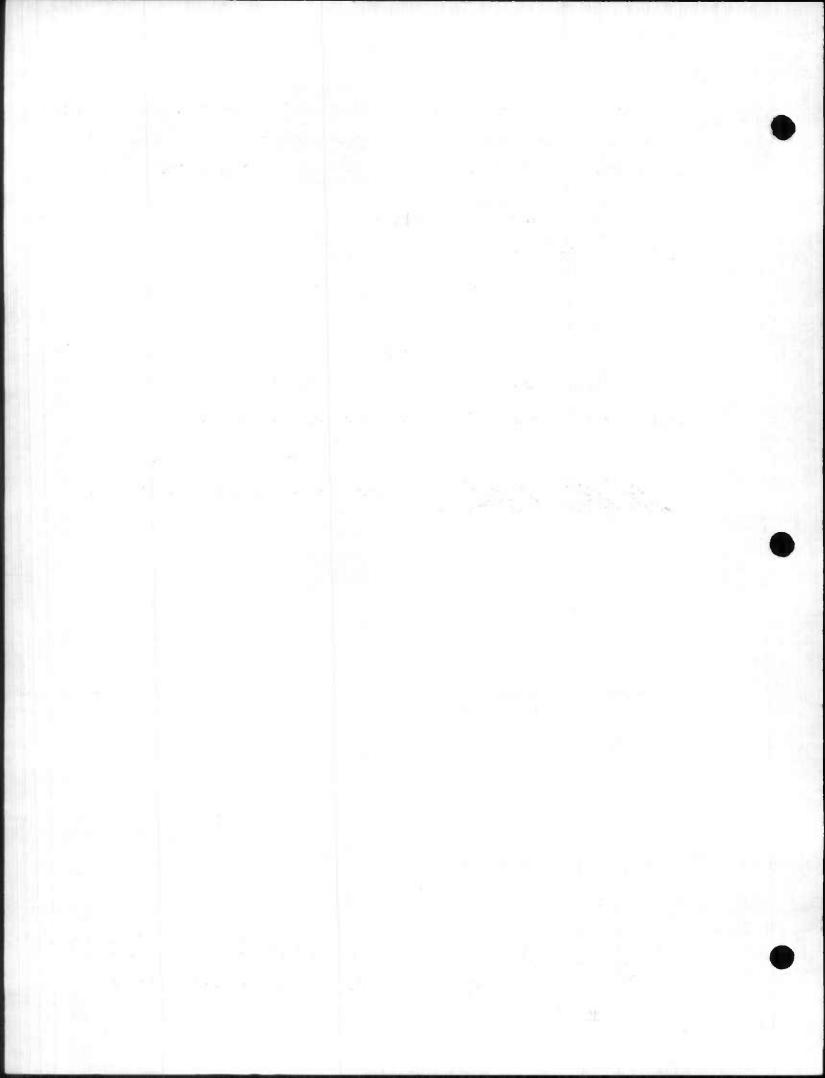
31. Date file

Registrar's Signature



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

_		Decedent's Nama (First, Middla,	(ast)		Certific	ate of	Death	2. Data of De	Reg. No.		3. Tima of Death	
Physicia		Veturia	Ireland	PROUT				Month May 25	Day	Yaar	5:15 pm	
/Medic Examine	-	4a. Facility Nama (If not institution,					4b. City, Town, or L			y of Death	3.13 pill	
	-	381 West Bayf	ront Road				Lothian		Ann	e Aru	ındel	
Funeral Director		220 36 9004	5. Sax 1 M 2 F	Aga (In yrs. last 87		hs Days	If Undar 24 Hrs. Hours Min.	8. Data of Bir Month, Da	th. 1911	9. Birthpl Coun	aca (Stata or Foreig fry) MD	
the Maryland r 28a-f show		Usual Rasidence of Decedant 10a. Stata 10b. County			own or Location					10	Od. Insida City Limits	
Ne M	ecto		rundel	TC	othian						1 ☐ Yas 23€ No	
23s or 2	Funeral Director	10e. Street and Number 381 West Bayfro	nt Road		10f	Zip Coda 20711			10g. Citizan of USA	What Coun	try?	
within 72 hours after deeth with the Maryland one. than "natural", or items 23s or 28s-f show he Wedical Examiner must be notified at	þ	11. Marital Status 1 □ Navar Married 2 □ Marrie 3 ☑ Widowed 4 □ Divorced	12. Was Decedar Armed Forcas 1 ☐ Yas 2 ☑ If Yas, Giva Yaar or Datas	s? ¶No		ecedant of F specify Cub s 2 No	lispanic Origin? (Span, Maxican, Puarte Specify:	pecify Yas or No o Rican, atc.)	14. Rad Bia Specif	ce - Amarica lok, Whita, i fy: Wh		
d 2 should be filed within 72 hours af th and Mentel Hyglene. 7 is marked other than "natural", or traumatic event, the Medical Exami	Completed	15. Decedent's (Specify only highast Elemantery/Secondery (0-12)	Education grada complated) Collega (1-40		6a. Decedant's (Giva kind o lifa. DO NO teache	work dona Tusa retire	eation during most of wor d)	king	16b. Kind of B		chools	
12 should be filed w h and Mentel Hygle I'ls marked other the	Be	17. Fathar's Nama (First, Middla, La James Wilton	-				18. Mothar's Nam Elsie	na (First, Middla,	-	na)		
th and Melith and Meli	To	19a. Intormant's Name/Reletionshi Earl E. Griffith		1)	19b. Mailing Add 5571 G1	rass (Street	and Number or Ru k Rd., Lo	ral Routa Numb	er, City or Town		Coda)	
namit. Peges 1 end 2 Department of Health Important: if Item 27 I Iny Injury or other fra		1 Surial 2 □ Cramation 3		cema	atary, crematory	or othar pla	h Cem.	Data 5-28-99				
permit. Peges 'Department of Historiant: if Ne	20a. Mathod of Disposition 1 Spurial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. Place of Disposition (Nama of cematary, crematory or other place) Mt. Zion UM Church Cem. 5-28-99 Lothian											
	I Examiner	Immediata Cause (Finel disassa or condition resulting in daath) Sequentially list conditions, if any, leading to immediata cause. Enter Undarlying Causa (Disassa or Injury	a. Al	zhe	a consequence mers a consequence		Jeme Nac	ntra fuves	_Adva	red)	
	/Medical	that initiated avants rasulting in death) Last	d	Dua to (or as	consequence	ot):						
death cert e attendin	clai	Part II. Other significant conditions	contributing to death	but not resulting	a in the underlyi	og causa ok	an In Part I	23h Did	lohacco usa co	i intribute to	the cause of deat	
⇒ @ ∪	by Physician/M	Pankw	Sons	M	g in the diseasy	ng oadda gir	arriir arri.		Yes 2□ No	3 □ Prob	1	
e iew requiras has been sign ge 2 should be	Completed	Depres	Syan						an autopsy rmed?	ava	ra autopsy findings illable prior to appletion of causa laath?	
delan: The incentificate he rector, page		25. Was casa retarrad to mobical	1a //	35C	UD			1 🗆 '	0	1 🗆	l Yas 2□ No	
Physician: this certific	To Be	axaminar? 1 ☐ Yas 20 No	Hospital:	tiant 2□ER/	Outpatient 3	DOA Oth	26. Place of Dea ar: 4 ☐ Nursing H	./	dance 6 □Oth	ner (Specify	•)	
Ifing After fune		27. Mannar of Death 1		jury 28t	b. Tima of Injury	28c. Injur Wor		6	now Injury occur	1	,	
To the Hospital or Attend within 24 hours efter deet To the Funeral Director: completely filled in by the	Certification:	3 ☐ Suicide 6 ☐ Could no datarmina	28a. Place of II	njury - At homa, atc. <i>(Specify)</i>	, tarm, straat, fac	tory, office		28f. Location (City or Tox	Streat and Numb vn, Steta)	ber or Rurai	Routa Number,	
n 24 hours n 24 hours ne Funer	edical	29a. Cartifiar (Check only one) 2 Medical Ex	Physician: To the bas eminer: On the basis and manners	of axamination	iga, daath occur and/or invastiga	ed et the tir ion, in my o	na, deta and place, pinion, daath occur	, and dua to tha rrad at tha tima,	ceuse(s) end madata and place,	annar as st end dua to	ated. tha causa(s)	
To th To th comp	M	29b. Signature and little of certifiar				29c. Licans	a number		29d. Data signe	ed (Month, L	Day, Year)	
		1 1/30	eld			DO	0520	97	51	26	199	
12		30. Nama and paddiss of person when the control of	o complated causa of	death (Itam 23)	a) (Type, Print)	>	Owing	5 MI	1 20	736		
State Registra	6	31. Data filed (Month, Day, Yaar)	32. Ragis	traris Signatura	~ b.	1	me Kal	,				

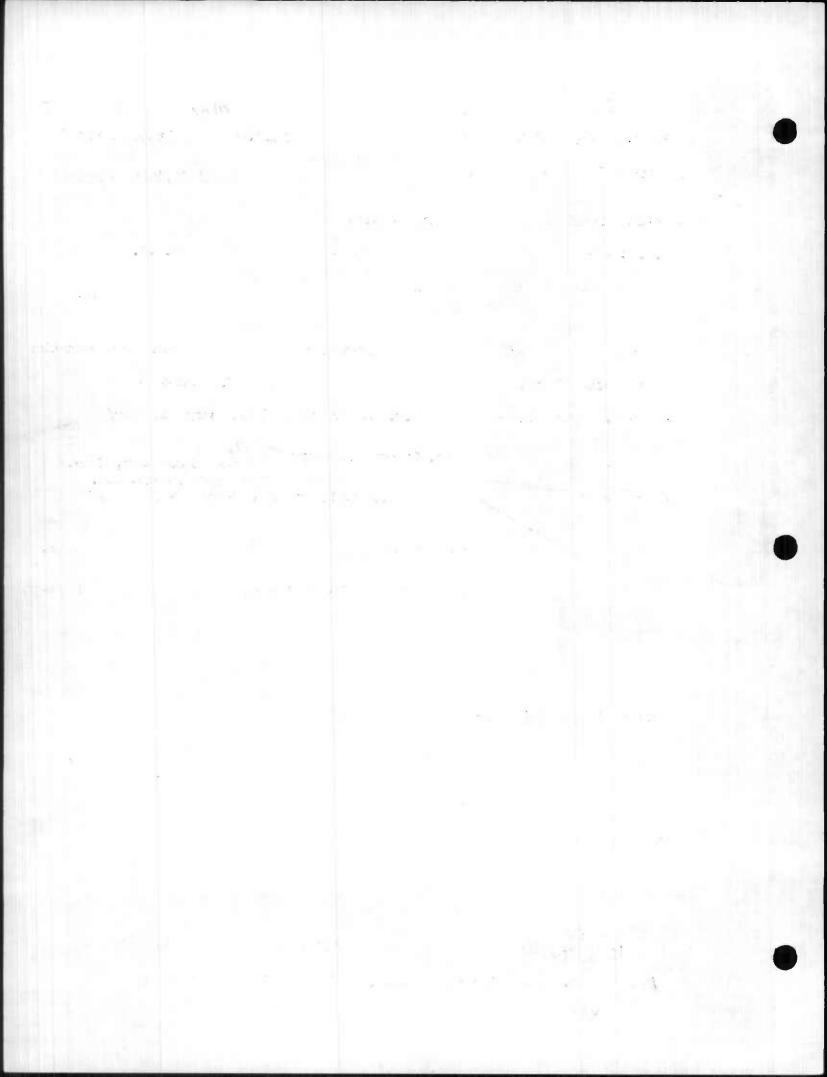


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 1. Decedent's Neme (First, Middle, Last) 5:50 pm **Physician** James R. Plyton

4a Fecility Neme (If not institution, give street and number) MAX 22 1999 /Medical 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Prince George's Clinton Southern Maryland Hospital If Under 1 Year | If Under 24 Hrs. Birthplece (Stete or Foreign Country) 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) **Funeral** Min. 1 M 2□ F Months Deys Hours 74 224-26-4222 Yrs. **Director** April 28,1926 Virginia Usuel Residence of Decedent with the Maryland 10e. Stete 10b. County 10c, City, Town or Location 10d. Inside City Limits r 28a-f show 1 ☐ Yes 2 No White Plains Directo Maryland Charles 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7 is marked other than "naturel", or items 23s or traumatic event, the Medical Examiner rough be-20695 U.S.A. P.O. Box 38 permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiena. I important: if Item 27 is marked other than "naturelt, or Items 29a and Injury or other traumatic event, the Medical Experimental ARCE. Funeral 12. Was Decedent Ever in U.S. Amed Forces? HQVes 2□No 1943— If Yes, Give Yeer or Datas: 1946 Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11. Marital Status Bleck, White, etc. 1 Never Merried 2 Married 1 Yes 2 No Specify: Baltimore, Maryland 21215-0020 Specify: White Ď 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Collega (1-4or 5+) Elamentary/Secondary (0-12) 6th Train/Transportation Engineer 18. Mother's Nama (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Mary M. Breeden Sam Louis 19b. Meiling Addrass (Streat and Number or Rurel Route Number, City or Town, State, Zip Code)
P.O. Box 38 White Plains Maryland 20695 19a. Informent's Neme/Reletionship (Type, Print Thelma V. Peyton (Wife) 20b. Plece of Disposition (Name of cemetery, cremetory or other place) May 27, 20c. Location - City or Town, State 20a. Method of Disposition 1 Buriai 2 Cremetion 3 Removel from State Ft. Lincoln Cemetery 4 ☐ Donetion—5 ☐ Other (Specify) 1999 Brentwood, Maryland 22. Name end Address of Fecility Lee Funeral Home, Inc. 21. Signature of Furniral Service Licensee 6633 Old Alexandria Ferry Rd Clinton, MD 20735 Part1-Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intervel Between Onset end Death **Physician** Preumonia /Medical Immediate Ceuse (Final Bilateral 10 days Examiner Diffuse Laye B Cell hymphoma Examiner physician and the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if eny, leading to immediate ceuse. Entar Underlying Cause (Disaase or injury that Initiated events resulting in death) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of): attending ph signed by the a d be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dld tobacco usa contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 A Unknown myocardial in farction P A 24b. Were eutopsy findings eveilable prior to completion of cause of daath? N/A Completed 24a. Wes an eutopsy 1 ☐ Yes 2 XNo 1 ☐ Yes 2 ☐ No Attending Physician: 25. Wes cese referred to medical examiner? Be 26. Placa of Deeth (Check only one) Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 Siris funeral 28e. Dete of Injury (Month, Dey Yeer) 27. Mannar of Death 28d. Describe how Injury occurred 28b. Tima of 28c. Injury et Work? Aftar 1 Naturei 5 Pending 1 Yes 2 No death. investigation 2 Accident after deat Director: 6 Could not be determined n 24 hours after dea Ne Funeral Director bletely filled in by th 3 ☐ Suicida 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide ŏ Hospital 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the cause(s) end menner as steled.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, and due to the cause(s) end menner steled. 29a. Cartifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifie 29c. License number 5/23/1999 014730 30. Name and eddress of parson who complated ceuse of death (Item 23e) (Type, Print) Kai-Yin Yeungha 8826 Woody and Road Suite 20/ Clinton, 45 20736 10+1 31. Date filed (Month, Day, Year) 32. Re MAY 2 6 1999 32. Registreds Signature State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month May 23, 1999 **Physician** 12:15AM James Barry Proctor, Sr. 4a Facility Name (If not institution, give street and number) /Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner 5714 Linda Lane Camp Springs
If Under 24 Ars.
Hours Min.
Hours Min.
Feb. 7,1960 Camp Springs Prince George If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys 10M 20F Months Maryland **Director** 217-74-7048 Usual Rasidence of Deceden death with the Meryland 10d. Inside City Limits 10a. State 10b. County 10c. City, Town or Location r than "natural", or itema 23s or 28s-f show the Medical Exampler must be notified at 1 ☐ Yes 2 ☐ No Directo Prince George Camp Springs 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funerai U.S.A. 14. Race - American Indian, 5714 Linda Lane 20748 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 XXo If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexican, Puarto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or item any Injury or other traumatic event, the Medical Exempted pages. Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: SpecifiAmerican Indian þ 3 Widowad 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedant's Education (Spacify only highest grade completed) Elementary/Secondary (0-12) Collaga (1-4or 5+) 12 N/A Disabled N/A 17 Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Be Proctor, Sr. Mildred Elizabeth Harley James Gwynn 19a. Informant's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Coda) Mary B. Proctor (Wife) 5714 Linda Lane Camp Springs, Maryland 20748 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition May 27 Date 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 1999 Clinton, Maryland Resurrection Cemetery Lee Funeral Home, Inc. 22. Name and Address of Facility 21. Signature of Juneral 6633 Old Alexandria Ferry Road Clinton, MD20735 23a. PartT. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intervat Between Onset and Death Physician Immediate Cause (Final diseasa or condition resulting In daath) /Medical Examine Examiner n physicien end s the bunal-transit Sequentielty list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of): P.O. Box 68760 certificate be Physician/Medical Due to (or as a consequenca of): 88 esn 23b. Did tobacco use contribute to the cause of death? ed by the e Part il. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. Cerrili diasi signed by t 1 Yes 2 No 3 Probably 4 Vunknown Division of Vital Records, by 24b. Were autopsy findings availabla prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 s 188 1 □ Yes 2 No 1 Tes 2 NA certificate or Attending Physician: funerel director, 25. Was casa rafarrad to medical examiner?
1 ☐ Yes 2 ◯ No Be 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Manner of Death 28a. Date of tnjury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No 24 hours efter death. Funeral Director: A invastigation 6 Could not be datarminad 3 Sulcide 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homloida filled in Hospital 29a. Certifier 🞏 certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to tha cause(s) and manner as stated. edicai completely 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) To the Within 2 29d. Date signed (Month, Dey, Year) 29b. Signature and title of cartifier - : Ah afferdly 30. Name and address of person who completed causa of death (ttem 23a) (Type, Print)

8926 Woodyard Rd. #101 Clinton, Md. 20735

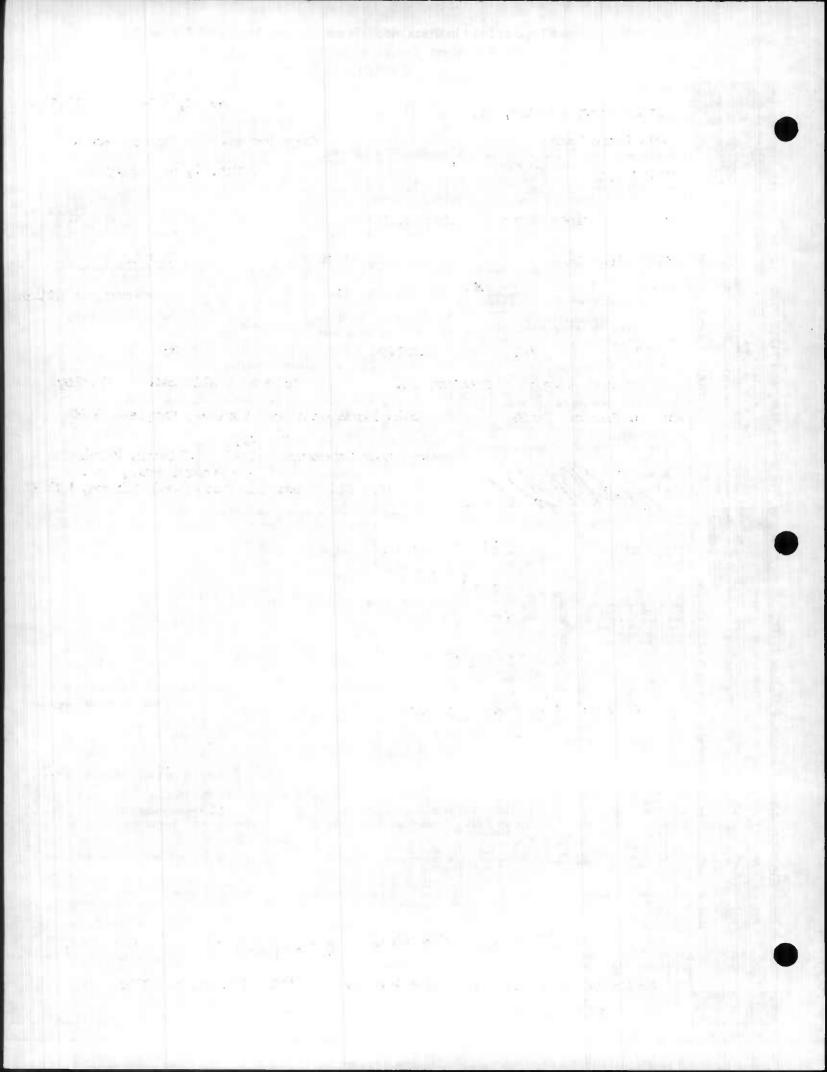
State Registrar

Abulhasan U. Ansari, M.D.

MAY 2 6 1999

32. Registrar's Signature

31. Date filed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

			CE	illicate of	Dealli		Reg. No.		
Physiciar /Medica	John	C .	Robin	son		2. Date of Do Month MAY	Day 24, 19	Year 999	3. Time of Death 0615 AM
Examiner	4a Facility Name (If not institution, g 95 SOUTH AND BAL		SHINGTON	PKWY	4b. City, Town, or LANHAM	Location of Dea		y of Death NCE GE	EORGES
Funeral Director	217-92-5478	AYVAL OF S	(In yrs. last birthday) 9 Yrs.	If Under 1 Year Months Days			ay, Year)	Countr	nca (State or Foreign y) 'land
attar death with the Maryland or Nema 23s or 28s-f show imfort must be notified at Figures at Director	Usual Residence of Decedent 10a. State 10b. County Maryland Prince (10c. City, Town or Lo					100	d. Inside City Limits XXYes 2 □ No
vith the Mar or 28a-fal be notified	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Countr	y?
23a		· · · · · · · · · · · · · · · · · · ·			0706		U.S.		
illed within 72 hours after death with the Maryland Hyglana. Hyglana. Inter than "natural", or frame 23a or 28a-f ahow mt, the Medical Examinar must be portified at the Medical Examinar must be portified at the Medical Director.	3 □ Widowed 4 □ Divorced	12. Was Decedent Ev Armed Forces? 1 Yes 2 X Yo If Yes, Give Year or Dates:		Was Decedent of I If Yes, specify Cub 1☐ Yes 2☐No		Specify Yes or Norto Rican, etc.)		ce-America ck, White, et y: Whit	lc.
ed within 72 ho yglans. ner than "neturing, the western	15. Decedent's (Specify only highest g	Education rade completed) College (1-4or 5+)	(Give	dent's Usual Occu kind of work done DO NOT use retire	during most of w	orking	16b. Kind of B	lusiness/Indu	istry
filed within Hygiana. Wher than	12	2	Stu	dent					Universi
A P A	John J. Robinso	on			Mari	ame (First, Middle e E. Pav	lish		
d 2 should the marke traumatic	19a. Informant's Name/Relationship			ng Address (Street					lode)
THE PER S	John J. Robinson 20a. Method of Disposition	(Father)	20b. Place of Dispo	O Bond Ro	d. Adelh	i, Maryl	and 2078		m State
permit. Peges 1 and Department of Heelth Important: If itam 27 any Injury or other thence.	1 Burial 2 Cremation 3 4 Donation 5 Other (Spec	ity)	Metropol	itan Crei	matory	5/29/99	Alexand	,	
Departing Department of the partment of the pa	21. Signature of Edneral Service Lice	Beut	22	Rendon/l 9013 Ani	ess of Facility Hale Fundapolis			vland	20706
certificate be associated or an indicate be associated or an an indicate by the burial-frame of the burial-frame or an indicate or an indicat		Di D	ue to (or as a consecue to (or as a consecue to (or a) (o	quence of):	22				
		l d							
. 0 . 2	Part II. Other significant conditions	contributing to death but	not resulting in the u	nderlying cause gi	ven in Pert I.	23b. Did	tobacco use co	ontribute to	the cause of death'
						- 10	Yes 2 No	3 Probe	ably 4□Unknow
2 8 2 0 0							s an autopsy ormed?	avai	re autopsy tindings lable prior to apletion of cause seth?
The in						18	Yes 2□No	18	Yes 2□ No
Physician: The this certificate ral director, page 1: To Be Co	25. Was case referred to medical examiner?					eath (Check only	one)		
Physic this c		1	2 ER/Outpatier	IL 3LI DOA		Home 5 ☐ Res	441		
After funer	27. Manner of Death 1 Netural 5 Pending	28a. Dete of Injury (Month, Day)		Wo	ryat rk?]Yes 2 DHNo		how injury occur		SUDIO POI
or Attancestander: Director: In by the	2 Accident investigation 3 Suicide 6 Could not determined	be 28e. Plece of Injury building, etc.	- At home, ferm, str	13	j res 2 Lnvo	28f. Location	(Street end Numi	ber or Rural	
Houpt A hou Funer laly fill	29a. Certifier 1 Certifying P (Check only one) 1 Medical Exa	hysician: To the best of r miner: On the basis of en and manner state	my knowledge, death kaminetion and/or in	n occurred at the ti vestigation, in my	me, date and place opinion, deeth occ	e, end due to the	cause(s) and m	enner es sta	es, co, sty ited. the cause(s)
To the Howithin 24 in To the Funcompliant	29b. Signature and title of certifier	relfale		29c. Licen:	se number		29d. Date signe	ed (Month, D 24, 19	
(8)	30. Name and address of person who	Korth 1	All Penn	Street,	Baltimo	re, Mary	land 212	201	
State	31. Date filed (Month, Day, Year)	9 32/Registrar's	s Signature	don to	/				

Same a serie of the series of

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O O Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month MAY 22, DOROTHY L. RICHARDSON 1999 03:56 pm 4b. City. Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street end number) WASHINGTON ADVENTIST HOSPITAL TAKOMA PA PARK MONTGOMERY COUNTY 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) Months Days Hours Min. 1 M 20 F Yrs. 578-22-0415 Usual Residence of Decedent APR. 2, 1921 78 VIRGINIA 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No MARYLAND PRINCE GEORGE'S HYATTSVILLE 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 20782 UNTIED STATES 5721 29TH AVENUE. APT. #102 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ঐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☒ No Specify: Specify. 3 Widowed 4 □ Divorced WHITE 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) 12 +RETAIL SALES CLERK 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) GEORGE R. HOLMES LILLIE JOHNSON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MILDRED COLVIN, NIECE 3409 ALLISTON STREET, BRENTWOOD, MARYLAND 20722 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 X Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) FORT LINCOLN CEMETERY 5/25/99 BRENTWOOD, MARYLAND 22. Name end Address of Facility 21. Signature of Funeral Service Licensee FORT LINCOLN FUNERAL HOME Wellso aur 3401 BLADENSBURG RD., BRENTWOOD, MARYLAND 20722 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Immediete Cause (Final disease or condition resulting in death) WHI NEUNGNIA Due to (or es a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? 1 Yes 2 7 No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 -NO 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manney of Death 28d. Describe how injury occurred 1 Natural

Physician /Medical **Examiner**

85

þ

Completed

89

2

Certification:

edical

8 B

Deen

20

certific

를

È

death.

or Attend after death Director:

To the Hospital within 24 hours a To the Funeral (

Physician

· /Medical

Examiner

Directo

Funeral

by

Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23s or 28a-f show traumstic avent, the Mod cal Examinar must be notified at

sa filed within 7 al Hygiene.

12 should be fill h and Mental H is marked off

permit. Pages 1 end 2 sh Department of Health and Important: If item 27 is m any injury or other traum once.

the Maryland

Baltimore, Maryland 21215-0020

Box 68760

of Vital Records,

Division

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events pug physician Physician/Medical 94 resulting in death) Last 提

25. Was case referred to medical examiner?

2 Accident

3 Suicide

29a. Certifier

4 - Homicide

¿Check only one

5 Pending investigation

6 Could not be determined

28a. Date of Injury (Month, Day Year)

28b. Time of Injury 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Certifying Physicien: To the best of my knowledge, death occurred at the time, dete and piece, end due to the cause(s) and manner es stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

31. Date filed (Month, Day, Year) / 2 5 1999

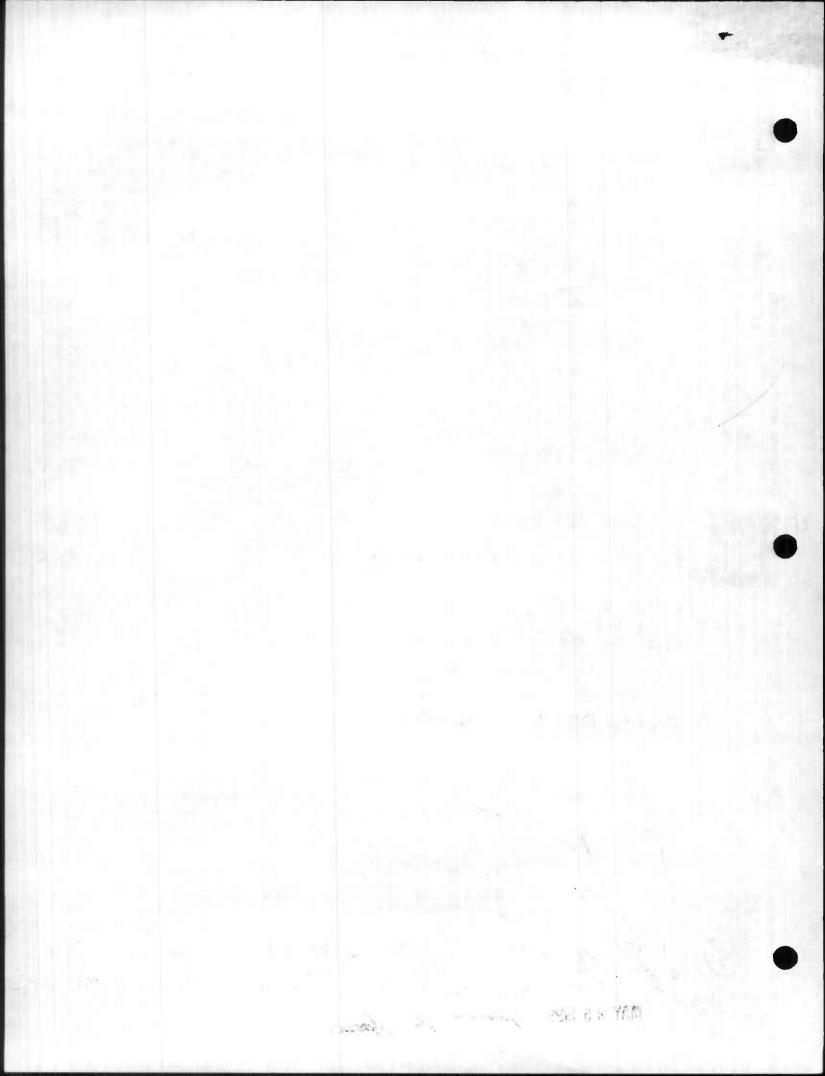
29c. License number

29d. Date signed (Month, Day, Year)

Name and address of person who completed cause of death (Item 23e) (Type, Print)

ERFPE 525 6 MAN

32 Registrar's Signature

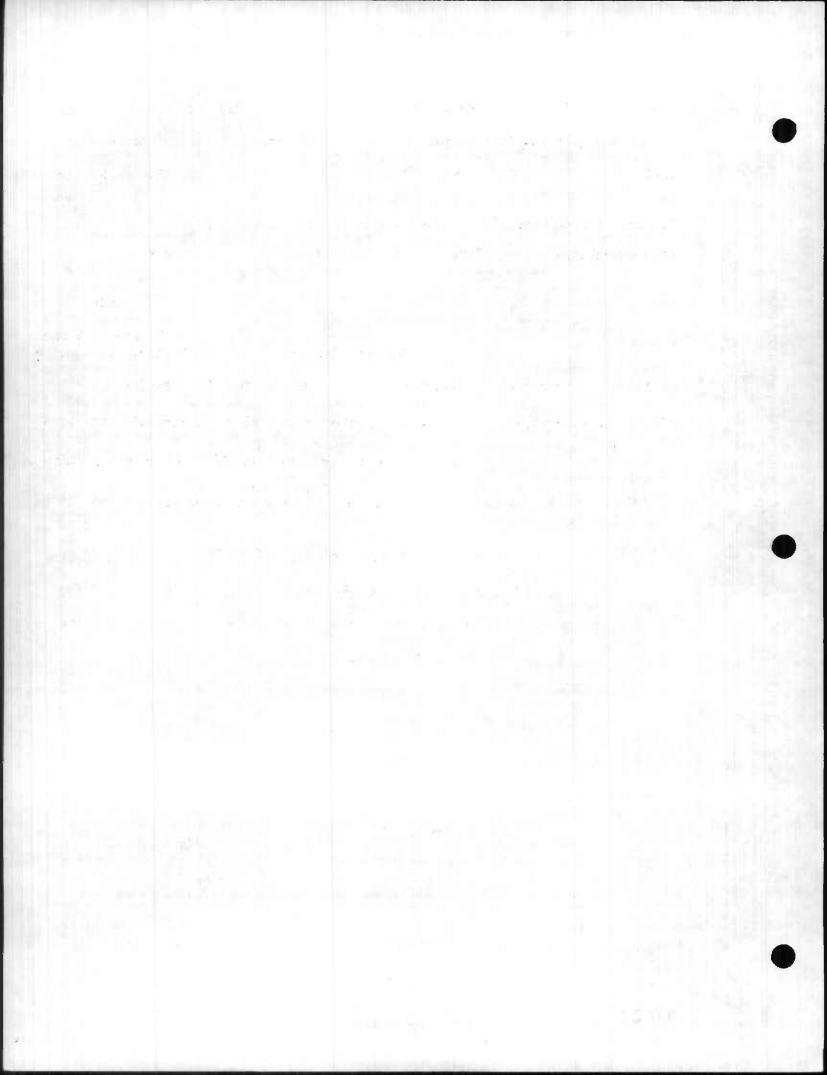


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9

18720

			Ce	rtificate	of Death		Re	eg. No.		
Company of the	1. Decedent's Name (First, Middle, Las	1)	11111			2	2. Dete of Deet Month	h Day	Year 3.	Time of Death
Physician /Medical	Unrorny Sere	ena Rohrl	oack				May 23			:33 am
Examine	an English Administration of the sale of the sale of the	street and number)			4b. City, To	wn, or Loca	ition of Deeth	4c. County		
	Prince George's H	lospital Cente	er		Chev	erly		Princ	ce Geor	ge's
Funeral	Social Security Number 6. Se	7. Age (In yrs.	2000) If Under 1 Y Months D	ear If Under	24 Hrs. 8	B. Date of Birth (Month, Day,	Year)	9. Birthplace Country)	(State or Foreign
Director	218-20-0903 Usual Residence of Decedent	94	Yrs.			1	Nov. 20	, 1904		igton, DC
work	10a. State 10b. County	10c. C	ity, Town or L	ocation						Inside City Limits
death with the Manylend ms 23a or 28a-f show Linust be notified at	Maryland Prince (George's	Hyatt							1X Yes 2 No
vith th	10e. Street and Number	. "004		10f. Zip Co			1	0g. Citizen of V		
ath v	4410 Oglethorpe S		10		0781			U.S.A		a di na
UZO urs etter hr, or ita	3 M Widowed 4 □ Divorced	12. Was Decedent Ever in the Armed Forces? 1 ☐ Yes 2 Ă No If Yes, Give Year or Dates:	J,S. 13.	Was Decedent If Yes, specify 1☐ Yes 2 X			ny Yes or No- ican, etc.)		a - American II k, White, etc. White	
2 ho	15. Decedent's Edu	ucation	16a. Dec	edent's Usual O	ccupation	e of working		16b. Kind of Bu	siness/Industr	ту
ed within 72 ho ygiene. wr then "naturi it, the Modical	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4or 5+)	life.	edent's Usual O e kind of work d DO NOT use r	one auring mos etired)	it of working		Washing	gton Su	burban
filed wi Hygien ther th	8		Cu	stomer				Sanitar	-	ission
aryland should be file and Mental Hy arrived other unmatic avent,	17. Father's Name (First, Middle, Last)							Neiden Sumem		
Should Ind Mening Indianation			nerer			rlott		Fulle		
Marylis d 2 should th end Mer 7 is marke traumatic	19a. Informant's Name/Relationship (T			ling Address (S						
C = 01 .	Lois Farias - Daug			Ogleth	-	., #3		20c. Location -		20781
	1 ☐ Burial 2 🖾 Cremation 3 ☐ I	Removal from State	cemetery, cre	matory or other	place)	t				
Itili Tamer Tamer Jury	4 ☐ Donation 5 ☐ Other (Specify,			itan Cr 2. Name and A			/24/99	Alexan	dria,	Virginia
Baltimo Department of Important: If is any Injury or once.	21. Signature of Funeral Service Liberti	T ()		Gasch's			e, P.A.			
X,	Henry &C	Jank		4739 Ba	ltimore	Aven	ue, Hya	ttsvil:		20781
	23a. Part1. Enter the disease, or comp shock, or heart failure. List only o	lications that caused the dea one cause on each line.	th. Do not er	nter the mode of	dying, such es	cardiac or	respiratory arr	est,	Inte	proximete ervat Between set and Death
Physician /Medical	Immediate Cause (Final	e. Cardio Due to (, -		4-			set and Death
Examiner	disease or condition resulting in death)	e. Cardio	R	show a	alony	a	rest		2	min
		End Due to (or as a conse	equence of):						
uted insit		6. Stage Ren		Jeil	ire				i	WK
P. P	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	V .	or as e conse	e L	ant -	10:14			1	0.4
66700, ficate be executed physician end is the buriel-transit	Cause (Disease or Injury that initiated events	C	or es e conse		an 9	Lecriv	, e		1 1 0	org
X DX sertificat ding phy sees th	resulting in death) Last		y Ova	-						
ecords, P.O. BOX 68/60, law requires thet the deeth certificate be executed as been signed by the ettending physician end 2 should be deteched for use as the buriel-transit		d	yora	non	*	_				
IS, F.O. BO) es that the deeth co igned by the ettend be deteched for us by Physician	Part It. Other significant conditions co	otributing to death but not re-	sulting in the	underlying caus	e given in Part	1	23b. Did to	bacco use co	ntributa to the	cause of death?
of the day the electric phy										y 4 Duknown
S, T es the se the be de be de										
necords, le law requires to these been signe ge 2 should be o							24a. Was a			autopsy findings ble prior to
aw re									comple of deal	etion of cause th?
							1 🗆 Ye	s 2X No	1 □ Ye	s 2 No
VICIAN: The certificate rector, peg					26. Plac	e of Death	(Check only on	(8)		
Physician: This certific ral director,	1 Yes 2 NO	Hospital: 1 thpatient 2	ER/Outpatie	ent 3 DOA	Other: 4 N	ursing Hom	e 5 🗆 Reside	enca 6 □Oth	er (Specify)	
ng Ph ng Ph Inerah	27. Manner of Deeth	28a. Date of tnjury (Month, Day Year)	28b. Time Injury		Injury at Work?		d. Describe ho	ow injury occur	red	
SIO eath. or: A the f	2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not be			М	1□ Yes 2□		NI	A		
DIVISION OF UNIVERSITY OF UNIV	4 Homicide determined	building, etc. (Speci	ify)	treet, fectory, of	fice	28	City or Town	treet and Numb n, State)	er or Aural Ac	oute Number,
orital orital			B				NIA			
ne Hospi n 24 hou ne Funer pletely fil	29a. Certifier 1 Certifying Phy (Check only 2 Medical Exami	sician: To the best of my knoiner: On the basis of examinating and manner stated.								
To the Hospital or Attending within 24 hours effer death. To the Funeral Director: Affer completely filled in by the fune Medical Certification	29b. Signature and title of cartifier	and manner stated.		29c. Li	cense number		2	9d. Date signe	d (Month, Dev	, Year)
FRES		ele, mo			50574			57231		
(0)			m 22-1/T		,5,5,1			3/03/	' /	
(2)	30. Neme end eddress of person who co	Soneline of death (ite	6 7 C) 100 -1	JANA.	OMD.	Sizita	Dim. 6	2010-1	ale, mo
State	31. Date filed (Month, Day, Year)	32. Registrer's Sign		(00/),/(~ (-9)1)	G V	-0,00	(100) 1	10 47	2 7 77



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** CARRIE G. 19, ROBINSON May 1999 7:15 PM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Fecility Name (If not institution, give street end number) Examiner Mariner Health Care of Bethesda Bethesda If Under 1 Year If Under 24 Hrs. Hours Min. Montgomery 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** 1□M 2XF Yrs Director 579-26-7966 93 Sept. 4,1905 Wheaton, Md. Usual Residence of Decedent with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Exampler must be notified at D.C. 1 Yes 2 No N/A Washington Director 10g. Citizen of Whet Country? 10e. Street and Numbe 10f. Zip Code Funeral 1414 Upshur Street N.W., #103 20011 U.S.A. death 14. Race - American Indian. 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Yes 2 No If Yes, Give Year or Detes: 1 □ Never Married 2 □ Married 1 Yes 2√2 No Specify: Specify: Black þ 3√ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) 9th D. C. Government Elevator Operator 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) permit. Pages 1 and 2 should be file partment of Health and Mental Hy important: If Itam 27 Is marked oth any Injury or other traumatic event page. Richard Gaither Caroline Davis 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Bertha Gaither - Niece 5902 Rosedale Drive, Chillum, MD 20782 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Lincoln Memorial Cemetery 5-24-99 Suitland, MD 22. Name and Address of Facility
Marshall's Funeral Home, Inc. 21. Signature of Funeral Service Licensee Mara 4308 Suitland Road, Suitland, Maryland 20746 23a. Part . Enter the disease, or complications that caused the hock, or heart failure. List only one cause on each line. ions that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical a Pancreatic Cancer **Examiner** Due to (or as a consequence of): Examiner death certificata be axecuted attending physician and for use as the burial-trans Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest Due to (or as a consequence of): Physician/Medicai Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? ed by the a Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Prostrate Cancer þ 2 24b. Were autopsy findings aveileble prior to completion of cause of death? 24a. Was an autopsy performed? Completed Dementia page 2 s certificete has 1 Yes 2 X No 1 ☐ Yes 2 ☐ No Hypertension or Attending Physician: 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4™ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 2 After this 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 ☐ Yes 2 ☐ No 24 hours after death. 2 Accident 6 Could not be determined 3 ☐ Suicide 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) P 4 Homicide Hospital To certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner es steted. edical 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) and manner stated. To the To the To the 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature and title of cartifier 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) 9410 Old Georgetown Road, Bethesda, MD Elliot R. Goldstein, M.D. 31. Date filed (Month, Dey, Year)

State Registrar

MAY 2 4 1999

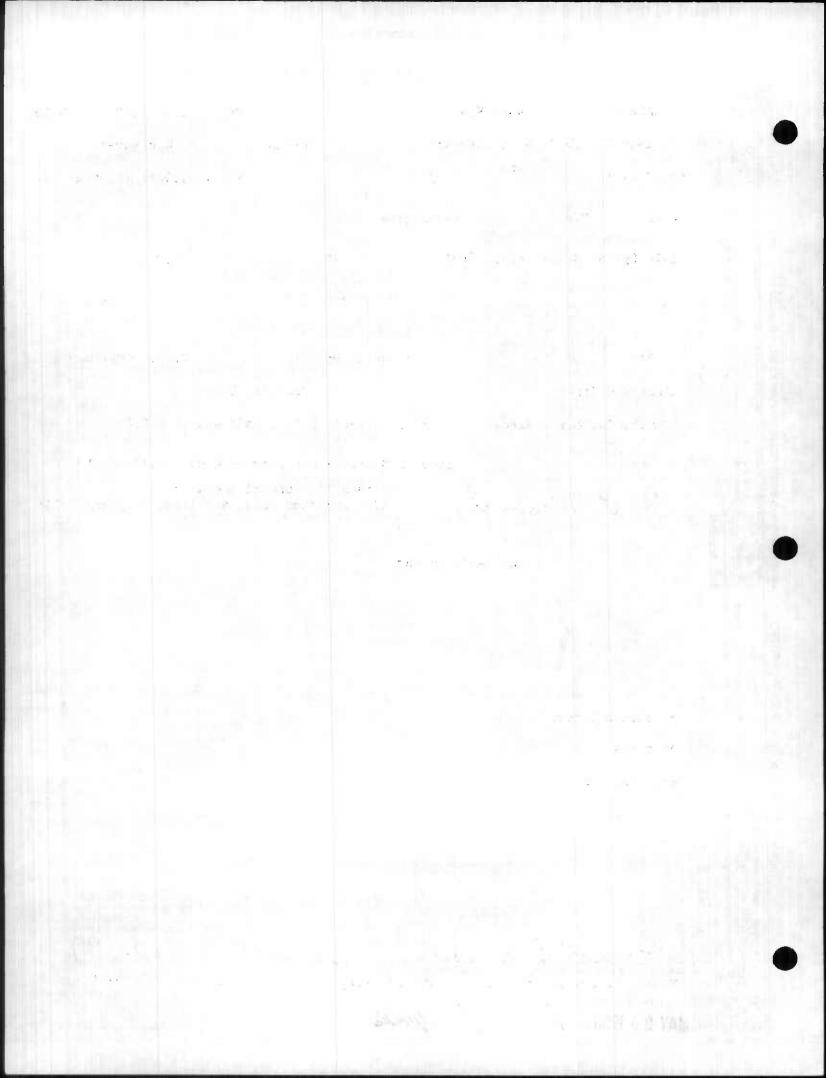
32. Registrer's Signature

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Division of Vital Records,



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** ROSENBERGER 1732 DAISY MAY 23,1999 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ATLANTIC GENERAL HOSPITAL BERLIN If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) Funeral Months Days Hours 90 Director 577-03-5722 DEC. 9,1908 NORTH CAROLINA Usual Residence of Deceden deeth with the Maryland 10a, Stete 10c. City. Town or Location 10d. Inside City Limits 10b. County 28a-f show r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 11 Yes 2 □ No Directo MARYLAND WORCESTER BERLIN 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? #1 MEADOW ST. APT. 215 21811 U.S.A. Funeral Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 ☐ Yes 2 No ff Yes, Give 1 ☐ Never Married 2 ☐ Married Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: Specify: WHITE by 3 Widowed 4 □ Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Pages 1 end 2 should be nent of Health end Mental Department of Health end Mental important: If Item 27 is marked any Injury or other traumatic ev CHARLES CRANE UREN SARAH FLAKE 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Relationship (Type, Print) SALLY SMITH - DAUGHTER #29 ALTON POINT BERLIN, MARYLAND 21811 altimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) STONEWALL MEMORY GARDENS 5/27/99 MANASSAS, VIRGINIA 22. Name and Address of Facility 21. Signature of 705 E. MAIN ST. BOUNDS FUNERAL HOME, INC. 23a. Part1. Enter the disease, or complications their circulated the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List *on*ly one ceuse on each line. SALISBURY, MD 21804 Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final . UCI Bleed disease or condition resulting In death) Examiner Due to (or as a consequence of): Examiner MyocARDIAL Fintarch Horte buriel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last and Due to (or as a consequence of): Due to (or as a consequence of): Shock JED817 Physician/Medical the signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown possible CVA Aq 24b. Were eutopsy findings available prior to completion of ceuse of death? 24e. Was an autopsy Completed been 1 Yes 2 No 1 Yes 2 No certificate Division of Vital director Be 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P 1 Appatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Certification: Injury 1 Natural 5 Pending death. 1 Yes 2 No Investigation 2 Accident after death 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours a 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and plece, and due to the ceuse(s) end manner as stated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier (Check only one) Medical within 2. 29d. Date signed (Month, Day, Year) 29b. Signature and title 29c. License number 30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) 10 Healthway MINE BERTIN, MO 21811 0.0 Jeffry Mut Mutzmi

32. Registrar's Signature

MAY 2 5 1999

DHMH 16 Rev 6/95

MAY 2 E IUSO

a paradam aller de la fissió fissió

			C	Certif	icate	of L	Death				g. No.			
RC RC) WE								2. Dete of Month MAY	Death	Day 1 1	Year		ime of Death
n, give	street and numb	er)		-		4	b. City, To		ocation of De	ath	4c. County			321
GIO	NAL MEDI	CAL CI	ENTER				SA	LISB	URY		WIC	OMIC	CO	
6. Se	x □M 2∑√F	Age (In yrs. 84	iest birtho	M	Under 1 \	ear ays	If Under: Hours	Min.	8. Dete of NOV.	Birth Dey	19 14	9. Bin Co WH	ountry)	State or Foreign
,		10c. Cit	ty, Town o	r Location	on								10d. ln	side City Limits
EN		7	EANE	CK									11	Yes 2 No
				1	Of. Zip Co	de			3-1/4	10	g. Citizen of	What Co	ountry?	
RI).				07	666					USA			
ried	12. Was Decedor Armed Force 1 Yes 2 If Yes, Give Year or Date	es? No	,S.	If Ye	Decedents, specify X Yes 2	Cube	spanic Ori n, Mexican Specify:	gin? (Sp. , Puerto	ecify Yes or Rican, etc.)	No-		ck, Whit	orican include, etc.	
	ucation				's Usual C					10	6b. Kind of B	usiness	/Industry	
st gred	de com <i>pleted)</i> College (1-4	or 5+)	(C	te. DO	VOT use r	retired	fu <i>ring m</i> osi)	or work	ing					
			В	EAUI	CICIA	N					COSME	TOLO	OGY	
Last)								CNOW			a <i>iden Sumer</i> ALOSH	ne)		
	ype, Print) AUGHTER								SHOPV		City or Town		Zip Code 1813)
	Removal from St	ate É	Plece of D EMOTER IACKE				ÉLEUM		Date 5-24-9		Oc. Location HACKE			
Licans	See LD	Q.					s of Facilit	SH			RAL SE	RVI	CES	
r comp	lications that cau	X sed the deal	th. Do no						ON, DI				Appr	oximate
only o	ne cause on eac	h line.	50 770	011101 0	.0 1110000		9,00000			,			Inter	vel Between et and Death
	9	PNEUMO	NIA										3	DAYS
	d		or as e co	nsequen	ce of):			7		-				DANG
	b	SEPSI	S										1 2	DAYS
	U	Due to (or as a co	nsequen	ce of):								3 7	EEKS
	c	CVA/S	TROKE	2									3 ,,	HERO
		Due to (d	or as e cor	rsequen	ce of):									
	d									1.6				
ons co	ntributing to deat	n but not res	sulting in th	ne under	nying caus	se give	en in Part I				s 2 No		a to the o Probably	4 Unknov
									24a. W	/es en erform	autopsy ed?	24b.	available	utopsy findings a prior to ion of cause ?
									1	☐ Yes	5 2 No		1 🗆 Yes	2 No
d							26. Plece	of Deet	h (Check or	ly one)			
	Hospital: 1 XInp	etient 2	ER/Outp	atient	3□ DOA	Othe	er: 4 Nu	rsing Ho	me 5 R	esider	nca 6 🗆 Otl	ner (Spe	ecify)	
	28e Dete of	Injury Day Year)	28b. Tin	ne of	28c.	Injun Wor	at		28d. Descri	be how	w Injury occu	rred		

Physician /Medical Examiner

Physiclan/Medical Examiner within 24 hours after deeth.

To the Funeral Director: After this certificate hes been signed by the attending physicien and gompletely filled in by the funeral director, page 2 should be detached for use as the buriel-frensit The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, þ Completed Be 2 Certification:

To the Hospital or Attending Physician:

Medicai

State Registrar

5 Pending investigation

6 Could not be determined

29b. Signature and title of certifier 29c. License number

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

| Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and manner steted.

29d. Date signed (Month, Day, Year) 5121 199

28f. Location (Street end Number or Rural Route Number, City or Town, State)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

V. NATESAN, M.D.

106 MILFORD STREET

SALISBURY, MD 21804

31. Date filed (Month, Day, Year) 1999 MAY 21

1. Decedent's Name (First, Mid

4a Facility Name (If not instituti

5. Social Security Number

10e. Street and Number

11. Marital Status

10a. State

Director

Funeral

by

Completed

Be

2

065-10-6398

Usual Residence of Decedent

PENINSULA RE

1020 WINDSOR

1 Never Married 2 Ma

3X Widowed 4 □ Divorce

Elementary/Secondary (0-12) 17. Father's Name (First, Middle

19a. Informant'a Name/Reletion ANITA WELSCH 20a. Method of Disposition 1 Burial 2 Cremation 4 Donation 5 Dother 21. Signature of Funeral Service

23a. Part1. Enter the disease, shock, or heart failure. Li

Immediate Cause (Finel disease or condition resulting in death)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Last

Part II. Other significant condi-

25. Was case referred to medic examiner? 1 ☐ Yes 2 No

27. Manner of Death

1 Natural

2 Accident

3 Suicide

29a. Certifier (Check only one)

4 Homicide

UNKNOWN

15. Decede (Specify only high

MARGARET

10b. Coun

BER

Physician

/Medical

Examiner

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Merylend Department of Haelth and Mentel Hyglene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, if a Medical Exaciling must be notified at ODGs.

Baltimore, Maryland 21215-0020

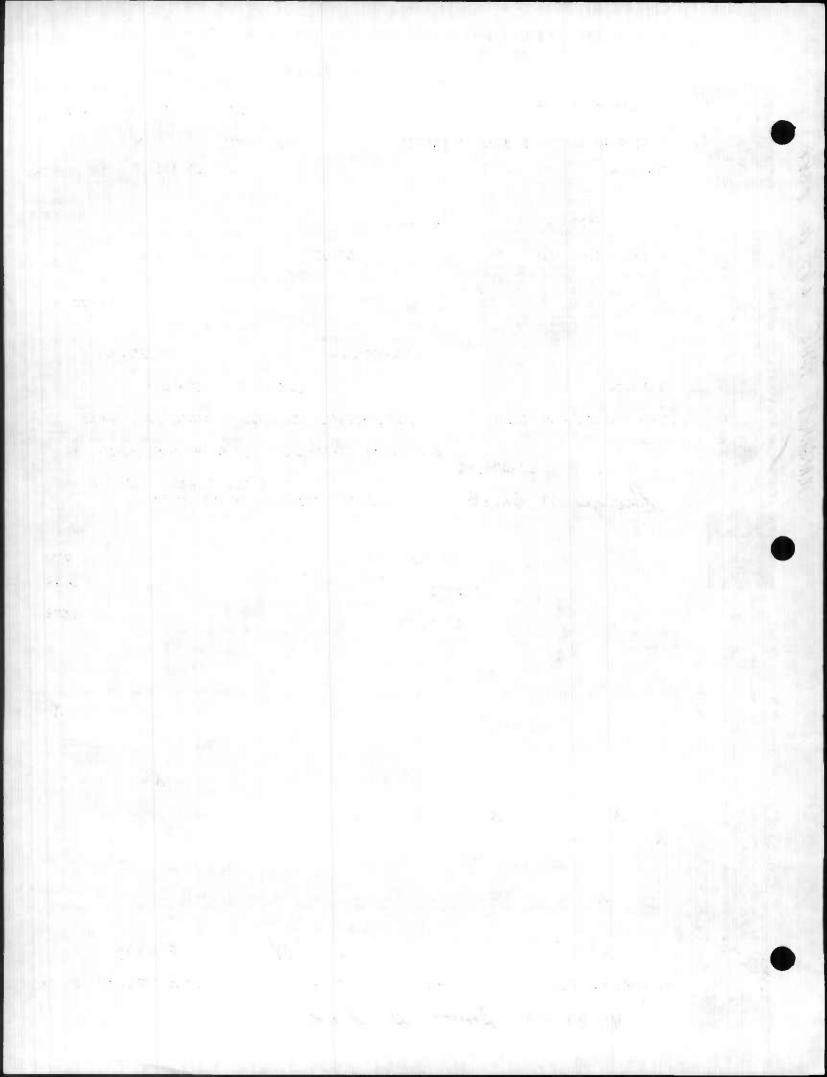
6398

065 10

RONE

MAKCARET

32. Registrer's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

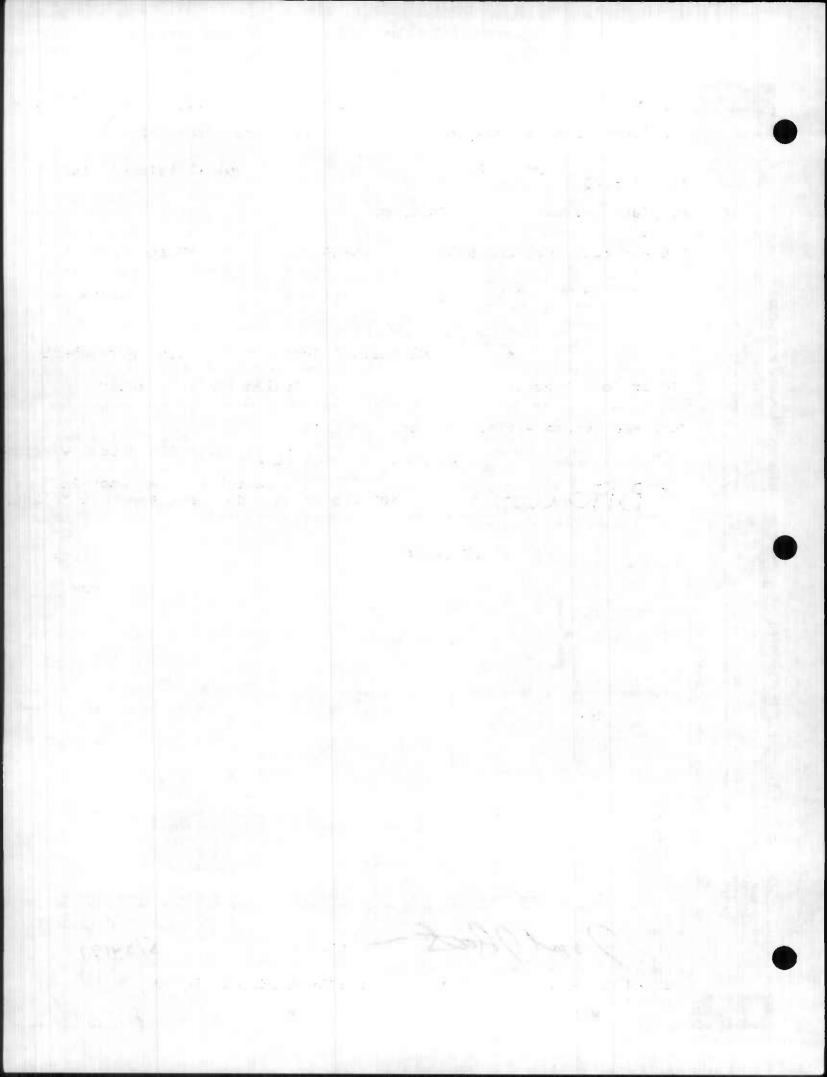
State of Maryland / Department of Health and Mental Hygiene O Certificate of Death 3. Tima of Death 2. Data of Death 1. Decedent's Name (First, Middle, Last) , Day 1999 ear MAY 23, **Physician** 1245 p.m **EDGAR** RENSHAW /Medical 4a Facility Name (If not Institution, give street and number)
Calvert Memorial Hospital 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince Frederick Calvert If Under 1 Yaar | If Under 24 Hrs. 8. Date of Birth (Month, Day Year) 9. Birthplace (State or Foraign Country) MISSISSIPPI 7. Aga (In vrs. last birthday) 5. Social Security Number **Funeral** 1 M 2 □ F Months Days Hours Min 85 Yrs. Director 577 Estual Residence of Decedent the Maryland 10d. Inside City Limits 10a. Stete 10b. Count 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryla Department of Haalth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, tra Medical Events of traut to rectify an edge. Maryland Calvert Solomons 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 506 Aldergate Ct. Box 515 20688 United States Funeral 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - Amarican Indian Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 1X Yas 2 No 43-46 1 Naver Married 2 Married 1 ☐ Yes 2 ☐ WX Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Electrical Engineer U.S. Government 18. Mother's Name (First, Middle, Maiden Sumema) 17. Fathar's Name (First, Middle, Last) Edgar Polk Renshaw Stella Eunice Tanner 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Dora Mae Renshaw- wife same as # 10 Baltimore, 20b. Piece of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition May 26 1999Falls Church Virgini 1 Burial 2 Cremation 3 Removal from State National Memorial 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Rausch Funeral Home PA 21. Signature of Funeral Service Licensee 4405 Broomes Is. Rd. Port Republic MD 2067 23a. Part1. Entar tha disease, or complications that caused tha death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final PNEUMOTHORAX unk disease or condition resulting in death) Examiner Due to (or es a consequence of) Examiner COPD unk The law requires that the daath certificate be executed physician end s the burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of): Box 68760 Physiclan/Medical Dua to (or as a consaquenca of): 98 attanding p Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? the bed P.O. signed by the 1 X Yss 2 No 3 Probably 4 Unknown CHF Division of Vital Records. by 24b. Were eutopsy findings availabla prior to complation of cause of death? been si 24a. Was an autopsy Completed CAD s certificate has t director, paga 2 s 1□ Yas 2 No 1 □ Yas 2 □ No Attending Physician: director, Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA this After this 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28c. Injury at Work? Certification: 1 Naturai 5 Pending 1 Yes 2 □ No death. investigation Director: A 2 Accident 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) Div 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end menner stated. edical 29a. Certifier 29b. Signature and the of partition 29c. License number 29d. Data signed (Month, Day, Year) D52242 0 30. Neme and address of person who completed ceuse of death (Item 23e) (Type, Print) JOSEPH J. BARTH, III, M.D., PRINCE FREDERICK, MD 20678

State Registra

31. Date filad (Month, Day, Year)

MAY 2 5 1999

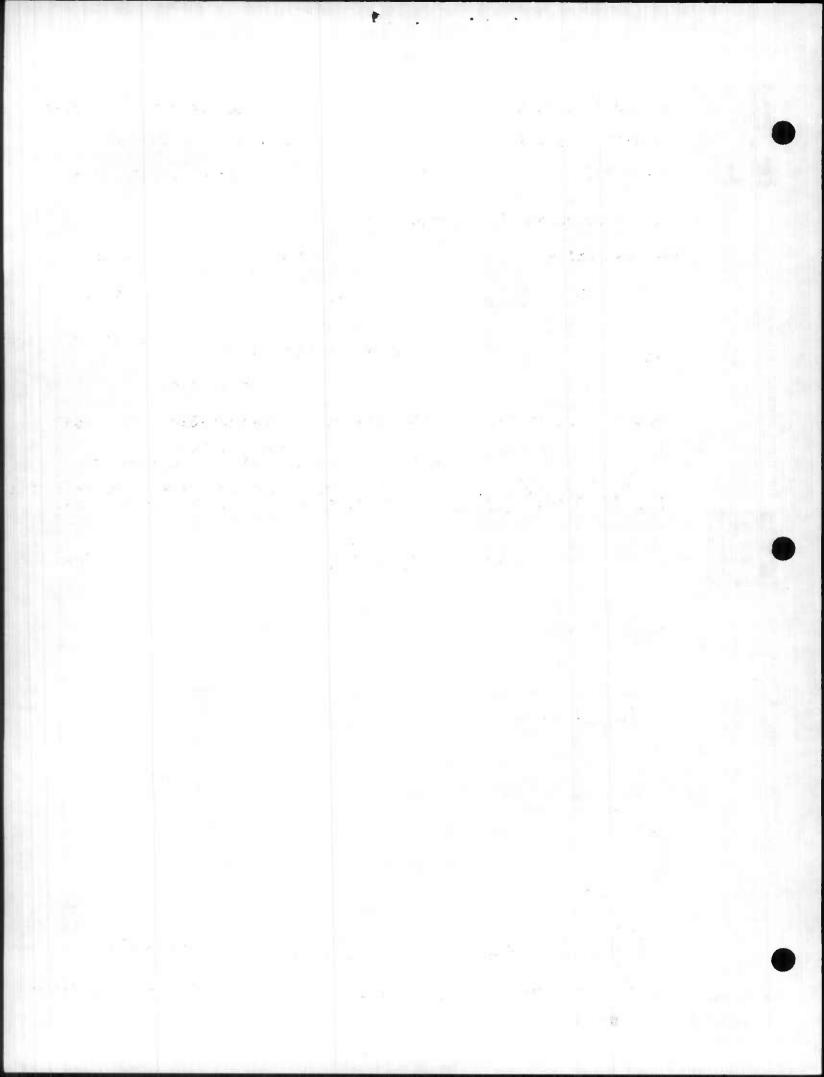
32. Registra/s Signature



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9 18725

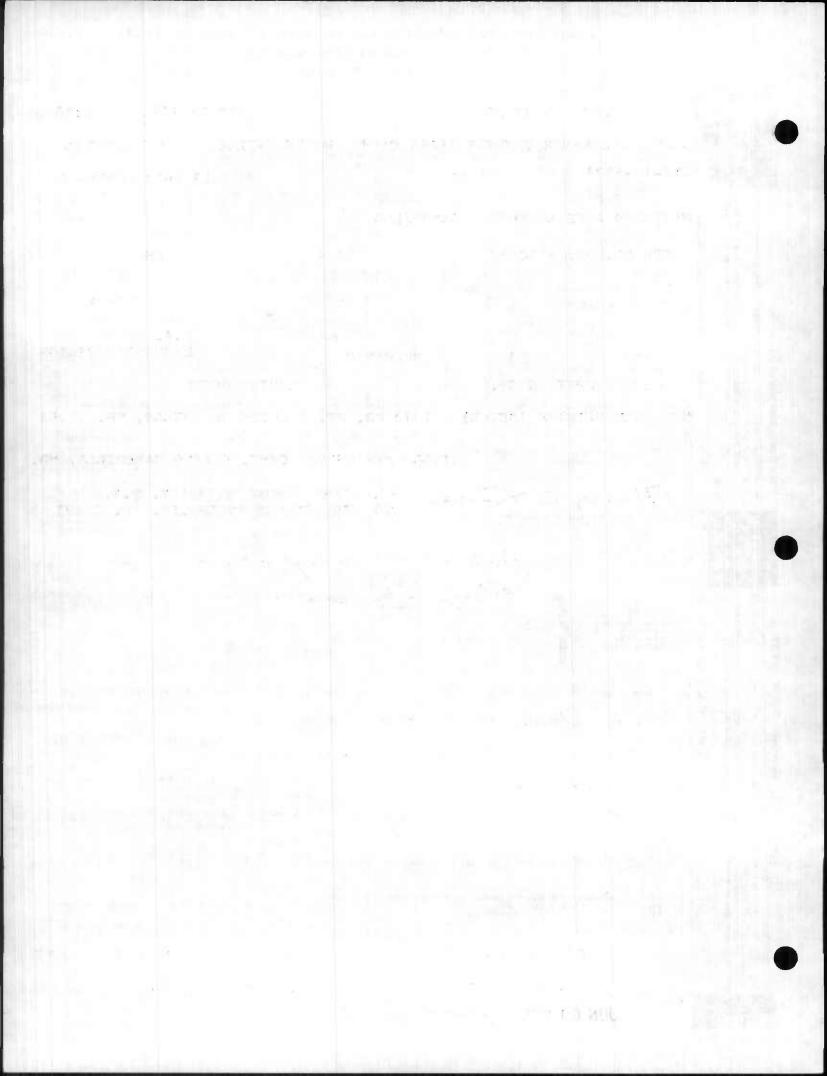
				Cei	rtificate of	Death	R	eg. No.		
		1. Decedent's Name (First, Middle, Las	t)	4.			2. Dete of Deel	h Dey	Yeer	3. Time of Death
ı	Physician /Medical	Roland Herber	t Ross				May 18		1001	10:50AM
	Examiner	4e Facility Neme (If not institution, give Memorial Hospi				4b. City, Town, or East		4c. County of		
	Funeral Director	5. Social Security Number 6. Set 479 – 32 – 3770 Usuel Residence of Decedent	9X 7. Age (In yrs	67 Yrs.	If Under 1 Yea Months Deys					lece (Stete or Foreign try) OWA
	Mend	10a. Stete 10b. County	10c. C	ity, Town or Lo	ocation				1	0d. Inside City Limits
	28a-fah	Md. Queen	Anne's Qu	eenst	_			0g. Citizen of W	hot Cour	1 ☐ Yes 🌪 ☐ No
	iter death with the Mar r items 23s or 28s-1 siner must be notified funeral Director	10e. Street end Number 104 Lake Drive			10f. Zip Code	21658		U	.s.	Α.
020	urs e	11. Merital Stetus 1 Never Married 2/27/Married 3 Widowed 4 Divorced	12. Was Decedent Ever in Narmed Forces? Mayes 2 No li Yes, Give Year or Detes: 195		Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☐ N	Hispanic Orlgin? (S ban, Mexican, Puerl Specify:	pecify Yes or No- o Rican, etc.)	Black	White,	
5-0	"natural",	15. Decadent's Ed (Specify only highest grad	ucation de completed)	16e. Deced	dent's Usuel Occi kind of work don	upetion e during most of wored)	rking	16b. Kind of Bu		
121	withir bne.	Elementery/Secondery (0-12)	College (1-4or 5+)			argo Di		Anchor	Mo	tor Freig
Maryland 21215-0020	d out He fill	17. Fether's Neme (First, Middle, Last) Herbert Ross					me (First, Middle, leulah K		э)	
	trau	19a. Informent's Name/Reletionship (7 Nancy A. Ross				ive, Qu				Code) 21658
Baltimore,	permit. Pages 1 end Depertment of Healt Important: If item 2: any injury or other ance.	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removel from State	cametery, crer	esition (Neme of metory or other pi	ace) May	21, 19	20c. Location - 0 99 Easto		
	Physician /Medical Examiner	23e. Part 1. Enter the disease, or compshock, or heart feiture. List only of the compshock	e. Cardio	4 (ath. Do not ent	108 S. I Her the mode of di Type Alley Quence of):	iberty	St. Ce	ntrevi		neral HOm , Md. Approximate intervel Between Onset end Death
Box 68760,	ng physicie es the bur Medical	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	cDue to (or es e conseq	uence of):				1	
P.O.	es that the death ceigned by the ettendii be deteched for use by Physician/I	Pert II. Other significant conditions co		sulting In the u	nderlying cause (given in Pert i.		obacco use con		the cause of death?
Records,	The law requires the sale has been signed page 2 should be completed by						24e. Wes e perfor	n eutopsy med?	ev	ere eutopsy findings eilable prior to mpletion of cause deeth?
R	0 - 5 -						1 🗆 Y	es 2 No	1[Yes 2 No
Vital	ysician: The scentificate director, peg	25. Wes case referred to medical exeminer?		/		26. Place of De	ath (Check only or	ne)		
of V	Z S D	1 Yes 2 No	Hospitel: 1 ☐ Inpatient 2 월	ER/Outpetier	nt 3 DOA	ther: 4 Nursing H	lome 5 ☐ Resid	enca 6 Othe	er (Specif	y)
	ath. r: After the funeral	27. Menny of Deeth 1 Naturel 5 Pending 2 Accident investigation	28e. Date of Injury (Month, Dey Yeer)	28b. Time o Injury	W	uryet ork?]Yes 2 ☐ No	28d. Describe h	ow injury occurr	ed	
Division	tal or Attending P rs effer death. al Director: After ted in by the funer. Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Pleca of Injury - At I building, etc. (Spec		reet, fectory, offic	9	28f. Location (S City or Tow	treet end Numbe n, Stete)	er or Rure	el Route Number,
	To the Hospital or Attending Ph within 24 hours elter death. To the Funeral Director: Atter th completely filled in by the funeral Medical Certification;		ralcian: To the best of my kn Iner: On the basis of exemin end manner stated.							
	Within To th comp	29b. Signature and title of carting	ulm is	,	29c. Lice	nse number	2	9d. Date signed 5 20	(Month,	Day, Year)
	State Registrar	31. Dete filed (Month, Dey, Yeer)	completed cause of deeth (literal hamber lain 32. Registrer's Sign	MD:		in St.,	Stevens	sville,	. Md	. 21666



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

			State of Marylar		artment of ertificate o			Hygiene Reg. No.	99	18726
		1. Decedant's Nema (First, Middla, L	ast)				2. Data o	of Daath	Winn	3. Time of Death
	Physician / Medical	GEORGE	SPRIGGS				MAY		Yaar Q Q	8:10 pm
	Examiner	4a Facility Nama (If not institution, g				4b. City, To	wn, or Location of I		ounty of Death	
	Funeral Director	KNOLLWOOD MANO 5. Social Sacurity Number 216–18–5874	R GENESIS EI Sax 7. Aga (In yrs.			r If Undar		of Birth h, Day, Year)	NE ARI	place (Stata or Foraign intry)
p	*	Usuel Rasidence of Decedant 10a. Stata 10b. County	100 0	ity, Town or L	ocation					10d. Insida City Limits
deeth with the Meryland	or sho			MBRIL						No Yas 2 No
the A	r flems 23a or 28a-fs once must be notified Funeral Director	10e. Street and Number	ON ON		10f. Zip Code			10g. Citize	en of Whet Cou	intry?
with	D P	1074 MD. RT.	3 SOUTH		2105				JS	
deeth	Tera	11. Marital Status	12. Was Dacedant Ever in U	J,S. 13.			gin? (Specify Yas o		. Rece - Amar	
5-0020 72 hours after	by by	3 ☐ Widowed 4 ☐ Divorced	Armed Forcas? 1 Yas 2 No If Yas, Give Year or Datas:		1 ☐ Yas 2 ☒N				Bleck, White	
2 2	ated steed	15. Decedant's (Specify only highast g		16a. Dace	edant's Usual Occ a kind of work dor	upation	t of working		d of Businass/Ir	
vithin		Elementary/Secondery (0-12)	College (1-4or 5+)	lifa.	DO NOT usa rati	red)			COUN	
CA D	ther than		0	MEC	HANIC	19 Moth	er's Nama (First, Mi			IVISION
ylan	B & da	GEORGE SPRI	GGS SR.			LO	DUISE QU	JEEN		
Mai 12 st	g w 2	19a. Informant's Name/Ralationship WINIFRED WATKI					er or Rural Routa N			
5 6 7	Itam 27 other to	20e. Mathod of Disposition	20b.		osition (Nema of		Date	_	ation - City or T	
o s	0 _ •	1 Surial 2 □ Cramation 3	Removel from State	cematary, cra	amatory or othar p			1000		
	Department Important: It any injury o once.	4 ☐ Donetion 5 ☐ Othar (Special Signature of Funeral Service Lice			MEM CHU			1/99	SAMBRI	LLS, MD.
Balt Permit.	impo any i any i	ZI. Signeture of Pulleral Service Lic	7				SONS MOR	ע מ גוזיים ע	D A	
_		23a. Part1. Enter the disea k, or co shock, or heart failure. List onl	J. Zeese	_	3.2.1 WES	C STR	EET ANN	APOLIS	, MD	2JpA O 1a
//	ysician Medical aminer	Immediata Causa (Final disaasa or condition resulting in death)	a. Ocute (Canal or as e conse	onegric	tory	asse	o	1	Intervel Batween Onset end Deeth
). Box 68760, deeth certificate be axecute	attending physician and for use es the burial-transit clan/Medical Examiner	regulting in death) Leat	b. Atherisa Dua to (or as e conse		incil	in suran			Jan
Heep deet	of for	Part II. Other significant conditions	contributing to death but not re-	sulting In the	undarlylng causa	nivan In Part	23b.	Did tobacco u	se contributa	to the cause of death?
P.O	signed by the attending phy d be datached for use es the bed attached for use es the datached for use es the bed by by sician/Media	Recent St	roke with	LVI	4-	1 .	e Yes :	1 Yes 2		obably 4/2/Unknown
of Vital Records, P.O	shoul	Is their he	east diser.	a;	Histor	70)	24a.	Was an autops performed?	a	Vera eutopsy findings vailabla prior to completion of cause of daeth?
E 2	ta hes	m. 1 (,0,	-landia			The .		1 ☐ Yes 2 🔀	No 1	☐ Yes 2☐ No
	is cartificata he director, page To Be Com	25. Was casa rafarrad to madicat	CETTON			26. Plece	e of Death (Check	only one)		
of Vita		axaminar? 1 ☐ Yas 2 ☑ No	Hospital: 1 Inpatiant 2	ER/Outpetie	ent 3 DOA	Other: 4 N	ursing Home 5	Rasidance 6	Othar (Spec	city)
	ter th nerel	27. Mannar of Death 1 Manual 5 ☐ Pending	28a. Data of Injury (Month, Day Year)	28b. Time Injury	of 28c. In	jury at ork?	28d. Dasc	cribe how injury	occurred	
Division	within 24 hours end deam. To the Funeral Director: After th completaly filled in by the funeral Medical Certification:	2 Accidant sinvestigati 3 Suicida 6 Could not datarmine	on ba	noma, farm, s	M 1	☐ Yas 2☐	28f. Locat	ion (Straet and or Town, Stata)	Number or Ru	ral Routa Number,
e Hospital	To the Funeral completaly filled	29a. Cartifiar 1 Certifying F (Check only one) 2 Medical Ext	Physician: To the best of my known in the community of the basis of axamina and manner stated.	owladge, daa ation and/or li	th occurred at the nvastigation, in m	time, data ar y opinion, des	nd plece, and dua to ath occurrad at the t	o tha causa(s) a tima, date and p	and mannar as place, and dua	steted. to tha causa(s)
Tot	To the	29b. Signatura and titla of certifiar			29c. Lice	nse number		29d. Dete	signed (Month	o, Dey, Year)
		MIL	- M D		1)250	00	1	6V)	7 1890
		30. Nama and addrass of person who	7) 1	m 23e) (Type	, Print)			, /-/	4,2	(
	State	31. Data filed (Month, Day, Yaar)	32. Registar's Sign	CYci	n Hwy	1,54	# 6	Jen Bu	rnle,	172/2/06,
	Registrar	0011 0 1	1000		1400	us/				

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Death Month Day 1301 26 1999 Facility Nama (If not institution, give street and number, 4b. City, Town, or Location of Deeth ended (are Center If Undar 1 Yaar | If Undar 24 Hrs. (In vrs. last birthday) Birthplace (Stete or Foreign Country) 9 Months Hours 4, 1930 Virginia Usual Residence of Dacedani 10d. tnslda City Limits 10b. County 10c. City, Town or Location 1 ☐ Yas 2 X No Maryland Anne Arundel Edgewater 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 3519 Loch Haven Drive 21037 USA Wes Decedant of Hispanic Origin? (Specify Yes or Noif Yas, specify Cuban, Mexicen, Puarto Ricen, atc.) 12. Was Decedant Evar in U,S. Armed Forcas? 1X Yas 2 □ No If Yas, Giva 14. Race - Amaricen Indian, Bleck, Whita, atc. 1 Navar Married Married 1 Yes 2XXNo Specify: Specify. Yaar or Datas:1949-53 3 Widowed 4 Divorced White 16a. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Cottage (1-4or 5+) 11th General Contractor Construction 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Harold William Stone Emily Chauncey 19b. Maiting Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) Martha R. Stone/ Wife 3519 Loch Haven Drive Edgewater, Maryland 21037 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Crametion 3 ☐ Ramovel from State Lakemont Mem'l. Gardens 6-1-99 4 Donation 5 Othar (Specify) Davidsonville, MD 22. Nama and Addrass of Facility George P. Kalas Funeral Home 2973 Solomons Island Rd. Edgewater, MD 21037 all 23a. Part1. Enter the disease, of complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximate Intervat Batwaen Onsat and Daath 6 Vears Immediata Causa (Final disaasa or condition rasulting in deeth) Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Ceusa (Disease or injury that initiated evants rasulting in daath) Last Dua to (or as a consaquance of): Due to (or es e consaquenca of): 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown 24b. Wara autopsy findings availabla prior to completion of cause of death? 24a. Was an autopsy

Physician /Medical **Examiner**

be executed

Box 68760

Records, P.O.

Division of Vital Attending Physician:

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, the Me

Physician

/Medical

Examiner

10a. Stata

Directo

Funeral

by

Completed

Be

Funeral

Director

r than "natural", or items 23a or 28a-f show the Moulcal Examiner must be notified at

the Maryland

with

death

Maryland 21215-0020

Baltimore,

physician and is the burial-trans 98 esn signed by the e funeral director.

peeu

this

death. s after death.

To the Hospital within 24 hours a To the Funeral C Hospital

Examiner Physician/Medicai by Completed Be To Certification: filled in by

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Was cesa refarrad to medicat 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Death 28b. Tima of

28a. Data of Injury (Month, Day Year) 5 Panding invastigation 6 Coutd not be determined

28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify)

26. Placa of Daath (Check only one) Other: 4 Anursing Homa 5 Rasidance 6 Othar (Specify)

28d. Dascribe how Injury occurrad 1 ☐ Yas 2 ☐ No

1 Yas 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State) Certifying Physicien: To tha best of my knowledge, daath occurred at tha time, data and place, and due to the cause(s) end memor as steted.

29b. Signature end titla of ca

29c. Licanse number

28c. Injury at Work?

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated.

29d. Date signed (Month, Day, Year)

1 Yes 2000

erson who completed cause of deeth (Item 23a) (Type, Print)

31. Data filed (Month, Day, Year)

2 Accidant

3 Suicida

29a. Cartifian

4 Homicida

(Check only one)

JUN 0 1 1999

, Bulto VAMC Extended Care, 3900 Loch Raven 32. Ragistrar's Signatura

State Registrar

Medical

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** Ruth Drake Stouffer May 28, 1999 8:03 A.M. /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Anne Arundel Medical Center Annapolis Anne Arundel If Under 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, Year) If Under 1 Veer 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Days 1 M 2 F Months Yrs. 217-16-5362 88 Director Nov. 23, 1910 Pennsylvania Usual Rasidence of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yas 2 🗓 No Directo Maryland Anne Arundel Riva 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 2821 Whitehouse Road 21140 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 14. Race - American Indian, Black, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puarto Rican, atc.) 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: White 2 3 X Widowed 4 Divorced Completed 18a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry filed within 7 Hygiene. College (1-4or 5+) Washington Suburban Elementery/Secondary (0-12) permit. Pages 1 and 2 should be filed will Depertment of Heelth and Mental Hygien, Important: if item 27 is marked other that any Injury or other traumatic event, the 2006. yrs. Claims Department Chief Sanitary Commission 18. Mothar's Nama (First, Middle, Maiden Surnama) 17. Father's Nama (First, Middle Last) Be Elmer C. Kresge Jennie Barkman 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11705 Cuckold Creek Rd. Newburg, MD 20664
ce of Disposition (Name of Data 20c. Location - City or Town, Stata Katharyn S. Freeman/ Daughter 20a. Melhod of Disposition

1 □ Burial 2 □ Cremation 3 □ Removal from Stata 20b. Place of Disposition (Name of cematery, crematory or other place) Lakemont Mem'l. Gardens 6-4-99 Davidsonville, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility George P. Kalas Funeral Home 2973 Solomons Island Rd. Edgewater, MD 21037 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. Approximata Interval Between Onset and Death **Physician** /Medical Immediata Causa (Final diseasa or condition resulting in deeth) 2 hours Acre myocardial Examine Due to (or as a consequence of): Examine 20 y eak provary Metery attending physician end for use as the burial-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Dua to (or as a consequence of): Box 68760 Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown Hyperlession, H.p Fractile by 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of cause of death? Completed peen 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate al or Attanding Physician: T s after deeth. ii Diractor: After this certificat ed in by the funeral director, pu 25. Wes casa refarred to medical axaminer? 8 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 TYas 2 LNO 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Deta of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending invastigetion 1 Watural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicida To the Hospital or within 24 hours aft To the Funeral Di completely filled in 29a. Certifier 10 certifying Physician: To the best of my knowledge, death occurred at tha tima, data end place, end due to the cause(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of centified 29c. Licensa number

State Registrar 31. Data filed (Month, Day, Year) JUN 0 1 1999

SPERITEN

Registrar's Signatura

Jay KATZ M.V.

30. Nema and addrass of person who completed causa of death (Item 23a) (Type, Print)

Sports

038687

139 OLD SOLDWAY'S ISLAND RO

5/25/194

MARKEDUS MD

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month 2:45PM Milfred Emerson Sears 23 1999 May 4a. Facility Nema (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Genesis Eldercare - Spa Creek Center Annapolis Anne Arundel If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) 5. Social Security Number 6. Sex 1 XM 2 ☐ F Birthpleca (Stata or Foreign Country) Months 215-32-8571 63 Maryland Usual Rasidance of Decadant 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Anne Arundel Annapolis 1 ☐Yas 2 ☐ No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 25 Bristol Drive 21401 USA 12. Was Decedent Evar In U,S. Armed Forcas? Was Dacedent of Hispenic Origin? (Specify Yas or No-lt Yas, specify Cuban, Maxican, Puerto Rican, atc.) Race - Amaricen Indien, Bleck, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yes 2 No If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 ☐No Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry College (1-4or 5+) Elemantery/Secondary (0-12) Manager U.S. Postal Service 17. Fethar's Name (First, Middle, Lest) 18. Mothar's Nama (First, Middle, Maidan Sumama) Milfred Hill Sears Rebecca Wiley 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) J'Nell Sears / wife 25 Bristol Drive Annapolis, MD 21401 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Hillcrest Cemetery 5-27-99 Annapolis, MD 22. Name and Addrass of Facility 147 Duke of Gloucester St. 21. Signatura of Funaral Service Licenti John M. Taylor FH, Inc. Annapolis, Maryland 21401 23a. Pert1. Enter the disaasa, or complications thet causad tha daath. Do not antar tha moda of dying, such as cardlac or respiretory errest, shock, or haart failura. List only one cause on each line. Approximata Intervel Between Onset end Death ic non swall cell ling concer Immediata Causa (Finel luear diseasa or condition rasulting in death) Dua to (or as a consaquence of): Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or Injury that Initiated avants rasulting in death) Last Due to (or as a consequence of): Dua to (or as e consequence of): Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 24b. Wara autopsy tindings available prior to completion of cause of death? 24a. Was en autopsy performed? 25. Was casa rafarred to medical 26 Placa of Daath (Chack only ona)

Physician /Medical Examiner

pue

this certificate

To the Hospital within 24 hours a To the Funeral Completely filled

edical

The law requires that the death certificete be executed

Records, P.O. Box 68760.

Division of Vital

Department of Health ar important: If item 27 is any injury or other trau

Physician

/Medical

Examiner

Funeral

Director

28a-f show

6 items 23a Director

Funeral

à

Completed

Be

traumatic event, the Medical Examiner must be notified at

Peges 1 and 2 should be filed within 72 hours effer onent of Health and Mental Hygiene. Int: If item 27 is marked other than "natural; or ites

Baltimore, Maryland 21215-0020

with the Marylend

Examiner physician as s the buriel-t Physician/Medical ettending p signed by t by Completed page 2 s Hospital or Attending Physician: 3
 4 hours after death.
 Funeral Diractor: After this certifica etely filled in by the funeral director, p Be Certification: To

1 Yas 2

27. Manper of Death

1 Natural 2 Accident

3 ☐ Suicida

4 Homicide

29b. Signatura and titla of cartitier

28a. Deta of Injury (Month, Day Year)

Nursing Homa 5 Rasidanca 6 Othar (Specify) 28d. Dascribe how Injury occurred

Othar: 28c. Injury et Work? 1 Yas 2 No

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29e. Certifier Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end dua to the causa(s) and manner as stated.

Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

28a. Placa of Injury - At homa, tarm, streat, factory, offica building, etc. (Specify)

28b. Time of

5 Pending invastigation

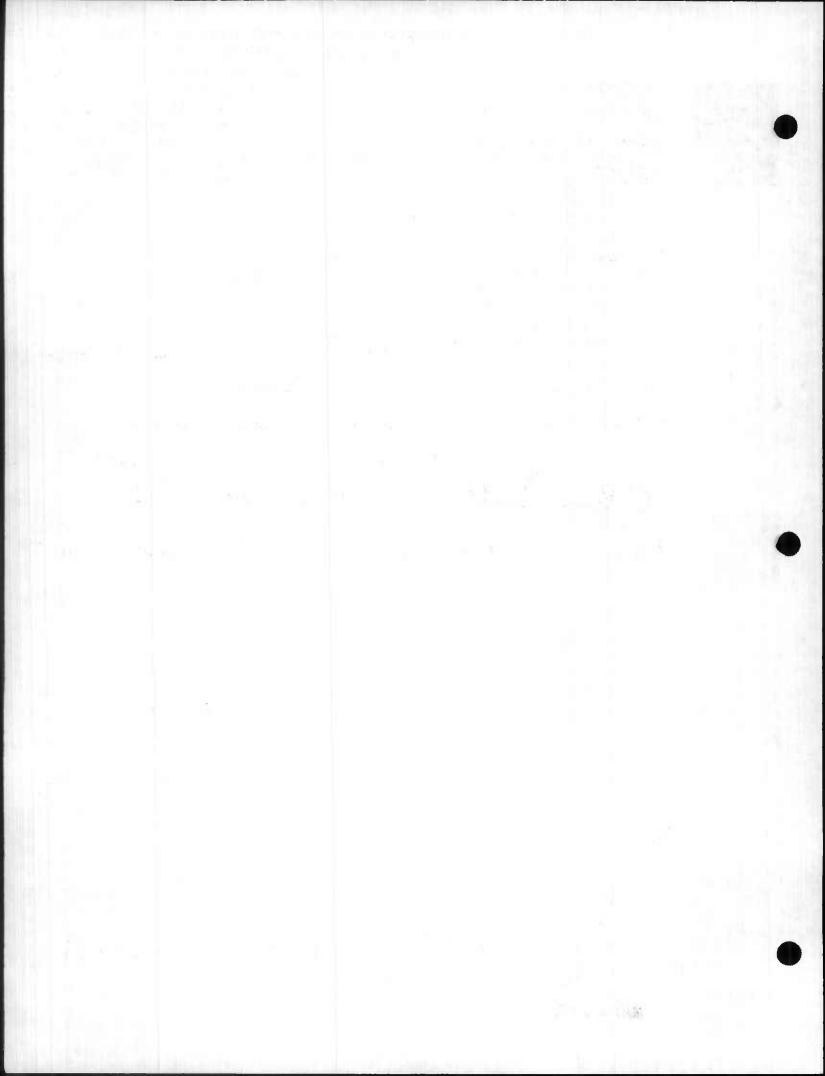
6 Could not be detarmined

29c. License number

29d. Date signed (Month, Day, Year)

900 Bestgate RD, annapolis, mo

State Registrar



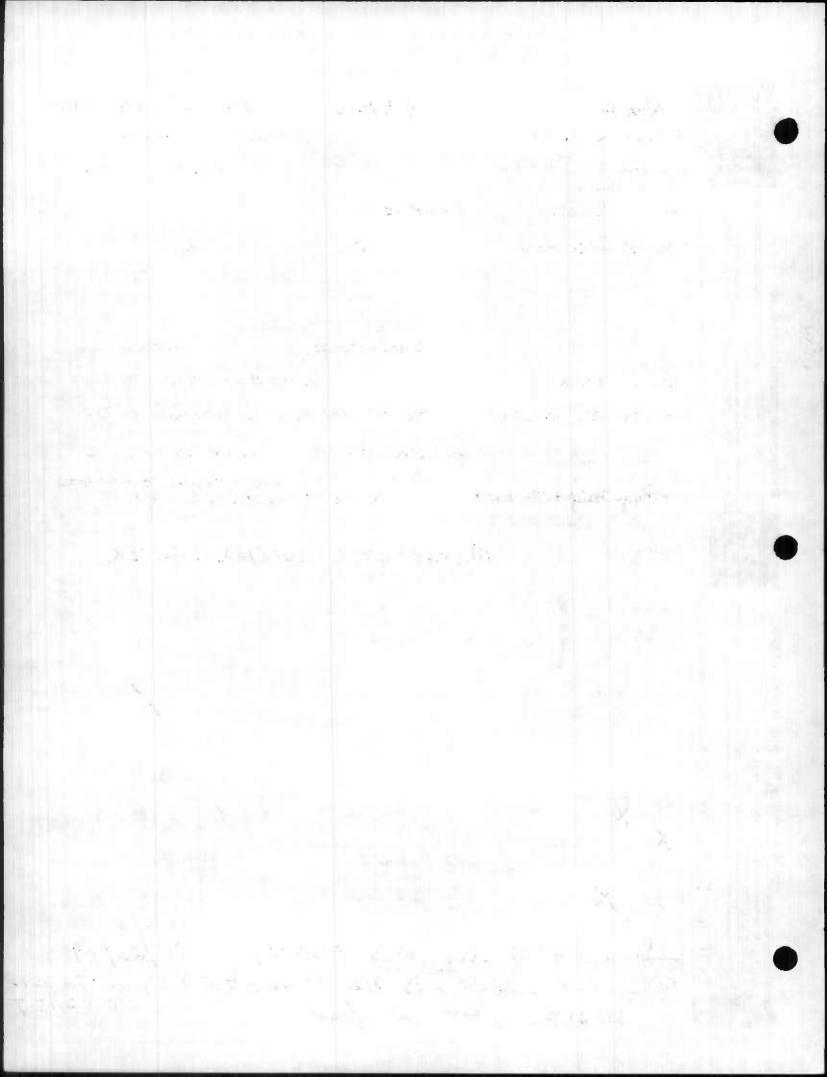
Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 0 0 Certificate of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 23^{Dey} Month **Physician** SHANNON 5:17pm May 1999 /Medical 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not institution, give street and number) 4c. County of Death Examiner Sykesville Carroll 5525 Old Washington Road 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day. July 27 9. Birthplece (State or Foreign 5. Social Security Number 422–34–5323 **Funeral** Months Deys Hours 1□M 2X F Alabama Yrs. **Director** Usual Residence of Decedent with the Merylend 10d. inside City Limits 10b. County Carroll 10c. City, Town or Location Sykesville permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Meryle Department of Health and Mentel Hygiene. Important: If itsm 27 is marked other than "netural", or items 23s or 23s4 show any Injury or other traumatic event, the Medical Examine I wast be notified. 1 ☐ Yes 2 No Director 10e. Street end Number 5525 Old Washington Road 10g. Citizen of Whet Country? USA 10f. Zip Code 21784 Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Merital Status 1 Never Married 2 Married Specify.white altimore, Maryland 21215-0020 1 ☐ Yes 🎾 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) legal secretary clerical 18. Mother's Neme (First, Middle, Maiden Sumeme)
Lethro Vincent Raley 17. Father's Neme (First, Middle, Last) Almos J. Edwards 19b. Meiling Address (Street end Number or Rural Route Number, City of Town, State, Zip Code) 5525 Old Washington Rd., Sykesville, Md 21784 19e. informant's Name/Relationship (Type, Print)
Donna Parlette (daughter) 20b. Placa of Disposition (Neme of Date 20c. Location - City or Town, State 20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State Md Anatomical Board 5-23-99 Baltimore, Md 4 ☑Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility Haight Funeral Home & Chapel 21. Signeture of Funerel Servica Licansee Page Haight Herbert P.O. Box 195 Sykesville, Md 21784 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** STATIC OVARIAN CANCER /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner Examiner that the death certificete be executed physicien end the buriel-trensil Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): 98 esn signed by the a 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 3 Probably 4 Unknown 1 Yes 25 No by 24b. Were eutopsy findings eveilable prior to 24e. Wes en eutopsy performed? Completed completion of cause of deeth? page 2 s certificate hes 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case referred to medical examiner? 26. Piece of Death (Check only one) Be Other: 4 ☐ Nursing Home 5 Residenca 6 ☐ Other (Specify)
Injury et 28d. Describe how injury occurred 1 Yes 2 No 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 28a. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? Certification: 1 Naturel
Accident 5 Pending deeth. 1 ☐ Yes 2 ☐ No investigetion 24 hours efter deet Funeral Director: 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) filled in by 4 Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end menner es stated.

Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner stated. 29a. Certifie Medical (Check only one) within 2 To the the th 29b. Signeture and title of certifier 29d. Date signed (Month, Dey, Year) 30. Name end eddress of person who completed cause of deeth (Item)) (Type, Print) 912 WASHINGTON ROAD WESTMINSTER ORSBERG. AMES M 32. Registrer's Signature

State Registrar 31. Dete filed (Month, Day, Year)

MAY 2 6 1999



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 9 9 7 3 1

				Certificate of	f Death	Re	g. No.	1	0.701
Physicia	an	1. Decedent's Name (First, Middle,		1		2. Dete of Deet Month	h Dey	Yeer	3. Time of Death
/Medica		George Ed	ward Schmie	aer .		May	28 1	999	0235
Examine	- 0	4e. Fecility Neme (If not institution,	1		4b. City, Town, or Loc	ation of Deeth	4c. County		
			pital		Elkton		Ceci	1	
uneral irector		5. Sociel Security Number 076-22-1314	. Sex 1 M 2 □ F 7. Age (In yrs. le	st birthday) If Under 1 Yea Months Day	ar If Under 24 Hrs. s Hours Min.	8. Date of Birth Month, Dey,	Year) 1928	9. Birthpl Count Neu	lace (State or Fore try) Jork
>		Usuel Residence of Decedent	10. 0						1
show	-	10a. Stete 10b. County	. /	Town or Location				10	0d. Inside City Limi
28a-f st	Director	Leci		Kton					1 ☐ Yes 2 💇 f
8 6	al Dire	10e. Street end Number	purtney Driv	10f. Zip Code	21921	10	og. Citizen of V USA	Vhet Coun	try?
BL B	Funeral	11. Marital Status	12. Was Decedent Ever in U,S. Armed Forces	13. Was Decedent of	Hispenic Origin? (Specuben, Mexican, Puerto F	ify Yes or No-		e - America k, White, e	
o','e	by	1 Never Married 2 Married 3 Widowed 4 Divorced		1□ Yes 2□√N		,,		Wh	/
cal	ted	15. Decedent's	Education	16e. Decedent's Usual Occ	upetion		16b. Kind of Bu	isiness/ind	lustry
Med	Completed	(Specify only highest g Elementery/Secondary (0-12)	College (1-4or 5+)		e during most of working				
54	Con	8		Betail 1	nanager	(Soody	car	lines
2 6	Be (17. Fether's Name (First, Middle, La			18. Mother's Name	(First, Middle, N			
marked imatic e	To Be	trank SC	hmieder				Kos	senbo	erg
aume		19a. Informent's Name/Relationship	(Type, Print)	19b. Malling Address (Street					
27 l		Lisa Marte Sc	hminder daughte	29201d C	hestnut-Roa	d, Elk	ton, Ma	rylan	112192
othe		20e. Method of Disposition		ce of Disposition (Name of netery, crematory or other p			20c. Location -		
= 0		1 ☐ Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe	Removel from State	Ferris & Cu	Toc. 5	29/99 V	Lest 1h	elr :	Pennsylvan
Important: any injury once.	-	21. Signature of Funeral Service Lie	**		1				
Importar any Injur once.		MAPX	4		ress of Fecility And Main Street				
		23a. Pert1. Enter the Aseese, or co shock, or heert milure. List on	mplications thet caused the deeth.						Approximete Intervel Between
sician									Onset end Deeth
edical		Immediate Ceuse (Final disease or condition	auto m	nyocceed witer	K.				ah
miner		resulting in death)	0.	es e consequence of):	1104				
-	ne		Comme	1 in suffere					511.
rans	Examiner	Sequentially list conditions	Due to (or e	es e consequence of):	1				g
		Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury	eupp						744
physician and s the buriel-transit	cal	thet initiated events	V	s e consequence of):					1 4
Da .	/Medical	resulting in deeth) Lest	d. Engl						745
been signed by the attendir should be detached for use	Physician/	Part II. Other eignificant conditions	contributing to death but not resulti	ing In the underlying ceuse of	given in Pert I.	23b. Did to	bacco uee con	tribute to	the cause of deat
detach	by Phy					10/4	s 2 No	3 Prob	ably 4 Unkno
sen sign	Completed b					24a. Wes er	eutopsy	24b. We	re eutopsy findings ileble prior to appletion of cause
20 CA	현							of d	deeth?
page	5					1 ☐ Ye	s 2 No	1 🗆	Yes 2□ No
	Bec	25. Wes case referred to medical			26. Place of Deeth	(Check only one	/\		
direc	To	examiner? 1 Yes 2 No	Hospital:	R/Outpetient 3 DOA	Other: 4 Nursing Hom			ar (Specify	1
erai		27. Menner of Death		8b. Time of 28c. Inj		d. Describe ho			,
a fun	읊	1 Natural 5 ☐ Pending 2 ☐ Accident Investigat			ork? ☐ Yes 2 ☐ No				
ctor	flea	3 ☐ Suicide 6 ☐ Could not		e, ferm, street, factory, office	9 28	If. Location (Str	eet end Numbe	er or Rural	Route Number,
2 4 7	Certification:	4 Homicide	building, etc. (Specify)			City or Town	Stete)		
0 =	2	(Uneck only 21 Medical Ex	Physicien: To the best of my knowle aminer: On the basis of examination	edge, deeth occurred et the n end/or Investigetion, in my	time, date end plece, er opinion, deeth occurred	d due to the ce	use(s) and me	nner es ste	eted. the ceuse(s)
Funeral Di	2		end manner steted.	200 Lines			Data sina	1 /1 /1 - alb F	3 V4
the Funeral Di mpletely filled in	Medicai	onej		290. Licer	nse number	28	d. Dete signed	i (Month, L	Jey, reer)
he Funer pletely fil		29b. Signeture end title of certifier					h	_	
To the Funeral Di completely filled in		29b. Signeture end title of certifier	Har KID	D0 4	1623		5/281	99	
To the Funeral Di	2	29b. Signeture end title of certifier		3e) (Type, Print)			5/28/	99	proper to sense some
To the Funeral Di	2	29b. Signeture end title of certifier Jui chil 30. Name end eddress of person wh	o completed ceuse of deeth (Item 2			cton	5/28/	99	<u> </u>



State of Maryland / Department of Health and Mental Hygiene

	Decedent'e Name (First, Middle, Last)		Certific			2. Dete of Deet			3. Time of Death
sician	Wallace Eugene	Stump	f			Month May 25,	Dey 1999	Yeer	8:45 pm
edical	4e Fecility Neme (If not institution, give street e				4b. City, Town, or Lo		4c. County	of Deeth	0.43 PIII
miner	5206 Iroquois Road				Bethesda			tgome	MTT
	5. Social Security Number 6. Sex	7. Age (In yrs. le	ast birthdev) If U	nder 1 Year	If Under 24 Hrs.	8. Dete of Birth (Month, Dey,		9	-
or	216-30-4959 Usuel Residence of Decedent		Yrs. Mon	ths Deys	Hours Min.	(Month, Dey, Jan. 10			ace (Stete or Foreign y) achusetts
_	10e. Stete 10b. County	10c. City	, Town or Location					100	d. Inside City Limits 1 X Yes 2 □ No
Director	Florida Palm Beach		West Palm		h				
	10e. Street end Number		10f	. Zip Code	#7 W To	10	0g. Citizen of V		ry?
2	6909 69th Way			334			U.S.A.		
by Funeral	1 Never Married 2 Married 1 If Y	es Decedent Ever in U,S ned Forces?] Yes 2 💆 No 'es, Give ar or Dates:		ecedent of F specify Cuba s 21 No	dispenic Orlgin? (Spe an, Mexican, Puerto I Specify:	cify Yes or No- Rican, etc.)		e - America k, White, e Whit	tc.
Pe	15. Decedent's Education		16a. Dacedent's	Usuel Occup	petion		16b. Kind of Bu	islnass/Indu	ustry
Completed	(Specify only highest grede comp	Naga (1-4or 5+)	(Give kind o life. DO NO	t work done IT use retire	petion duning most of workind)	ng			
Eo	Camanary 3000 Idary (0-12)	1	Busines	s Man	ager	S	teamfitt	ers Uni	ion #602
BeC	17. Fether's Neme (First, Middle, Last)				18. Mother's Neme	(First, Middle, A	Maiden Sumem	Θ)	
TOE	Herbert Conrad S	tumpf			Leah Ha	thaway	Wallad	ce	
	19e. Informent's Name/Relationship (Type, Prin	int)	19b. Mailing Add	ress (Street	and Number or Rura	l Route Number,	, City or Town,	Stete, Zip (Code)
	Deborah J. Gudelsky -	Daughter	5206 Iro	quois	Road, Bet	hesda,	Marylan	nd 20	0816
	20a. Mathod of Disposition	20b. Pl	ace of Disposition metery, cremetory				20c. Location -		vn, Stete
	1 X Buriel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donetion 5 ☐ Other (Specify)	II II OIII SIULU	t Lincol			5/28/99	Brentw	ood. 1	Maryland
	21 Signature of Funeral Service Lidensee	1.1.			ess of Fecility	, 20, 55	22011011	, ,	, , , , , , , , , , , , , , , , , , , ,
	W THAN	1.12	Gasch	's Fu	neral Home	2			
	23a Part Enter the disease of complications	that course the during	4739	Balti	more Avenu	ie, Hyat	tsville		20781
	23a. Part 1. Enter the disease, of complications shock, or heart feilure.	se on each line.	The flot eliter the	mode of dyn	ng, such es carolac o	i leaphetory ente	331,		Approximete Intervel Between Onset end Deeth
	Immediate Ceuse (Final	V							
	disease or condition resulting in death) a	Non-Hodgki							months
-		Due to (or	es e consaquence	of):					
Examiner	b								
Xai	Sequentially list conditions, if eny, leading to immediate ceuse. Entar Undarfyling Causa (Disaasa or Injury c.	Due to (or	es e consequence	of):				į	
180	ceuse. Entar UndartyIng Causa (Disaasa or Injury that initiated events		HERV SECTION						
edical	resulting in deeth) Lest	Due to (or	es e consequence	of):					
-	d								
clar									
Physician/M	Pert II. Other significant conditions contributing	g to death but not resu	Iting in the underly!	ng ceuse giv	ven in Pert I.				the cause of death?
Ph						1 🗆 Ye	es 2X No	3 Prob	ably 4 Unknow
d b						240 14600	n autonos	24h Was	re eutopsy findings
Completed by						24a. Was ei		evei	ilable prior to
Idu								of d	eeth?
S						1 □ Ye	s 210 No	10	Yes 2X No
Be (25. Wes cese referred to madicel examiner?	No.			26. Plece of Deeth	(Check only on	a)		
To	1 ☐ Yas 2 🕅 No Hospite	1 Inpatient 2 I	ER/Outpatient 3	JUOA	ner: 4 Nursing Hor	ne 5 🗆 Reside	ence 6XIOth	er (Specify)	Residence
	27. Menner of Deeth 1 X Natural 5 ☐ Pending	Date of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injui	ry et 2	28d. Describe ho	w injury occur	red	
atic	2 Accidant investigation		M	10	Yas 2 □ No				
ertific	3 Suicide 6 Could not be determined 28e.	Place of Injury - At hor building, etc. (Specify,	me, farm, straat, fa	ctory, office	1	28f. Location (St. City or Town	reet and Numb n, Stete)	er or Rural	Route Number,
edical Certification:	29a. Certifier (Check only 2 Medical Examiner: On	To the bast of my known the basis of examinati	rledga, daath occur on and/or invastica	red et tha ti	ma, date and place, a	and due to the ca	ause(s) and ma	nnar es ste	eted. tha causa(s)
	one) en	d manner stated.							
Σ	29b. Signature and title of certifier	/ ,		29c. Licens	se number	2)	9d. Date signe		
	1 - 2	ibil	MD	4	044/	U	May 2	7, 19	99
)	30. Neme end eddress of person who complete	d ceuse of death (Item	23e) (Type, Print)						
ソ	Eugene P. Libre, M.D	., 10400 Cd	onnecticu	t Ave	nue, #606,	Kensin	gton, 1	MD 20	0895
State	31. Dete filed (Month, Dey, Year)	Registrer's Signat	ure						

to the King of the same

EEG # : VALL

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Months

10f Zip Code

7. Age (In yrs. lest birthdey)

70 Yrs.

10c. City, Town or Location

Mitcheliville

20b. Plece of Disposition (Name of cematery, cremetory or other place)

Chesapeake Crematory

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Death 3. Time of Death Month

Annapolis

If Under 1 Year If Under 24 Hrs.

Hours

20716

Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

Days

1 Yes 2X No Specify:

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

Maintenance Worker

22. Neme end Address of Facility

J.B. JENKINS FUNERAL HOME

Physician /Medica Examiner

ROBERT K. SHEPPARD 4e Facility Neme (If not institution, give street end number)

10b. County

Anne Arundel Medical Center

Prince George's

1**X**0 M 2□ F

12. Wes Decedent Evar in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Year or Dates:

College (1-4or 5+)

Per centre

1. Decedent's Neme (First, Middle, Last)

5. Social Security Number

579-36-3641

10a. State

Maryland

10a. Street and Number

Usual Residence of Decedent

05 4b. City. Town, or Location of Death 4c. County of Deeth

8. Date of Birth (Month, Day, Year)

18. Mother's Name (First, Middle, Maiden Sumeme)

Dete 05/25

1999

7474 Landover Road, Landover, Maryland 20785

Lillian Thomas

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)

1924 Mitchellville Road, Mitchellville, Maryland 20716

February 21, 1929

22

99

Anne Arundel

14. Race - American Indien, Bleck, Whita, etc.

Black

10g. Citizen of What Country?

U.S.A.

Specify

16b. Kind of Business/Industry

Private

20c. Location - City or Town, Stete

Beltsville, Maryland

Approximete Intervel Between Onset end Death

Virginia

2:45 am

Birthpiace (Stete or Foreign Country)

10d Inside City Limits

1 Nes 2 No

Funeral

Director

dical Examiner must be notified at 'natural', or flama 23a or 28a-f

Hygiene. 2 should be 1 1 and Mental 1 is marked of permit. Pages 1 and 2 sh. Department of Health and Important if item 27 is many injury or

3altimore. Maryland 21215-0020

Box 68760

o

Records,

Division of Vital

Physician /Medical Examiner

and ettending physician 8 the 20 signed by t hes The certificate Attending Physician: director. this After death. efter death Director: / d in by the f ò

hin 24 hours efter the Funeral Dire mpletely filled in b Hospital within 2 To the F

Examiner Physician/Medical à Completed Be Certification: To edical

Director 1924 Mitchellville Road Funeral 1 Never Married 2 Married þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 12th 17. Fethar's Name (First, Middle, Last) Be Willie Sheppard 2 19e. Informent's Neme/Reletionship (Type, Print) Bruce T. Williams/Nechew-in-Law 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee Nancy 23a. Pert1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. tmmediete Cause (Final diseese or condition resulting in deeth) Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Diseese or injury lhet initiated avants resulting in death) Lest Decubity Drig use

25. Was case referred to medical examiner? 27. Manner of Deeth 1 Naturel

Due to (or es e consequence of): 101 Due to (or es e consequence of): Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Vices 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Wes en eutopsy performed? t Yes 2 No 1 Yes 2 No 26. Place of Deeth (Check only one) Hospitel: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 ☐ Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 🔀 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, end due to the cause(s) and menner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner steted. 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year,

MISICIAN

D47518

5-72-99

30. It was and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

heresa Buck AAMC Frankling Cathed It ANNAPOLIS. MO 21401

State Registrar 31. Dete filed (Month, Dey, Year)
MAY 2 6 1999 34. Registrer's Signeture

June & forther

MAY 2 6 1999

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

POBERT F STIVER Jr

State of Maryland / Department of Health and Mental Hygiene

hysician	1. Decedant's Nam	ne (First, Middle, Las						2. Date of De Month	Day	Year	3. Time of Death 2157 PM
/Medical	Robert		F.		ilver	Jr.		MAY			2137 FF.
xaminer		(If not institution, give RN MARYLAI				All and	4b. City, Town, or I				ORGES
	5. Social Security N				ant friethelass) If	Under 1 Year					
neral ector	217-84- Usual Rasidance of	1921 X	9X 7. A	ga (In yrs. la 5		onths Days		8. Data of Bir (Month, Da 0 c t 2]	ly, Year) 1 1963		olace (Stata or Foreign otry) Carolina
ě u	10a. Stata	10b. County		10c. City,	, Town or Location	on				1	0d. Inside City Limits
ust be notified at rai Director	Maryland	Prince Ge	eorges	Cli	nton						XX Yas 2 No
or 28	10e. Street and Nu					Of. Zip Code			10g. Citizen of	What Cour	ntry?
18 E	9701 Temp	ple Hill R	Rd.			2073	35		U.S.	Α.	
Fune		ried 2 Merried	12. Was Decedent Armed Forcas' 1 Yas 2 If Yas, Giva Yaar or Datas:	?		Decedent of I s, specify Cub Yas XXNo	Hispanic Origin? (S an, Mexican, Puert Specity:	pecify Yas or No o Rican, atc.)	14. Rad Bla Specif	ce - Americ ck, White,	
		15. Decedent's Ed	144		16a. Decedent	s Usual Occup	pation		16b. Kind of B		
other than mature event, the Medical Be Completed	(Spec	cify only highast grad		5+)	(Giva kind lifa. DO l	of work done VOT use retire	during most of world)	king			
Comp	11		Ollege (1-40)	υτ <i>j</i>	Appren	tice El	lectricia	n	Kahler	Elec	ctric Co.
event, p	17. Fathar's Nama	(First, Middle, Last)					18. Mother's Nen	ne (First, Middle,	, Maiden Sumar	na)	
	Robert H	F. Silver	Sr.					P. Lync			
E E		lame/Relationship (7					t and Number or Ru	ral Routa Numbe	er, City or Town		Code)
her tr		ne Silver	(Sister)	5717 L:		ane Camp	Springs			
0 d		☐Cramation 3 ☐		Cei	ace of Dispositio matary, cremato	ry or othar pla	1	Data	20c. Location	- City or To	own, Stata
important: If it eny finding or price.	4 Donation	5 ☐ Othar (Specify)		lver Cer			6/1/99	Hollist	er, N	V.C.
254	1 21. Signeture of Fi	unaral Sarvica Lican:	508		22 No	the second Audidor	ass ot Facility				
200	1	1.	1	1	Re	endon/F	lale Fune	ral Home	2		
ode: od i	19/10	land ;	Heno	1-	Re	e ndon/ F 013 Anr	Hale Fune: napolis Re	d. Lanha	am. Marv	land	20706
due du	19/10	tha disease, or comport teilura. List only of	Olications that cause one cause on each li	d the deeth.	Re	e ndon/ F 013 Anr	Hale Fune: napolis Re	d. Lanha	am. Marv	land	Approximeta Intarval Between
ician	23a. Pari 1. Entar 1	/	Dulu blications that cause one cause on each li	d the deeth.	Re	e ndon/ F 013 Anr	Hale Fune: napolis Re	d. Lanha	am. Marv	land	Approximeta
	23a. Puri. Entar to lock, or hee	(Final			Re 90	endon/F 013 Anr se mode of dyi	Hale Fune: napolis Re	d. Lanha or raspiratory a	am. Marv	land	Approximeta Intarval Between
ician dical niner	23a. Pari. Entar i	(Final		ARRHYTH	Re 90	endon/F 013 Anr ne mode of dyi	Hale Fune: napolis Ro ng, such es cardiac	d. Lanha or raspiratory a	am. Marv	land	Approximeta Intarval Between
ician dical niner	23a. Puril. Enter to lock, or hee limmedieta Causa diseasa or condition resulting in death)	(Final		ARRHYTHI Due to (or RENIA	Po not enter the MIA DURING as a consequent	endon/F 013 Anr e mode of dyi G AGITAT ce of):	Hale Fune: napolis Ro ng, such es cardiac	d. Lanha or raspiratory a	am. Marv	land	Approximeta Intarval Between
ician dical niner	23a. Puril. Enter to lock, or hee limmedieta Causa diseasa or condition resulting in death)	(Final	a. CARDIAC A	ARRHYTHI Due to (or RENIA	Region Properties Region Prope	endon/F 013 Anr e mode of dyi G AGITAT ce of):	Hale Fune: napolis Ro ng, such es cardiac	d. Lanha or raspiratory a	am. Marv	land	Approximeta Intarval Between
ician dical niner	23a. Puril. Enter to lock, or hee limmedieta Causa diseasa or condition resulting in death)	(Final	a. CARDIAC A	ARRHYTHI Due to (or RENIA Dua to (or	Do not enter the MIA DURING as a consequence as a consequence.	endon/F 013 Anr is mode of dyi G AGITAT ce of):	Hale Fune: napolis Ro ng, such es cardiac	d. Lanha or raspiratory a	am. Marv	land	Approximeta Intarval Between
physician and control of the burial-transit control of the burial-transit control of the control	23a. Puri. Entar to lock, or hee	(Final on ditions, mediata arrying Injury s	a. CARDIAC A	ARRHYTHI Due to (or RENIA Dua to (or	Po not enter the MIA DURING as a consequent	endon/F 013 Anr is mode of dyi G AGITAT ce of):	Hale Fune: napolis Ro ng, such es cardiac	d. Lanha or raspiratory a	am. Marv	land	Approximeta Intarval Between
as the bunal-transit as the bunal-transit Redical Examiner	23a. Parti. Enter to lock, or hee disease or condition resulting in death) Sequentially list confidence and local sector under the initiation of the initia	(Final on onditions, namediata erlying Injury s	a. CARDIAC A	ARRHYTHI Due to (or RENIA Dua to (or	Do not enter the MIA DURING as a consequence as a consequence.	endon/F 013 Anr is mode of dyi G AGITAT ce of):	Hale Fune: napolis Ro ng, such es cardiac	d. Lanha or raspiratory a	am. Marv	land	Approximeta Intarval Between
as the bunal-transit as the bunal-transit Redical Examiner	23a. Pari. Enter to the control of t	(Final on onditions, mediata erlying Injury s Last	a. CARDIAC A b. SCHIZOPHR c. d.	ARRHYTHI Due to (or RENIA Dua to (or a	MIA DURING as a consequence of econsequence of consequence of the cons	endon/F 013 Anr e mode of dyi G AGITAT ce of): ce of):	Hale Fune: napolis Ring, such es cardiac	d Lanha	am, Mary		Approximeta Intarval Between Onset end Death
as the bunal-transit as the bunal-transit Redical Examiner	23a. Pari. Enter to the control of t	(Final on onditions, namediata erlying Injury s	a. CARDIAC A b. SCHIZOPHR c. d.	ARRHYTHI Due to (or RENIA Dua to (or a	MIA DURING as a consequence of econsequence occurrence of econsequence occurre	endon/F 013 Anr e mode of dyi G AGITAT ce of): ce of):	Hale Fune: napolis Ring, such es cardiac	d Lanha cor raspiratory a	tobacco use co	i i i i i i i i i i i i i i i i i i i	Approximeta Interval Between Onset end Death O
oty the entending physician and stacked for use as the burial-transit and physician/Medical Examiner	23a. Pari. Enter to the control of t	(Final on onditions, mediata erlying Injury s Last	a. CARDIAC A b. SCHIZOPHR c. d.	ARRHYTHI Due to (or RENIA Dua to (or a	MIA DURING as a consequence of econsequence occurrence of econsequence occurre	endon/F 013 Anr e mode of dyi G AGITAT ce of): ce of):	Hale Fune: napolis Ring, such es cardiac	d Lanha cor raspiratory a	tobacco use co	i i i i i i i i i i i i i i i i i i i	Approximeta Intarval Between Onset end Death
hould be detached for use as the bunial-fransit and properties are the properties as the bunial-fransit and properties are the properties properties are	23a. Pari. Enter to the control of t	(Final on onditions, mediata erlying Injury s Last	a. CARDIAC A b. SCHIZOPHR c. d.	ARRHYTHI Due to (or RENIA Dua to (or a	MIA DURING as a consequence of econsequence occurrence of econsequence occurre	endon/F 013 Anr e mode of dyi G AGITAT ce of): ce of):	Hale Fune: napolis Ring, such es cardiac	d Lanha c or raspiratory as TRAINT 23b. Did 1	tobacco use co	ontribute to 3 Proi	Approximeta Interval Between Onset end Death O
s been signed by the element physician end by but standard in the brief standard in the	23a. Pari. Enter to the control of t	(Final on onditions, mediata erlying Injury s Last	a. CARDIAC A b. SCHIZOPHR c. d.	ARRHYTHI Due to (or RENIA Dua to (or a	MIA DURING as a consequence of econsequence occurrence of econsequence occurre	endon/F 013 Anr e mode of dyi G AGITAT ce of): ce of):	Hale Fune: napolis Ring, such es cardiac	d Lanha c or raspiratory as TRAINT 23b. Did 1	tobacco use co	ontribute to 3 □ Proi	Approximeta Interval Between Onset end Death O the cause of death? bebly 4 Unknown ere eutopsy tindings ailable prior to mpletion of cause death?
2 should be detached for use as the bunal-transit Laboratory Detected by Physician/Medical Examiner	23a. Paril. Enter the control of the	(Final on onditions, mediata ertying Injury s Last	a. CARDIAC A b. SCHIZOPHR c. d.	ARRHYTHI Due to (or RENIA Dua to (or a	MIA DURING as a consequence of econsequence occurrence of econsequence occurre	endon/F 013 Anr e mode of dyi G AGITAT ce of): ce of):	Hale Fune: napolis Ring, such es cardiac ION AND RES	d. Lanha cor raspiratory and TRAINT 23b. Did 1 24a. Was parto	tobacco use co Yes 2 No	ontribute to 3 □ Proi	Approximeta Interval Between Onset end Death o the cause of death? bebly 4 Unknown ere eutopsy tindings ailable prior to mpletion of cause
2 should be detached for use as the bunial-transit and properties to be a properties of the propertie	23a. Puri. Entart lock, or hee lock, or hee lock, or hee disease or condition resulting in death) Sequentially list colif any, leading to incause. Entar Unde Cause (Disease or thet initieted avant rasulting in death) Part II. Other significant control of the lock of t	(Final on onditions, mediata orlying Injury s Last	a. CARDIAC A b. SCHIZOPHR c. d	Due to (or a Due t	Region of the second of the se	endon/F 013 Anr be mode of dying G AGITAT ce of): ce of):	Hale Fune: napolis Ring, such es cardiac ION AND RES ven in Part I.	d. Lanha c or raspiratory and TRAINT 23b. Did 1 24a. Was parlo	tobacco use co Yes 2 No an autopsy prined?	3 Proi	Approximeta Interval Between Onset end Death o the cause of death? bebly 4 Unknown ere eutopsy tindings ailable prior to mpletion of cause death?
2 should be detached for use as the bunial-transit and properties the bunial-transit and properties the bunial-transit bleted by Physician/Medical Examiner	23a. Puri. Enter to lock, or hee lock, or hee disease or condition resulting in death) Sequentially list colif any, leading to incause. Enter Under Cause (Disease or thet initiated avant rasulting in death) Part II. Other significations of the examinar? 1 Xes 2 2	(Final on onditions, mediata errlying Injury s Last	a. CARDIAC A b. SCHIZOPHR c. d	Due to (or a Due t	Region Re	endon/F D13 Anr be mode of dyi G AGITAT ce of): ce of): tying causa given	Hale Fune: napolis Ring, such es cardiac ION AND RES ven in Part I.	23b. Did	tobacco use co Yes 2 No an autopsy prined?	ontribute to 3 Proi	Approximeta Interval Between Onset end Death o the cause of death? bebly 4 Unknown ere eutopsy tindings ailable prior to mpletion of cause death?
2 should be detached for use as the bunial-transit and properties the bunial-transit and properties the bunial-transit bleted by Physician/Medical Examiner	23a. Paril. Enter the control of the	(Final on onditions, mediata entrying Injury s Last ficant conditions co	a. CARDIAC A b. SCHIZOPHR c. d	Due to (or a Due t	Royal Servoutpatient 328b. Tima of Injury	endon/F D13 Anr be mode of dyi G AGITAT ce of): ce of): tying causa given 280 DOA Otto	Hale Fune: napolis Ring, such es cardiac ION AND RES ven in Part I.	23b. Did	tobacco use cover 2 No an autopsy orned? Yas 2 No one) dence 6 Ott how injury occur	ontribute to 3 Proi	Approximeta Interval Between Onset end Death o the cause of death? bebly 4 Unknown ere eutopsy tindings ailable prior to mpletion of cause death?
s been signed by the element physician end by but standard in the brief standard in the	23a. Pari. Enter the control of the	(Final on onditions, mediata erlying Injury S Last fleant conditions co	a. CARDIAC A b. SCHIZOPHF c. d	Due to (or an analysis)	Royal State of State	endon/F D13 Anr be mode of dyi G AGITAT ce of): ce of): tying causa gh by DOA Ott Company of the company o	Hale Fune: happolis Ring, such es cardiac ION AND RES Ven in Part I. 26. Place of Dea her: 4 Universing H ry 4t ry 4t ry 4t	23b. Did 23b. Did 24a. Was parlo ath (Check only of the Check o	tobacco use co	ontribute to 3 Proi	Approximeta Interval Between Onset end Death Onset end Death Onset end Death Onset end Death? Death of the cause of death?
s been signed by the element physician end by but standard in the brief standard in the	23a. Pari. Enter the control of the	(Final on onditions, mediata errlying Injury s Last ficant conditions color of the medical of t	a. CARDIAC A b. SCHIZOPHF c. d	Due to (or a Due t	Royal State of State	endon/F D13 Anr be mode of dyi G AGITAT ce of): ce of): tying causa gh by DOA Ott Company of the company o	Hale Fune: happolis Ring, such es cardiac ION AND RES Ven in Part I. 26. Place of Dea her: 4 Universing H ry 4t ry 4t ry 4t	23b. Did 23b. Did 1 24a. Was parlo 24a. Was parlo 28d. Describe UNKNOW! 28f. Location (: City or To	tobacco use co	ontribute to 3 Proi	Approximeta Interval Between Onset end Death o the cause of death? bebly 4 Unknown ere eutopsy tindings ailable prior to mpletion of cause death?
This certificate has been signed by the ettending prysician and the principal director, page 2 should be detached for use as the burial-fransit and principal and the principal principal and the principal and th	23a. Pari. Enter the control of the	(Final on onditions, mediata errlying Injury s Last ficant conditions condit	a. CARDIAC A b. SCHIZOPHE c. d d Hospital: 1 Inpatial In	Due to (or of Du	Royal Section 1 Property of the section 1 Property of the section 2 Pr	endon/F D13 Anr be mode of dyi G AGITAT ce of): ce of): tying causa gh by DOA Ott cause of tying causa gh cause of tying causa gh cause of tying causa gh	Hale Fune: happolis Ring, such es cardiac ION AND RES Ven in Part I. 26. Place of Dea her: 4 Nursing H ry at rk? Yes 2 XII No	d Lanha corraspiratory and TRAINT 23b. Did 1 24a. Was parto the (Check only of the control of t	tobacco use cover 2 No an autopsy med? Yas 2 No one) dence 6 Ott how injury occur N Street and Num. wn, State) 98 EORGE'S C causa(s) and m	ontribute to 3 Proi 24b. Way coo of 1 har (Specifiered 40 PTS 0. MD anner as s	Approximeta Interval Between Onset end Death Death Onset end D

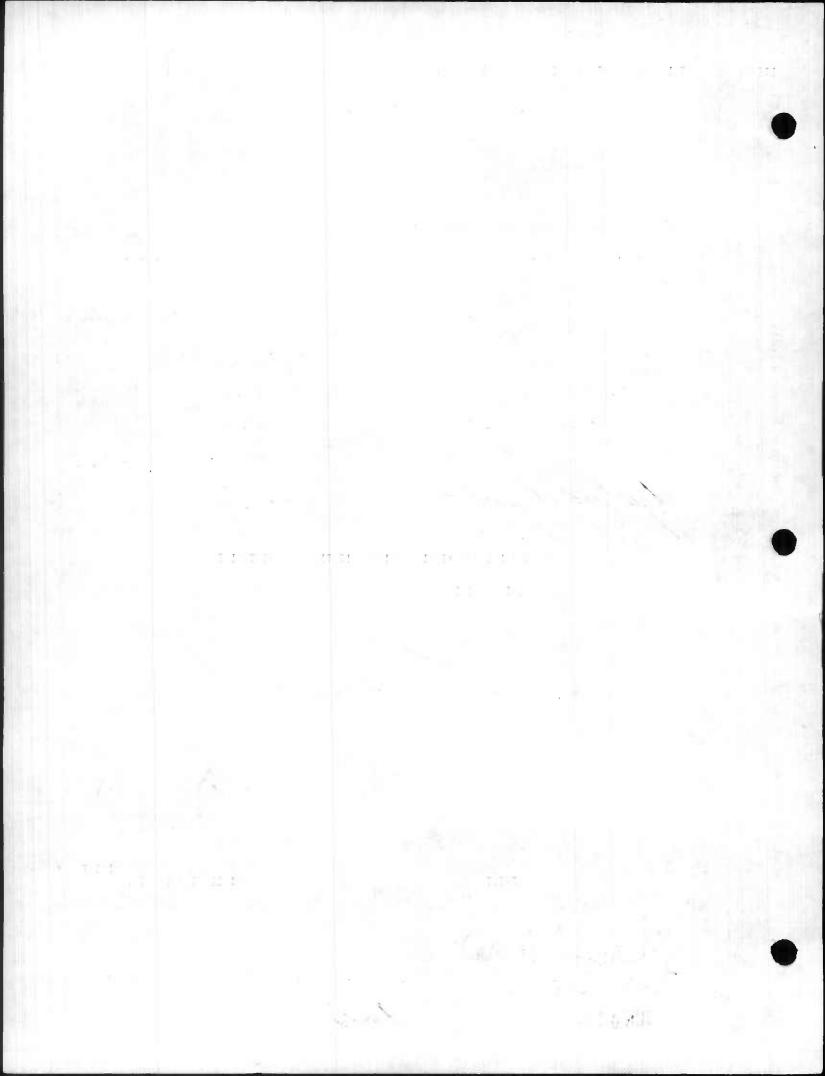
DHMH 16 Rev 6/95

State

Registrar

JUN 0 1 1999

Registrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) **Physician** Robert may 1050 /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4e Fecility Neme (If not institution, give street and number) Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Pay, Year) 6. Sex 12 M 2□ F Birthplece (State or Foreign Country) 7. Age (In yrs. last birthdey) **Funeral** 220-28-0330 Yrs 606 01/06/33 Director Maryland Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "naturel", or items 23s or 28s-f shor traumatic event, the Madical Examiner must be notified at 1 ☐ Yes 2 No Director MD Wicomico Salisbury 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code USA 918 Loch Raven Road 21804 Funeral 12. Was Decedent Ever in U.S.
Armed Forces?
1 Pyes 2 No
If Yes, Give
Yeer or Dates: Korean Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. 11. Meritel Stetus 1 Never Merried 2 Married 0 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced white Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7. Department of Heelth and Menlet Hygiene. Important: if item 27 is marked other than "na any injury or other traumatic event, tra Menlet page. Elementary/Secondary (0-12) College (1-4or 5+) 11 Business Agent Electrical 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname, Christian Reinhold Scharpf Anna M. Fleichman 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 918 Loch Raven Rd., Salisbury, MD 21804 Shirley N. Scharpf (wife) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Wicomico Memorial Park 5/25/99 Salisbury, Maryland 21. Sanduse of Funerel Service Licenses 22. Name end Address of Facility, Holloway Funeral Home, P.A. Pert1. Enter the disease, or complications/hat caused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. 501 Snow Hill Rd., Salisbury, MD 21804 Approximete intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in death) Due to (or es e consequence of):

Sheye Chenin lymphocytic leuthemia Examiner Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest pue ettending physician for use es the buriel Due to (or es e consequence of) 98 ed by the deteched Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? signed by t 2 XNO 1 Yss 3 Probably 4 Unknown by 24b. Were eutopsy findings eveilable prior to Completed 24a. Was en eutopsy peen completion of cause of deeth? page 2 s hes 2 X No 1 Yes 2 No certificate Be 25. Wes cese referred to medical exeminer? 26. Place of Death (Check only one) Hospital: 1 Yes 20 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P Inpatient 2 ER/Outpetient 3 DOA this funeral 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: After 1 Neturel 5 Pending death. 1 ☐ Yes 2 ☐ No investigetion 2 Accident Director: 6 Could not be 3 ☐ SuicIde 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homloide 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner as stated Medicai (Check only one) 2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and manner stated.

Division of Vital Records, P.O. or Attending To the Hospital or within 24 hours efter To the Funeral Director completely filled in

Physiclan:

The law requires that the death certificate be executed

Box 68760

Baltimore,

1 Juonder 84114

State Registrar 29b. Signature and title of certifier asso 29c. License number

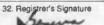
29d. Date signed (Month, Day, Year) 99

s of person who completed cause of deeth (Item 23e) (Type, Print)

. GRASSO 145 ARROLL

31. Dete filed (Month, Day, Year) MAY 2 4 1999

oseinn



the set begin to a supplied on

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 0430 Walter Homer Sater 25, MAY 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 7902 GREEN STREET CLINTON PRINCE GEORGES 6. Sex 1 M 2 □ F If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey Year) 9. Birth, Sept. 13,1923 New 9. Birthplece (State or Foreign 5. Social Security Number 7. Age (In vrs. lest birthday) Months Deys Hours Min York 75 Yrs. 078-12-1013 Usuel Residence of Decedent 10h County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Prince George's 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code U.S.A. 20735 7902 Green Street 12. Was Decedent Ever in U,S. Amed Forces? 1874es 2□No 1942-If Yes, Give Yeer or Detes: 1968 11. Marital Status 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian. 1 ☐ Never Married 2 ☐ Married White 1 Yes 2XXIo Specify: 3 ☑ Widowed 4 □ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) 12th Medical Technician USAF/ Federal Government 18 Mother's Name (First Middle Maiden Sumeme) 17. Fether's Name (First, Middle, Last) Mabel Rose Gawthier Walter Bernard Sater 19b. Melling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) 7902 Green Streer Clinton, Maryland 20735 Walter H. Sater, Jr (Son) 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) May 28, 1999 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremetion 3 Removel from State Maryland State Veterans Cem. Cheltenham, Maryland 4 Donetion 5 Other (Specify) 21. Signeture of Juneral Service Licenses 22. Name end Address of Fecility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, MD 20735 ation, that code the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, 23a. Pert1. Enter the diseese, or complication shock, or heart failure. List only one car Approximete Intervel Between Onset end Deeth Immediate Ceuse (Final diseese or condition resulting in death) CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (or es e consequence of) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of). Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23h. Did tohacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of ceuse of death? N/A 1□Yes 2No 1 Yes 2 No 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) examiner? 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA

Physician /Medical Examiner

certificate be executed

Records,

Division of Vital

Attending

0 Hospital 24 hours a Funeral D

Physician

/Medical

Examiner

10a State

Directo

Funeral

þ

Completed

Be

Funeral

Director

r than "natural", or heme 23a or the Medical Examiner must be r

Hygiene.

and Mental H amman Mental H

permit. Pages 1 and 2 Department of Health a important. If New 27 is any Injury or min.

Maryland 21215-0020

altimore,

Examiner Physician/Medical 98 950 for by Completed Be 2

physician end s the buriel-trans signed t hes certificete funeral director, this after death.

27. Menner of Deeth

1 Natural 2 Accident

3 Suicide

29e. Certifier

4 Homicide

(Check only one)

29b. Signar re a

5 Pending

Investigation 6 Could not be

10+1

within 2 the

> State Registrar

Certification:

Medical

t Cortifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the ceuse(s) and manner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date and place, and due to the ceuse(s) and menner stated. 29c. License number

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of

30. Name and address of person who complete

ause of death (Iter (Type, Print)

GOL MARIO F. JR 3001

28e. Date of Injury (Month, Dey Year)

31. Date filed (Month, Dey, Year) 32. Registrer's Signeture MAY 26 1999

28c. Injury et Work?

1 ☐ Yes 2 ☐ No

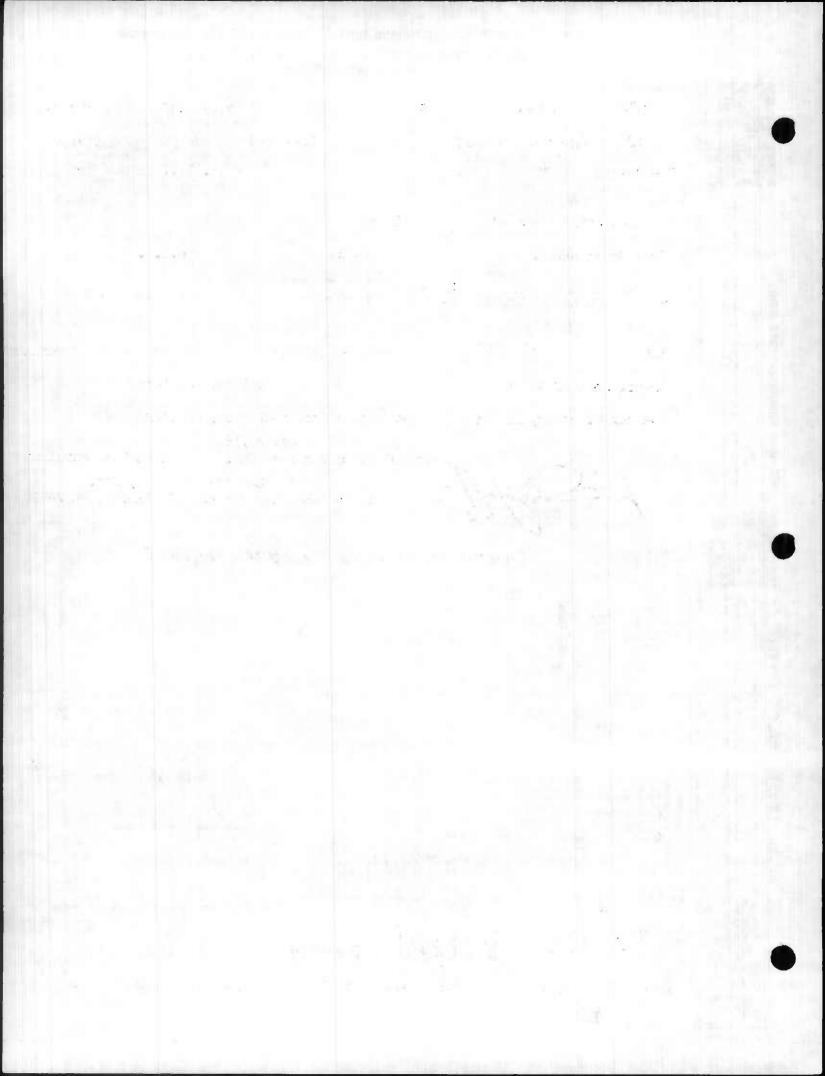
28f. Location (Street end Number or Rural Route Number, City or Town, State)

28d. Describe how Injury occurred

HOSPITAL DRIVE, CHEVERLY, MARYLAND

29d. Date signed (Month, Dey, Year)

DHMH 16 Rev 6/95



Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Day Month Year Physician Dorothea Marie Suter 8, May 1999 8:40 AM /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Anne Arundel Medical Center Annapolis Anne Arundel **# Under 1 Year** 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) If Under 24 Hrs. Birthplace (Stata or Foraign Country) Funeral 1□M 2XF Days Hours Months Yrs 218-09-1470 Director June 29, 1921 Baltimore, Usual Rasidence of Decedent 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at 1 ☐ Yas 2 ☐ No Director Queen Anne's Stevensville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 210 Baltimore Drive 21666 U.S.A. Funeral 14. Race - American Indian, Black, Whita, atc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 72 hours after 1 ☐ Yes 2 🔯 No If Yas, Giva Year or Datas: 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Self permit. Pages 1 and 2 should be filed of Department of Health and Mental Hygic Important: If Item 27 is marked other 1 eny injury or other treumatic event. If 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) 8 Howard Silas Townsend To Bessie Loreen Jones 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) James C. Suter - Son 218 Penny Lane, Stevensville, MD 20b. Ptace of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1999 Easton, MD 1 Burial 2 Cremation 3 Removal from State May 12, 4 ☐ Donation 5 ☐ Other (Specify) Woodlawn Memorial Park 21. Signature of uperal Service Licensee 22. Nama and Addrass of Facility Fellows, Helfenbein & Newnam Funeral Home, P.A. 106 Shamrock Road, Chester, MD 21619 the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and on each line. 23a. Part1. Enter the disease, or comshock, or heart failura. List only Approximata Intarval Batween Onset and Death **Physician** /Medical Immediata Causa (Final Staphylococcu septiemia, nethicillis resistant diseasa or condition rasulting in death) Examiner physician and s the burial-transit Sequentially list conditions, if any, leading to immediata cause. Entar Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of) P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): 80 Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yaa 2 No 3 Probably 4 Unknown signed by Probette melletus type II Records, à 8 24b. Wara autopsy findings available prior to completion of causa of death? Completed gestive Leart failure 24a. Was an autopsy performed? chronic obstructive pulmonary disease 1□ Yas KNo 1 ☐ Yas 2 No Division of Vital or Attending Physician: 25. Was case relarred to medical examinar?
1 ☐ Yas 2 ☐ No 89 26. Place of Death (Check only ona) Hospital: 1 Inpatient 2 FP/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) Medicai Certification: To this 27. Manner of Death 28d. Dascribe how injury occurred 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. tnjury at Work? After 5 Pending investigation 1 Natural death. 1 ☐ Yas 2 ☐ No To the Hospital or Attendition within 24 hours after death.

To the Funeral Director: A completely filled in by the fi 2 Accident 6 Could not be detarmined 3 ☐ Suicide 28l. Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and mannar as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29a. Certifier (Check only one) 29b. Signatura and titla of certifier 29c. License number 29d. Data signed (Month, Day, Year) -M11 30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print) aul Berez MD 101, Croften mo 21114 1655 Crotton Blod

DHMH 16 Rev 6/95

State

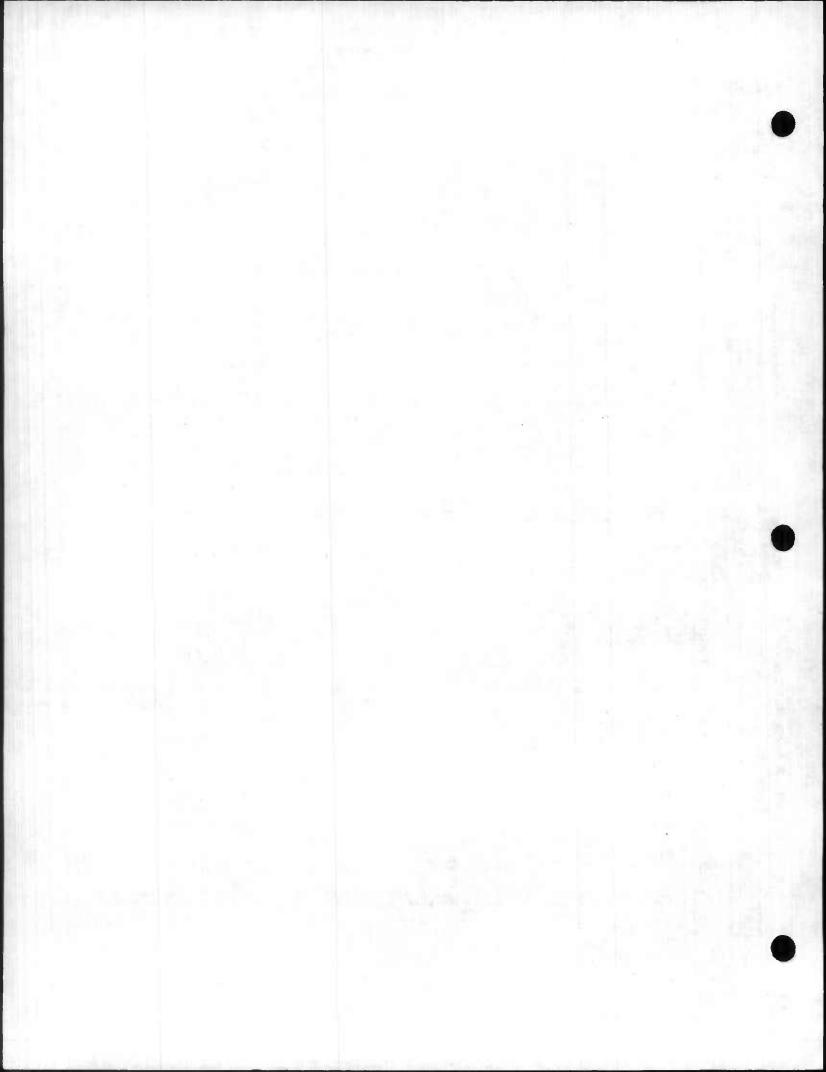
Registrar

31. Data filed (Month, Day, Year)

MAY 12 1999

32. Registrar's Signatura

swee



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month 1:18 p.m. Trescott 20, 1999 Patricia Ann May 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Mariner Health of Glen Burnie Glen Burnie Anne Arundel 8. Date of Birth (Month, Dey. Mar 13, Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. Days 10M 20F Months Hours Mar 44 Maryland 220-60-9591 Usual Residence of Decedent 10c. City. Town or Location 10d. Inside City Limits 10b. County 1 Yes Y No Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1604 Elkwood Court 21401 USA 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian. 11. Maritel Status Bleck. White, etc. 1X Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b, Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Counseling 5+ YWCA Shelter Counselor 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) William Ruth Rodgers Trescott, Jr. 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) 638 Oakland Hills Dr. B1, Arnold MD 21012 of Disposition (Neme of pry, cremetory or other place) TO Crematory May 21 1999 Baltimore, MD Ruth Trescott / mother 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 1 ☐ Burial 2 2 Cramation 3 ☐ Removal from State Metro Crematory 4 Donation 5 Other (Specify) 21. Signature of Fun Service Lise 22. Name end Address of Facility Barranco & Sons, P.A. Severna Park Funeral Home 495 Gov. Ritchie Hwy., Severna Park, MD 21146 Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, or heert failure. List only one cause on each line. Immadiate Cause (Final disaasa or condition resulting in deeth) Due to (or es a consequence of): Mr Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to or es e consequance of) Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 1 Yee 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24a. Wes en eutopsy performed? 1 Vas 2 TNo 1 □ Yes 2 □ No

Physician /Medical Examiner

Physician

/Medical

10e State

MD

Director

Funeral

by

Completed

Be

Examiner

Funeral

Director

7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Modical Examiner must be notified at

d other than

is 1 and 2 should be fill Health and Mantal H tem 27 is marked off

Peges 1 and 2 nent of Heelth e

permit. Pege Department of Important: If Injury or

other

with the Merylenc

deeth

filed within 72 hours efter

Maryland 21215-0020

altimore,

Box 68760,

Division of Vital Records, P.O.

or Attending Physician:

Hospital

within 2 To the

0

After

filled in by

certificate be executed physician and the buriel-tran 80 esn. for

detached signed by t d be detact peeu has pege 2 certificate director, this

Examiner funeral 24 hours efter deeth. Funeral Director: Al

Physician/Medical þ Completed Be 2 Certification:

29a. Certifier edicai 295. Signature

(Check only one)

31. Dete filed (Month, Day, Year)

25. Was case referred to medical

1 Yes 2 No

27. Manner of Daeth

1 Naturel

2 Accident

3 Suicide

4 Homicide

Jorge

investigation 6 Could not be determined

5 Pending

28e. Dete of Injury (Month, Dey Year) Injury

1 Inpatient

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

2 ER/Outpatient 3 DOA

28b. Time of

26. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28c. Injury et Work?

2 No

28d. Describe how injury occurred

28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete)

t 🔁 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end manner es steted. Medical Examiner: On the besis of exemination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year) 29c. License number

son who completed ceuse of deeth (Item 23e) (Type, Print) 30-Name and ad

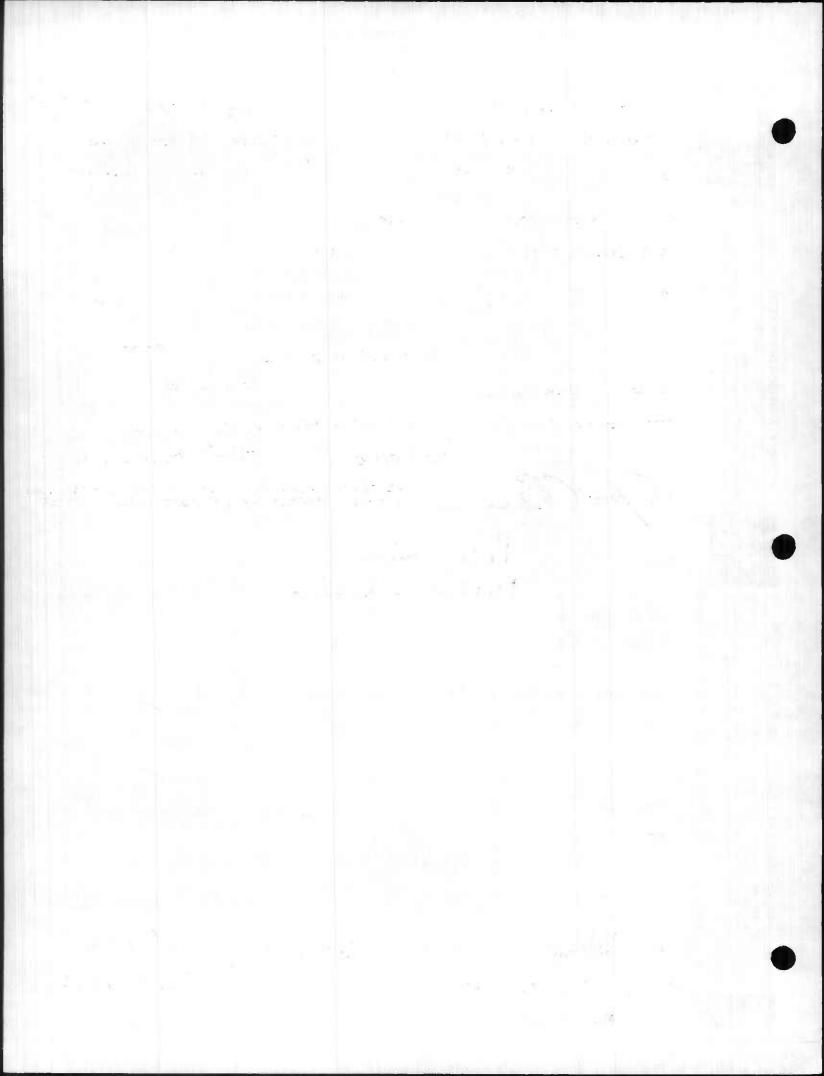
3708

2 5 1999

32. Registrer's Signeture

win Re Peander, Mr

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Tima of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath Month 05 **Physician** 10:10gh 0 € lorry /Medical 4a Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner r If Undar 24 Hrs. 8. Data of Birth Min. Month, Day Krince Georgeis Center HOSDI tel George 7. Aga (In yrs. last birthday) If Undar 1 Yaar 9. Birthplaca (Stata or Foraign 5. Social Sacurity Number Days Months TROM OF F Yrs. 727-07-3878 January 27, 1929 Tennessee 70 Director Usual Rasidance of Decedant with the Maryland 10e State 10h. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinar must be notified as 1 X Yas 2 No Maryland Prince George's Landover Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2010 Barlowe Place 20785 U.S.A. Funeral 72 hours after death 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 14. Race - Amarican Indian. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Manital Status Black, Whita, atc. 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by 3 Widowed 4 □ Divorced Black Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada complatad) permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiane. Important: If Item 27 is marked other than "nearly injury or other traumatic event, the Mod BACE. Elementery/Secondary (0-12) Collega (1-4or 5+) Construction Laborer Private 6th 18. Mother's Nama (First, Middla, Maiden Surnama) 17. Fathar's Nama (First, Middla, Last) Philip Torry (Unknown) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) Paulette Torry/Daughter 2010 Barlowe Place, Landover, Maryland 20785 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 05/27 1 Burial 2 □ Cramation 3 □ Ramoval from Stata Forest Hills Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Clinton, Maryland 1999 22. Nama and Addrass of Facility 21. Signature of Funaral Sarvica Licansaa J.B. JENKINS FUNERAL HOME 7474 Landover Road, Landover, Maryland 20785 C Ter cer 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Let only one cause on each line. Approximata Intarval Batween Onsat and Daath **Physician** the verpiretry dithers
Dua to (or as a consequence of): /Medical Immediata Causa (Final disaasa or condition resulting in deeth) Examiner Examiner DAY mome The law requires that the death certificate be axecuted and-tran Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Ceuse (Diseese or injury that initiated avants rasulting in daath) Last Dua to (or as a consaquanca of): physician a the buriat-Division of Vital Records, P.O. Box 68760, monare ROUS Physiclan/Medicai Dua to (or as consequence of): Part if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ed by the a signed by t 1 Yas 2 No 3 Probably 4 Tinknown Can cer WITH þ 24b. Wara sutopsy findings available prior to 24a. Was an autopsy performed? Completed peen complation of causa of death? page 2 s 1 Yas 2 No 1 Yas 2 No this certificata or Attending Physician: 25. Was casa ratarred to madical axaminar? director Be 26. Placa of Daath (Check only one) Hospitei: Othar: 4 Nursing Homa 5 Rasidenca 8 Othar (Specify) 1 Yas 2 No P 1 Impatiant 2 ER/Outpatiant 3 DOA After this 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Tima of Certification: 28e. Data of Injury (Month, Day Yaar) 28c. Injury et Work? 1 Watural 5 Pending death. 1 Yas 2 No invastigation 2 Accidant Director: 6 Could not be determined 3 Suicida 281. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, ferm, straet, factory, office building, atc. (Specify) in by after 4 - Homicida in 24 hour.
The Funeral Direction of the funeral property of the funeral prope 29a. Cartifiar 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to the cause(s) end mennar as steted. Medicai (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. within 2 To the 29b. Signatura and title of certifian 29c. Licansa number 29d. Date/signed (Month, Day, Year) 0

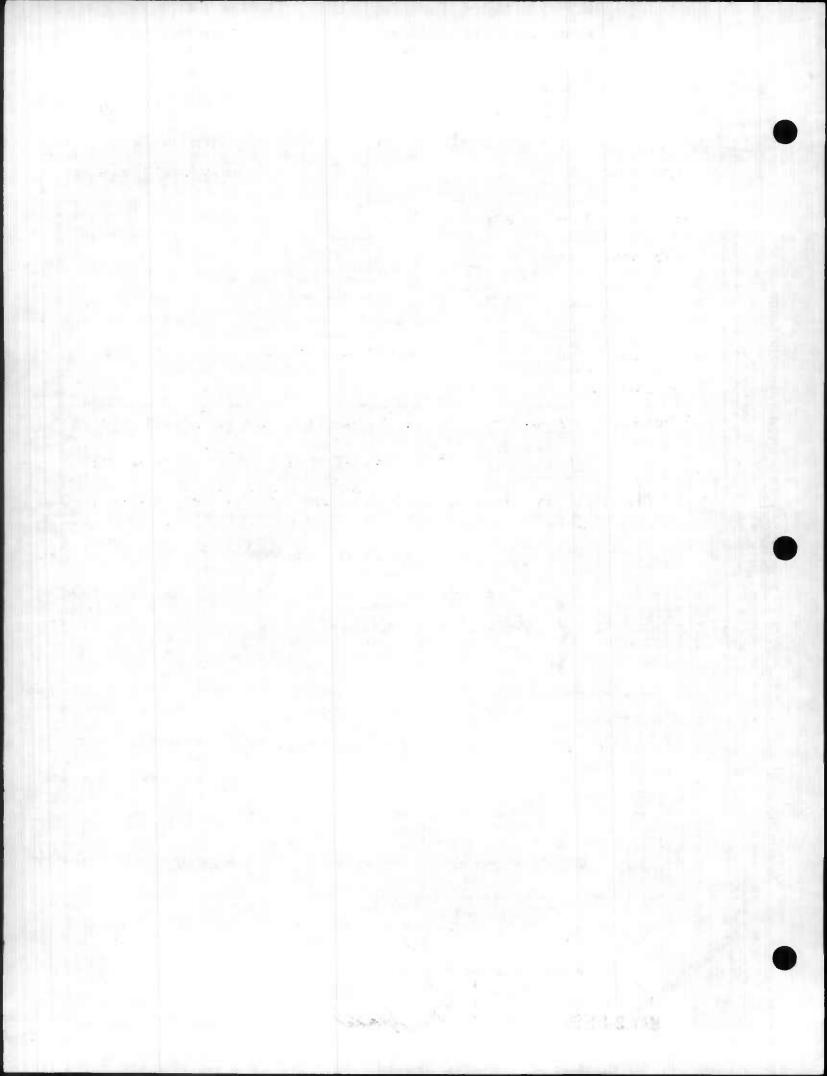
red 3001 Hospital Du

State Registrar 31. Data filad (Month, Day, Yaar)

30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

0

32. Registrar's Signatura

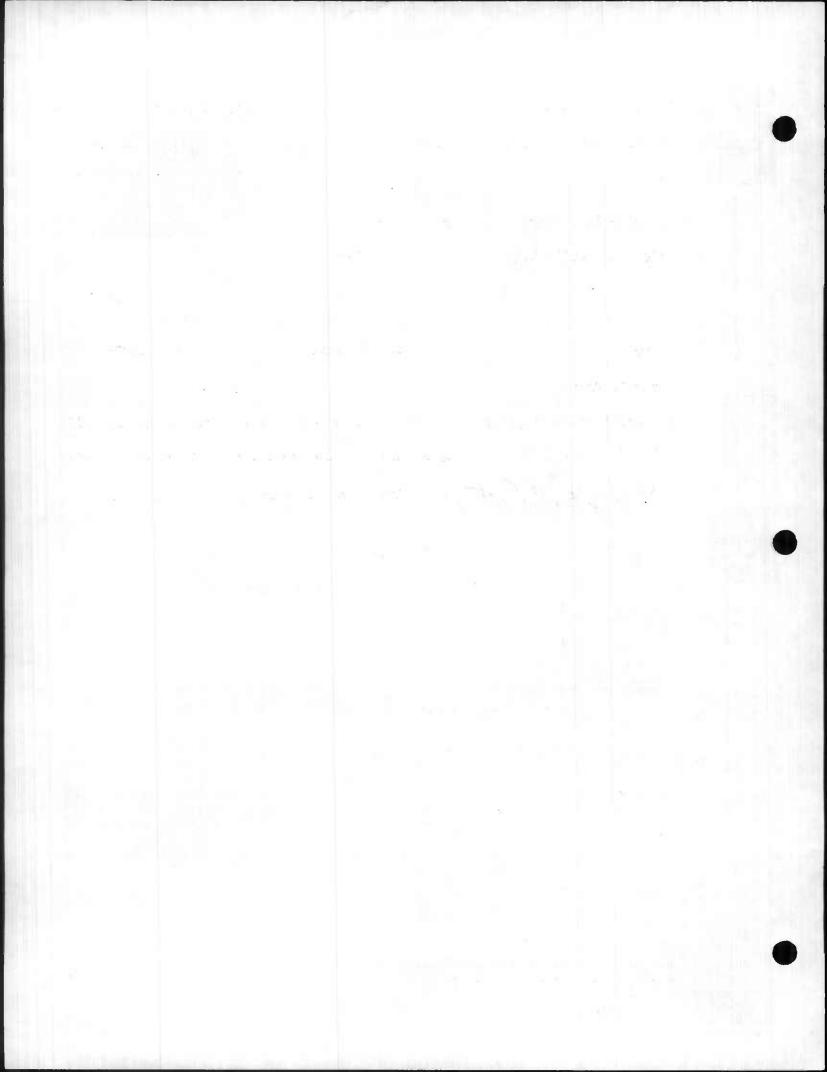


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 27, George T. Thomas 1999 May 4:42pm /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Clinton Prince Georges

If Under 24 Hrs. Hours Min. Hours Min. September 9, Maryland Southern Maryland Hospital Center If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1₩ M 2□ F Months Days 77 Director 214-18-8132 Usual Residence of Decedent the Maryland 10c. City. Town or Location 10d. Inside City Limits 10a. State 10b. County Fages 1 and 2 should be filed within 72 hours after deeth with the Mandar name of Health and Mental Hygiene.

The file of the stanked of other than "natural", or frems 23a or 23a-f show that it is marked other than "natural", or frems 23a or 23a-f show that the world file Modical Examiner must be notified as my or other transmitter and the notified as 1 Yes 2 No Directo Maryland Prince Georges Brandywine 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 18041 Cedarville Road Funerai 20613 USA 12. Was Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☑ No If Yes, Give 14. Race - American Indian, 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Baltimore, Maryland 21215-0020 Specify: Black P 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Skilled Labor 12 Construction 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be James R. Thomas Theresa Edelen 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Mary Washington- Daughter 4242 Rail Street Capital Heights Maryland 20743 20b. Placa of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State Department of Department of Important: If any injury or once. Forest Hill Gardens June 3,1999 Clinton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Adams Funeral Home Aquasco, Maryland 20608 23a. Part1. Enter the divease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart for ure. List only one cause on each line. Approximate Interval Between Onset and Death **Physiclan** /Medical Immediate Cause (Final SEPSIS disease or condition resulting in death) **Examiner** Due to (or as a consequence of): Examiner Aspiration preuman The law requires that the death certificete be executed physician end s the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760 Physiclan/Medical Due to (or as a consequence of): attending pl Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? been signed by the should be detached 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Resp. insufficien þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy Completed Encephalo Pathy ils certificete has t I director, page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ★ Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No Certification: To this funeral 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Describe how injury occurred After 1 Natural Injury 5 Pending 1 TYes 2 No • Funeral Director: A Flueral Director: A Flueral Director: A sletely filled in by the fu death. investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 8 Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end placa, end due to the ceuse(s) end menner as stated. edicai To the Hosp within 24 hor To the Fune completely fi 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. (Check only one) 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature and title of cartified 046478 5-28-99 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Patelmy 7501 Surratts Rd # 307. Clinton, MD20735 A. 32. Registrar's Signature 31. Date filed (Month, Day, Year) books State JUN 0 1 1999

Registrar



State of Maryland / Department of Health and Mental Hygiene (

Certificate of Death

2. Dete of Death

Month

Ph	ysician
//\	Medical
Ex	aminer

1. Decedent's Neme (First, Middle, Last)

3. Time of Death 2235

29d Date signed (Month/Day, Year)

MO.

Funeral

Director

Funeral

þ

Completed

Be

Director

r than "natural", or items 23s or 28s-f show the Madical Examiner must be notified at death filed within 72 hours efter Hygiene.

permit. Pages 1 and 2 should be file Deperment of Health and Mental Hy, Important: If item 27 is marked othe any Injury or other treumatic event, phos.

Baltimore, Maryland 21215-0020

P.O. Box 68760

Records,

Division of Vital

Physician /Medical Examiner

Examiner certificate be axecuted Physician/Medical use as signed b by Be Completed certificata To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; Medical Certification: To

SHERMAN LEE TIVIS 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death WESTMINSTER CARROLL CARROLL COUNTY GENERAL HOSPITAL | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | 9. Birthplace (State or Foreign Country) | MAY 27, 1921 | OKLAHOMA 5. Sociel Security Number 7. Age (In yrs. last birthday) 1₩ M 2□ F 77 443-12-0909 Yrs. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits WESTMINSTER Y Yes 2 □ No MD. CARROLL 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21157 USA. 11 SULLIVAN AVE., APT. C 12. Wes Decedent Ever in U,S.
Armed Forces?

1 □ Yes 2 □ No
If Yes, Give
Year or Detes: WW II 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Married 2 Married Specify: WHITE 1 ☐ Yes 2 🗓 No Specify: 3√ Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) TRUCK DRIVER TRANSPORTATION 8 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) CADELL PEARL JOHN B. TIVIS 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1 1 5 7 19e. Informent's Name/Reletionship (Type, Print) 11 SULLIVAN AVE., APT. C, WESTMINSTER, MD. WAYNE TIVIS - SON 20b. Ptece of Disposition (Name of cemetery, crematory or other ptace) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 🂢 Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) METRO CREMATORY 5/24/99 BALTIMORE, MD. 21. Signeture of Funerel Service Lice 22. Name and Address of Facility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD. 21157 23a. Part1. Enter the disease, discomplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death SEVERE BRONCHOSPASA Immediate Cause (Final diseese or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Due to (or as a consequence of): Pert If. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

			Marie Control	- 10.148 20.160	A CONTRACTOR OF THE CONTRACTOR
				24a. Wes an autopsy performed?	24b. Were eutopsy findings eveilable prior to completion of cause of death?
				1 ☐ Yes 2 No	1 ☐ Yes 2 ☐ No
25. Wes case referred to medical			26. Place of D	eeth (Check only one)	
examiner? 1 Yes 2 No	Hospital: 1 ☐ Inpatient 2 ☐	FR/Outpatient 3	DOA Other: 4 Nursing	Home 5 ☐ Residence 6 ☐Ott	her (Specify)
27. Menner of Death 1 A Natural 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury at Work? 1 Yes 2 No	28d. Describe how injury occur	rred
3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined		nome, farm, street, fact	ory, office	281. Location (Street and Num. City or Town, State)	ber or Rural Route Number,
				ce, end due to the cause(s) and m curred et the time, date end place,	

29c. License number

D25203

State Registrar

29b. Signature and title of certific

31. Dete filed (Month, Day, Year)

MD 32. Registrer's Signeture

MORROW

CARROLL

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 200 memorus DR. Westing was feet

Physician

/Medical

Examiner

Funeral

Director

the Marylend

with

hours efter death

LESTER

10a. Stete

Directo

Funeral

þ

5. Sociel Security Number

VIRGINIA

10e. Street end Numbe

215-72-3588

Piease Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 3. Time of Death 1. Decedent's Neme (First, Middle, Last) Month 18, 1999 MAY 2116 AEDRON TAYLOR 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Fecility Neme (If not institution, give street and number) PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) Deys **№** M 2□ F JUNE 13,1956 SALIS, MARYLAND Usual Residence of Decedent 10c. City, Town or Location 10d. inside City Limits 10b. County 1 ☐ Yes 2 ☐ No ACCOMACK NEW CHURCH 10f. Zip Code 10g. Citizen of Whet Country? 30449 CHINCOTEAGUE RD. 23415 U.S.A. 14. Race - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No Specify: 3 ☐ Widowed 4 🏋 Divorced WHITE 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) POULTRY INDUSTRY 18. Mother's Neme (First, Middle, Maiden Surneme) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) NEW CHURCH, VA 23415 20c. Location - City or Town, Stete 5/22/99 OAK HALL, VIRGINIA 705 E. MAIN ST. SALISBURY, MD 21804 Approximete Intervel Between Onset end Deeth Minutes hours Years 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings aveilable prior to 24a. Wes en eutopsy performed? completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

m

29d. Dete signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

400 EASTERN SHOPE DRIVE, SALIBBURY, MD. 21804 PAULOS, MD. 31. Dete filed (Month, Day, Year)

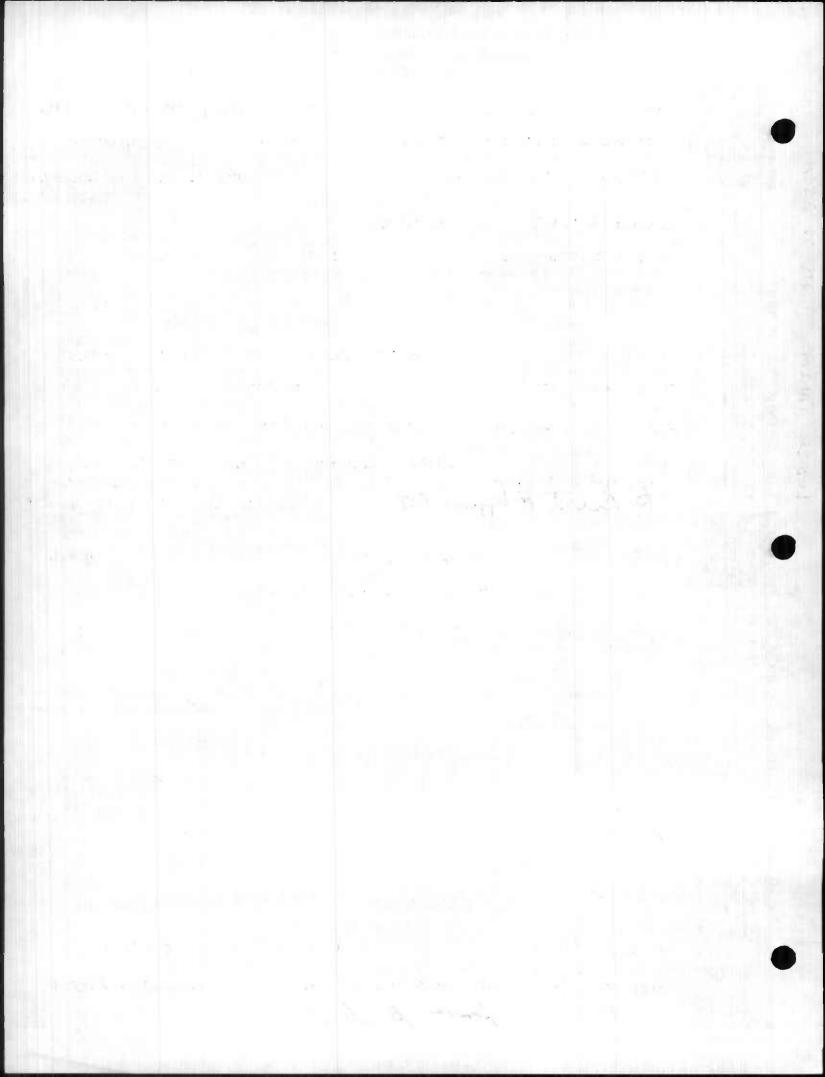
State Registrar

1000

MAY 21

32. Registrer's Signature

D41721



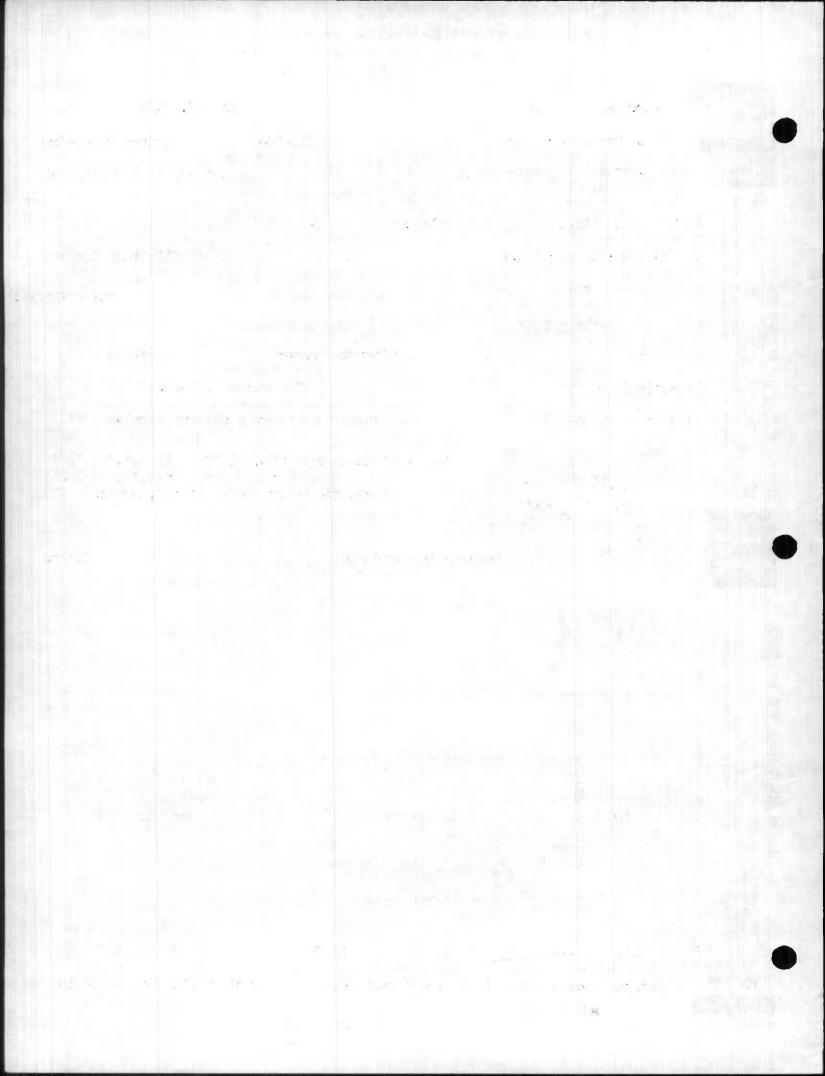
State of Maryland / Department of Health and Mental Hygiene

18743

			Ce	rtificate of	Death		Reg. No.			
Physician	Decedent's Name (First, Middle, Las Vincent	Uy				2. Data of D Month May	Dey 17, 1999	Year 7:50 Pl		
/Medical	4e Fecility Nama (If not institution, give			4b. City, Town, or	-					
Examiner	7500 Burnt Wood				Clinton		Princ	rince Geroge's		
Funeral Director	5. Social Security Number 6. Sec. 219 29 2760	x 7. Ag DM 2□ F	e (In yrs. last birthday) 36 Yrs.	Months Days	If Undar 24 Hrs Hours Min.		irth Pey, Year) 27, 1962	9. Birthplece (State or Fora Country) Philippines		
No.	Usual Residence of Decedent 10a. Stete 10b. County		10c. City, Town or Le	ocation				10d. Inside City Limi		
or 28a-f sh be nouffed Director	MD P.G.	12.0	Clinton		Х			1 ☐ Yes 2 ☐		
natural, or items 23a or 28a-f show dical Examination must be notified at sted by Funeral Director	10e. Street end Number 7500 Burnt Wood	Court.		10f. Zip Coda 2073	35		10g. Citizen of W	nes Citizen		
"natural", or items 23e or 23e-f show ideal Examines must be notified at leted by Funeral Director	11. Maritel Status 1 Naver Married 2 Married 3 Widowed 4 Divorced	1. Maritel Status 1. Marritel Status 1. Wes Decedent Event Armed Forcas? 1. Naver Married 2. Married			lispenic Origin? (Sen, Mexican, Puer Specify:	Specify Yas or N to Rican, atc.)	do do	· American Indien, k, White, etc.		
natural English	15. Decedent's Ed (Specify only highest great	ucation	16e. Dece	dent's Usuel Occup kind of work done	petion during most of wa	nkina	16b. Kind of Bu	siness/Industry		
	Elementary/Secondery (0-12)	College (1-4or 5	i+) ///e.	DO NOT use retire	2)	, which	Nordet	rom		
even doth	17. Fathar's Nama (First, Middla, Last) Benjamin S. Uy	4	ASS	Assistant Manager Nordstrom 18. Mother's Name (First, Middle, Meiden Surnema) Visitacian R. Talucad						
permit. Pages 1 and 2 should be filled within 72 hours aft Department of Heelth end Mental Hyglena. Important: If item 27 is marked other than "naturel", or any injury or other treumatic event, the Medical Examplants. To Be Completed by F	19e. Informent's Neme/Relationship (7 Jean M. Uy (WIFE)		ing Address (Street	end Number or R	ure/ Route Num	ber, City or Town,	Stete, Zip Code) Land 20735			
	20e. Method of Disposition 1 Suriel 2 Cremetion 3 4 Donation 5 Other (Specify		20b. Plece of Disponentery, cre	osition (Neme of matory or other ple	00)	Date	20c. Location -	city or Town, State		
	21. Signature of Marsal Source Usinsee 22. Name and Address of FacilityLee Funeral Home, Inc 663. Alexandria Ferry Road, Clinton, Maryland									
ysician	23a. Pert1. Enter the diseesa, of comp shock, or heart failure. List only of	plications thet caused one cause on eech li	the death. Do not en	ter the mode of dyir	ng, such es cardia	c or respiretory	errest,	Approximate Intervet Between Onset end Death		
Medical xaminer	Immediate Ceuse (Finel disease or condition resulting in death) e. Metastatic Carcinoid Due to (or as a consequence of):									
physician end ss the bunal-transit edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undertyping Cause. Chisease or injury that initialed events resulting in deeth) Lest b. Due to (or es e consequence of): c. Dua to (or as a consequence of):									
nding use es n/M	leading in deetin) Leat									
seen signed by the attenthould be datached for u	Part II. Other algnificant conditions co	ven in Pert I.	23b. DI	d tobacco uae cor	cco use contribute to the cause of death?					
igned by the atten be detached for u by Physician		and argument contained contributing to death but not resuming in the underlying eaches given in Fort.						3 □ Probably 4 □ Unkn		
should should		24a. Was e perfor						24b. Were eutopsy finding available prior to completion of cause of deeth?		
cate has pege 2						10	Yes 2 No	1 ☐ Yes 2 ☐ No		
director, per	25. Wes case referred to medical axeminer?	11		I au		eth (Check onl)	one)			
T di	1 105	Hospital: 1 Inpatie		INT 3LI DUA		Home 5 Re		er (Specify)		
After fune	27. Mapper of Deeth 1 Naturel 5 Pending 2 Accident investigation	(Month, De	28e. Dete of Injury (Month, Dey Year) 28b. Time of thijury M 28c. Injury et Work? 1 Yes 2 No				28d. Describe how Injury occurred			
Director: d in by the	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of inj	28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)			28f. Location (Street end Number or Rural Route Number, City or Town, Stete)				
within 24 hours after of To the Funeral Direct completely filled in by Medical Certifi								nner as steted. end due to the ceuse(s)		
To the compl	29b. Signeture end title of certifier			29c. Licens			29d. Date signed May 18,	1 (Month, Day, Year)		
•	30. Name end eddress of person who o	•		, Print)		04.55	-			
State	Vera Malkovska, 31. Dete filed (Month, Day Year)		Irving Str	ceet, N.W	. Suite	2151, Wa	ashington	DC 20010		

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene Amend #26, daughter's residence, 5/25/9Gertificate of Death 2. Dete of Deeth 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth **Physician** 5;00 PM May 1999 Grace Agnes Vallandingham 12 /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 326 Marlin Court Annapolis Anne Arundel If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Devs Hours Min. (Month, Dev, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) **Funeral** 1□ M 2□ F Months Deys Hours Yrs. 71 October 30,1927 Washinhton no Director 579-32-7816 Usuel Residence of Decedent 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1□ Yes 2□ No St. Mary's Clements Maryland Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? r than "natural", or items 23e or the Medical Examiner must be 22398 Budds Creek Road 20624 U. S. A. Funeral 14. Race - American Indian, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Yes 2X No Specify: samuite þ 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) parmit. Pages 1 and 2 should be field within Department of Health and Mental Hygiene. Important: If Item 27 is tranked other than "I say injury or other traumatic event, the Max Elementary/Secondary (0-12) College (1-4or 5+) Homemaker 11th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Grason C. Moore Mary C. Donohoe 19a. Informent's Name/Reletionship (Type, Print)
Kathy Purvis, Daughter 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 3939 B Gamber Road, Finksbury, Maryland 21048 Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, Stete 20e. Method of Disposition Burial 2 Cremation 3 Removel from Stete Compton, Maryland 5/17/99 St. Francis Xavier Cemetery 21 Signature Funeral Service Licensee 22. Name end Address of Fecility Takoma Funeral Home, Inc. 254 Carroll St. NW, Washington, DC

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 20012 Approximete Intervel Between Onset end Deeth **Physician** Immediate Ceuse (Final disease or condition resulting in death) /Medical Moushs Examiner Due to (or es e consequence of). Examiner physician end the buriel-trensit thet the death certificete be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or es e consequence of): Box 68760. Physician/Medicai that Initiated events resulting in deeth) Last Due to (or es e consequence of): use signed by the d Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably Unknown by The law requires 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? been si 24e. Wes en eutopsy performed? Completed il director, page 2 s 1 ☐ Yes 2 No Attending Physician: 25. Was cese referred to medical examiner? Be 26. Piece of Deeth (Check only one) daughter' 1 Yes 2 No Other: 4 Nursing Home 5 Residence & Other (Specify) residence 10 1 Inpatient 2 ER/Outpetient 3 DOA After this 28e. Dete of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Certification: 5 Pending 1 Neturel
Accident or Attending effer deeth.

Director: Aft d in by the fur 1 ☐ Yes 2 ☐ No investigetion 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours eff To the Funeral Di completely filled in Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner stated. 29a. Certifier edical (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) William D. Boyd II, M. D. Leonardtown, Maryland 20650 31. Date filed (Month, Day, Year) MAY 2 5 32. Registrer's Signeture State 1999 Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 0 0 1 2 7 1 5

		Certificate of Death Reg. No.										
	1. Decedent's Name (First, Middle, I	ast)	0.7-27	900			2. Date of Do	eath	Year	3. Time of Deeth		
Physician /Medical	TIETATTE DITTE	May 2	7, 1999	1001	9:30 PM							
Examiner	4n Challin, Manna /// nat institution a	4b. City, Town, o	r Location of Dea	th 4c. County	of Deeth							
Funeral Director	University of Maryland Medical Center Baltimore 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 8. Date of Months Days Hours Min. (Month) (Month)								te of Birth onth, Dey, Year) 8, 1940 N/A 9. Birthplece (State or For Country) South Dakota			
pue *	Usuel Residence of Decedent 10a. Stete 10b. County	10c G	ity, Town or I	ocation					1	0d. inside City Limit		
vith the Maryle or 28a-f aho or notified at Director		Maryland Anne Arundel Edgewater 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Count										
ath with th	10e. Street end Number 3703 Knox Dri					JSA						
within 72 hours efter death with the Maryland ena. than naturel, or items 23s or 28s-f show the Medical Examinest must be notified at empleted by Funeral Director	3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes ② No If Yes, Give Year or Dates:	I,S. 13	if Yes, specific Yes		lispanic Origin? an, Mexican, Pu Specify:	(Specify Yes or Nerto Rican, etc.)	Specify	ce Americ ck, White, y: Whi	etc.		
72 ho natur	15. Decedent's (Specify only highest of	Education rade completed)	16e. Dec	edent's Usu	el Occup rk done	etion during most of w	vorking	16b. Kind of B	usiness/inc	dustry		
ed within 72 ho ygiena. Ayr than "natur: Ayr the Medical Completed	Elementary/Secondary (0-12)	College (1-4or 5+)						Г.	1 0			
73 75 1 1		5+	Sta	atisti	cıan		ame (First, Middle		ederal Government			
a a a a							rances H					
	19a. intormant's Name/Relationship		19h Ma	ilina Address	Street		Rurel Route Numi			Code)		
2 6 2 5	Alice V. West/						water, M		- Tano, - p			
of He	20e. Method of Disposition 1 Burial 2 Cremetion \$ 4 Donation 5 Other (Special Control of the Co	MRemovel from State	Placa ot Disponentery, cr	position (Namemetery or o	me of other plea	ce)	Dete 6-3-99	20c. Location		wn, State Wyoming		
Department of the policy of th	23a. Penti. Enter the disease, or co shock, or heart feilure. List on	mplications that caused the dea y one ceuse on each line.	th. Do not e	George 2973 S	P. olom	ons Isl	uneral H and Rd. iec or respiretory	Edgewate	er, MI	D 21037 Approximete Interval Between Onset end Death		
/Medical Examiner	immediate Cause (Finel disease or condition resulting in death)	e. Brain Death Due to (or es e consequence ot):										
the death certificate be associted y the ettending physician end ached for use es the burst-transit nvs.ician/Medical Examiner	Ceuse (Diseese or injury that initiated events resulting in death) Lest	С.	c Shoc or es e conse or es a conse	equence ot):								
d for	Pert II. Other significent conditions	contributing to death but not re-	23b. Did tobacco usa contribute to the cause of deat									
Tata d		contributing to death but not re-						1 Yee 2XXNo 3 Probably 4 Unkno				
aw requiras is been sign 2 should be								e. Wes en eutopsy performed? 24b. Were eutopsy evaileble princompletion of death?				
The la									10	Yes 2 No		
s certifical director, p	25. Wes case reterred to medical					26. Place of D	eath (Check only	one)				
S G S	1XXYes 2□ No		ER/Outpeti		ner: 4□ Nursing ry at rk?	ursing Home 5 Residence 6 Other (Specify)						
tending leeth. tor: After the fune		ha	28d. Describe how Injury occurred									
tal or Attand rs after deeth al Director: led in by the Certificat		building, etc. (Spec.	28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State)									
To the Hospital or At within 24 hours after of To the Funeral Direct completally filled in by Medical Certiff	29a. Certifier 1 X Certifying I (Check only one) 2 Medical Exc	Physician: To the best ot my kn aminer: On the basis ot examin and manner stated.	owledge, dec ation and/or	eth occurred investigation	at the tir , in my c	me, date end pla opinion, deeth oc	ce, end due to the curred et the time	ceuse(s) and m , date and placa,	anner as si and due to	tsted. the cause(s)		
To the comple	29b. Signeture and title of cartifier Michael	C. fel		29	C. Licens	216		29d. Date signe	28/	Dey, Yeer)		
	30. Name and address of person who Michael C. Ban				Stre	et Bal	timore,	MD 21201				
State	31. Dete filed (Month, Dey, Year)	32. Pagistrer's Sign	ature	,								

DHMH 16 Ray 6/95

.

- Diet in Diese Indelible Int. Accuse All Carios Are Legible Please Tv

pe or Print in Black indelible lilk. Assure	all Copies Ale L	egible.	
State of Maryland / Department of Health and	Mental Hygiene	99 1	271.0
Certificate of Death	Reg. No.	m	0 1.49
	2. Dete of Deeth	Vees	3. Time of De

Physician /Medical Examiner

Funeral Director

the Maryland 7 is marked other than "natural", or items 23s or 28s-f show treumatic event, the Medical Examiner must be notified at seruit. Pages 1 and 2 should be filed within 72 hours after apparament of thealth and Mental Hygiene.

/Medical **Examiner**

physician and the burial-tran as use page 2 Be 2 this funeral

altimore, Maryland 21215-0020 ö **Physician** Division of Vital Records, P.O. Box 68760, or Attending Physicien: 24 hours after death. Funerel Director: Al Hospital within 2 To the

1. Decedent's Neme (First, Middle, Last) May 20, 1999 Robert J. Walton 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Fecility Neme (If not institution, give street end number) Anne Arundel Medical Center Annapolis Anne Arundel If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 1 X M 2 ☐ F Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthdey) Months Yrs. 219-16-2278 Feb. 24, 1912 Virginia Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Anne Arundel Davidsonville Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 906 Governor Bridge Road 21035 USA Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?
1 Yes XXNo
If Yes, Give
Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 1 ☐ Never Married 2 X Married 1 Yes 2 No Specify: Specify: White py 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 5th Self employed Waste Removal 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Robert T. Walton Lillie Maude Fields 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ethel E. Walton/ Wife 906 Governor Bridge Road Davidsonville, MD 21035 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 5-22-99 Alexandria, Virginia 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory 22. Neme and Address of Fecility George P. Kalas Funeral Home 2973 Solomons Island Rd. Edgewater, MD 21037 23a. Perti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest shock, or heart failure. List only one cause on each line. Congestive heart failure

Due to (or es e consequence of):

Covonary artery disease

Due to (or es e consequence of): Immediate Cause (Final disease or condition resulting in death) two months Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieled events resulting In death) Lest diabetes mellitus Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the ceuse of deeth? Colitis þ villaus adenomata of colon 24e. Wes en eutopsy performed? Completed

prostate cancer

1 Yes 2 No 3 Probably 4 Unknown

10:40 P.M.

1 ☐ Yes 2 No

Approximete Intervel Between Onset end Deeth

unknown

unknown

25. Was case referred to medicat exeminer? 1□ Yes 2□No

24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 2 D No 1 ☐ Yes 1 ☐ Yes 2 ☐ No

26. Plece of Death (Check only one) Hospital: 1 Manpatient 2 □ ER/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28e. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined

28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner stated. 29a. Certifier (Check only one)

29b. Signeture end pro-MD

27. Menner of Deeth

1 Neturet

2 Accident

3 ☐ Suicide

29c. License number 044161 29d. Dete signed (Month, Dey, Year) 5.21.99

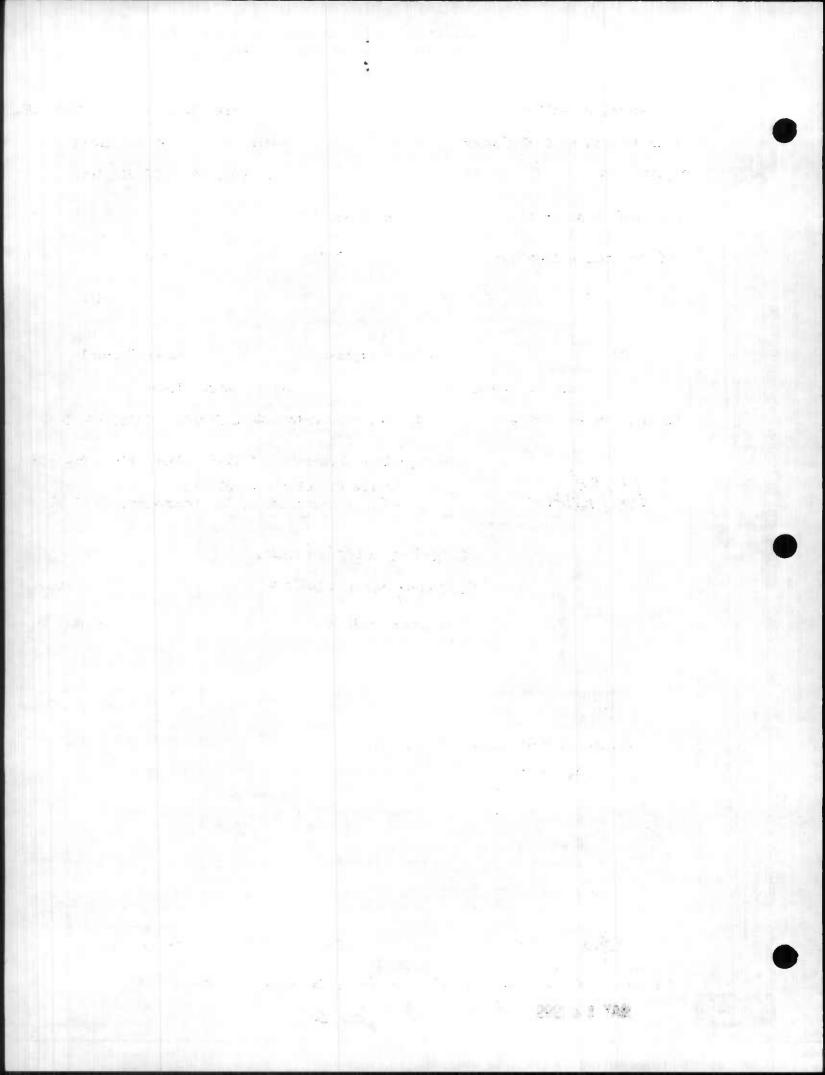
30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Patricia Czapp, Mb 900 Bestgate Rd. Suite 303 Annapolis, MD Y 2 4 1999

Registrar

edical

32. Registrer's Signature



ORDON WARH	TURST ITEMS: #23 PART I,	State of Maryland	/ Department of WR 6-1 Gertificate o	Health and Me Death	ntal Hygier		18747			
Physician	1. Decedent's Name (First, Middla, Last,		2	Data of Death Month	Day Year 2,1999	3. Time of Death 3:09P.M.				
/Medical Examiner	4a Facility Nama (If not institution, give			4b. City, Town, or Loca BALTIMORE	tion of Death	4c. County of Death				
Funeral Director	5. Social Security Number 6. Sec. 212–28–7592		st birthday) If Under 1 Yes Worths Day		Date of Birth (Month, Day, Yes	9. Birth 1931 Ma	placa (State or Foreign ntry) ryland			
Varyland 1 show	Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location									
deeth with the Manyland me 23a or 28e-f show count be notified at neral Director	10e. Street and Number 1101 N. Calver	t Street #70	10f. Zip Code 0 4 2110		10g. (Citizen of What Cou	intry?			
5 28 5	13 Navar Married 2 Married	12. Was Decedent Evar in U,S. Armed Forcas? 1	13. Was Decedent of If Yas, specify Cu	Hispanic Origin? (Specificen, Mexican, Puarto Ricon) Specify:	y Yes or No- can, etc.)	14. Race - Ameri Black, White Specify: [V				
natural dical		cation		e during most of working red)		Kind of Business/Ir				
Deficiency in a property of the person of th	17. Father's Name (First, Middle, Last) William Warhur	st	Sales Rep	18. Mother's Name (F		en Sumame)	em Steel			
and 2 should eath and Mer m 27 is marke her trsumetic	19a. Intormant's Name/Relationship (Ty Frances McNelly	/ sister	19b. Malling Address (Stree 765 Spring	et and Number or Rural F	Route Number, Cit. .ve, Mi	y o <i>r Town, Stete, Zi</i> llersvil	le, MD			
Deficiency of the party of the moorant: If the moorant: If the any injury or othe ance.	20a. Method of Disposition 1 Burial 2 Toremation 3 R 4 Donation 5 Other (Specify)	emoval from State Met	tro Crematory	of Disposition (Name of tery, cremetory or other plece) TO Crematory Date 20c. Location - C May 26 Baltimor						
pemit. Depart Import	21. Signature of Fune of Servine Lipensee 22. Name and Address of Facility Barranco & Sons, P.A. Severna Park Funeral 495 Gov. Ritchie Hwy., Severna Park, MD 211 23a Part I finer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Be interval Be interval Be.									
Physician /Medical Examiner	Immediate Causa (Final disease or condition resulting in deeth)	ARTERIOSCLEROT	IC CARDIOVASCULA as a consequence ot):				Interval Between Onset and Death			
law requires that the death certificate be assocuted es been signed by the attending physicien and 5.2 should be detached for use as the burial-transit npleted by Physician/Medical Examiner	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Diseese or injury that initiated avants	cause. Enter Underlying C								
eath certificate attending physic for use as the claryMedic	resulting in death) Last	Dua to (or a	is a consequence of):							
es that the death certificate be greed by the attending physicie be detached for use as the bur by Physician/Medical		tributing to death but not resulti	given in Pert I.	23b. Did tobacco use contribute to the cause of a						
The law requires the law requires the page 2 should be d					24a. Was an au performed	? ar	Vere autopsy findings vailable prior to ompletion of cause f death?			
5 5 0 E	25. Was casa referred to medical			26. Place of Death (2 No	Yas 2 No			
or Attending Physicien: 1 after death. Director: After this certifical in by the funerel director, pertification: To Be C	examiner? 1	lospital: 1 ☐ Inpatient 2 💢 El 28a. Date of Injury (Month, Day Year)		Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred						
To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After t completely filled in by the funeral Medical Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At hom building, etc. (Specify)	28	Location (Street City or Town, St	end Number or Rui ate)	rai Route Number,				
To the Hospital of within 24 hours at To the Funeral D completely filled in Medical Ce	(Check only one) 2 Medical Examir	time, date and place, and opinion, deeth occurred	et the time, date a	and place, end due	to the ceuse(s)					
t viv	29b. Signature and title of certifiar	94		C.M.E.		NY 23, 1999				
	30. Nama and address of person who co	we-	111 Per	n Street, E	altimore	, Marylar	nd 21201			
State Registrar	31. Date filed (Month, Day, Year) NAY 2 6 1999	32. Registrar's Signatur	B. Some	,						

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend #1.Per Phys.PGC 6-7-99 cr Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death MAY 21, 1999 **Physician** 2030 /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner Montgomery Olney Montgomery General Hospital If Under 1 Year | If Under 24 Hrs. 8. Date of Birth Allogeth, Pay, 19922 9. Birthplace (State or Foreign Lours Pana 7. Age (In yrs. last birthday) **Funeral** Days 1 M 2XXF Months Hours Min. Yrs. **Director** Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23s or 23s-1 show any injury or other traumatic event, the Wedical Examinet must be not it as a 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Washington Yes 2 No D.C. Directo 10e. Street and Number 1413 Ives Place, S.E. 10f. Zip Code 10g. Citizen of What Country? 20003 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 20 No If Yes, Give Year or Dates: Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2XXNo Baltimore, Maryland 21215-0020 Specify: Specify: Black þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) DOmestic 9th grade Housekeeper 17. Father's Name (First, Middle, Last), WIII am Ayers 18. Mother's Name (First, Middle, Maiden Sumame) Be Leola Wagner 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. informant's Name/Relationship (Type, Print) Mrs. Venus Y. Ashton (Grand-Daughter) 1508 Deep Gorge Court Oxon Hill, Maryland 20745 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1XXBurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 5/28/99 Brentwood, Maryland 22. Name and Address of Facility
Rollins Funeral Home, Inc. 21. Signature of Funerel Service Licensee 4339 Hunt Place, N.E. Washington, D.C. 23a. Part1. Ent. The disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervat Between Onset end Death Physician Immediate Ceuse (Final disease or condition resulting in death) /Medical IRU SEDSIO Examiner Due to (or as a consequence of) Examiner physician end s the buriel-trensit that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequence of): for use es th signed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting In the underlying ceuse given in Part I. 1 □ Yes 2 No 3 Probably 4 Unknown Ś 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? Completed nis certificate has but director, page 2 st alheroschrosis 1 Yes 2 No NO No monary 1 Yes 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) To Hospitat: 1 □ patient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No this 28a. Date of Injury (Month, Day Year) funeral 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Certification: After 5 Pending Investigation 1 Watural or Attending 1 Yes 2 No deeth. 2 Accident ector: 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 6 ☐ Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 2 Direc 4 ☐ Homicide 24 hours edicai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner es stated. completely 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one) To the To the I 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier who completed cause of death (Item 23e) (Type, Print) 30. Name and address of person H UM

32. Registrer's Signature

Registrar

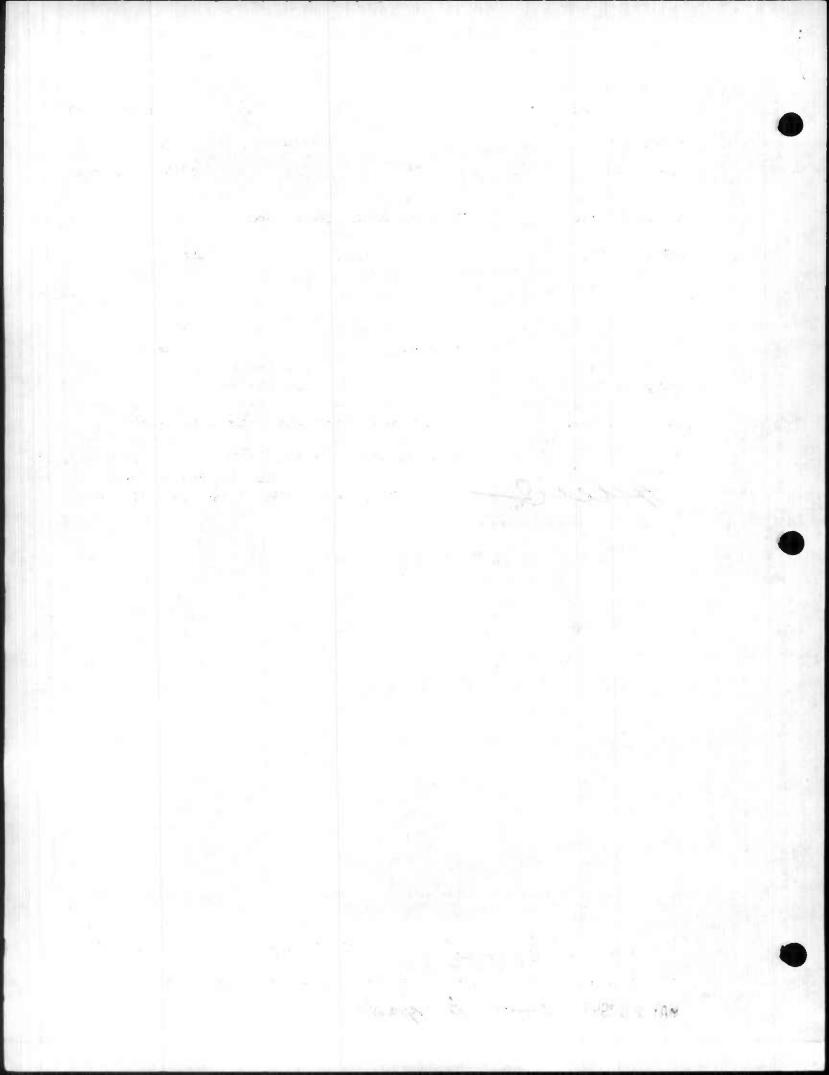
31. Date filed (Month, Day, Year) **MAY** 2 6 1999

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Louise D.Wood 21 1999 May 7:12 PM /Medical 4a. Facility Nema (If not institution, giva street and number) 4b. Clty, Town, or Location of Death 4c. County of Death Examiner Heron Point Chestertown Kent 5. Social Sacurity Number If Under 1 Year If Undar 24 Hrs. Hours Min. 8. Data of Birth
(Month, Day, Year)
July 2 1916 7. Aga (In yrs. last birthday) **Funeral** Birthplaca (Stata or Foraign Country) 1□ M 2□ Days Hours 056-12-0029 Director 82 Yrs. New York Usuel Rasidanca of Dacadant with the Marylend 10a State 10b. County 10c. City, Town or Location "naturel", or items 23a or 28a-f show edical Examiner must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 No Maryland Kent 229 Heron Point, Chestertown 10e. Straat and Numbar 10f. Zip Code 10g. Citizen of What Country? 229 Heron Point 21620 USA Funeral death 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indien. Pages 1 and 2 should be filed within 72 hours efter of nent of Health end Mental Hygiene.
ant: If item 27 Is marked other than "naturel", or itei ury or other traumatic event, the Medical Examinal Black, Whita, atc. 1 ☐ Yes 2 ☐ No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 TX Married 21215-0020 White 1 Yas 2 No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced Specify: 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decadent's Education (Spacify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Secretary Legal Baltimore, Maryland 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be George L. Davis Laura Klock 19a. Informant's Nama/Relationship (Typa, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Numbar, City or Town, Stata, Zip Code) Charles F. Wood 229 Heron Point, Chestertown, MD 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Ramovel from State permit. Page Department Important: If any injury or once. Hockessin Crematory Co. 5/27/99 4 ☐ Donation 5 ☐ Othar (Specify) Hockessin, DE 21. Signatura of Funaral Sarvica Licensaa 22. Nama and Addrass of Fecility Chandler Funeral Homes 2506 Concord Pike, Wilmington, DE 23a. Part 1. Enjoy the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Betwaan Onset end Death **Physiclan** /Medical Immadiata Causa (Final ALZHERMENS DUMONTA 10725 disaasa or condition rasulting in death) Examiner Dua to (or as a consequence of): Examiner The law requires that the death certificete be executed Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Cause (Disease or injury that initiated avants resulting in daath) Last and buriel-trai Dua to (or as a consaguanca of): P.O. Box 68760, physician Physician/Medical Dua to (or es a consequence of) use es the Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. is certificate has been signed by the director, page 2 should be detached 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown Records, by Completed 24b. Ware autopsy findings aveilabla prior to completion of cause of daath? 24a. Was an autopsy (JHH SPUDY this certificate hes 1 Yas 1 ☐ Yas 2 No Division of Vital or Attending Physicien: Be 25. Was casa referred to medical 26. Placa of Death (Chack only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Home 5 Assidance 6 Othar (Specify) 2 1 Yas 2 No 27. Manner of Daath 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Dascribe how Injury occurred After 5 Panding investigation 12 Natural 2 Accident death. 1 ☐ Yas 2 ☐ No s efter death 6 Could not ba 3 ☐ Sulcide P 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Route Number, City or Town, Stata) 4 Homicide within 24 hours e To the Funeral C completely filled Hospital Certifying Physician: To the bast of my knowledga, daath occurred at tha time, data and place, and dua to tha causa(s) and manner as statad.

Medical Examinar: On the basts of axamination and/or invastigation, in my opinion, death occurred at tha time, date and place, and due to the causa(s) and mannar statad. 29a. Cartifian Medical (Check only one) the 29b. Signeture and title of cartifier 29c. License number 29d. Date signad (Month, Day, Year) - Muss 30. Nama and deress of person who completed cause of death (Itam 23a) (Typa, Print) 10 John C. Seymour, Heron Point, 501 Campus Avenue, Chestertown, MD 31. Data filad (Month, Day, Yaa MAY 2 8 1999 32. Ragistrar's Signatura State Registrar

DHMH 16 Rev 6/95

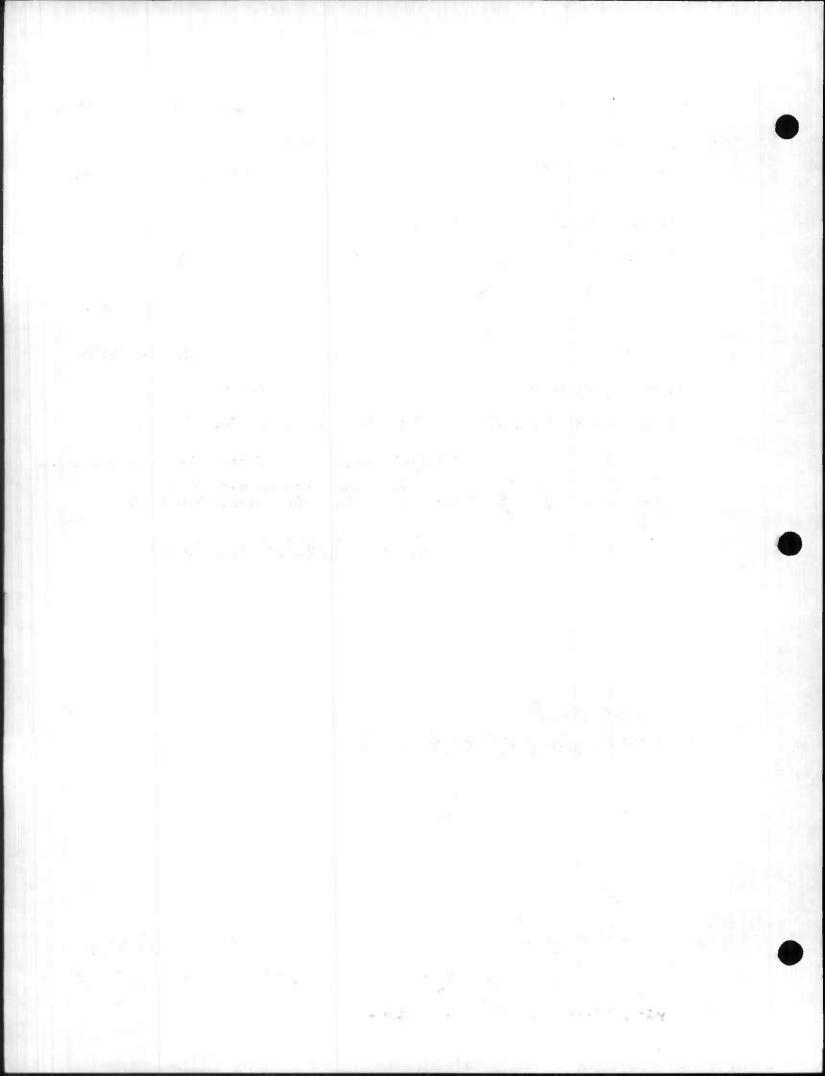


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Death Month **Physician** David W. Weatherman 24 1999 May 10:40 PM /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Union Hospital Elkton Cecil 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year May 7, 192 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country). **Funeral** 180 M 2□ F Days Hours Yrs. Director 231-24-1118 72 Virginia Usuel Residence of Dacadent the Maryland 10e. State 10h County 10c. City, Town or Location 10d. Inside City Limits "netural", or Items 23a or 28a-f show 1 Yes 2 No Director Maryland Cecil Rising Sun 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? filed within 72 hours after death with 421 Sylmar Rd. 21911 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes, 2 No If Yes, Give Year or Detes: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian Biack, White, etc. 1 Never Married 2 Married 21215-0020 1 Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced White Completed Pages 1 and 2 should be filed within 72 homen of Health and Mental Hygiene.
snt: If item 27 is marked other than "netur 15. Decedent's Education 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade complated) Eiamantary/Secondary (0-12) Coilaga (1-4or 5+) Shop Foreman Henkels & McCou altimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Sumeme) Be Samuel Weatherman Laura Grubb 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rurel Routa Number, City or Town, Stete, Zip Code) Juanita G. Weatherman/Wife 421 Sylmar Rd. Rising Sun, MD 21911 20b. Piace of Disposition (Name of cemetery, crametory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removel from State Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) 5-27-99 Rising Sun, Maryland Rosebank Cemetery 21. Signature of Furleral Service Licenses R. T. Foard Funeral Home, P. A. 111 S. Queen St., Rising Sun, MD 21911 uchasa Approximete intervel Between Onset end Death Physician MARDIAL INFARCTION disease of condition resulting in death) Examiner Physician/Medical Examiner Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury 68760. 8 4 Due to (or as a consequence of): US0 23 Box for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 8 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 € Unknown of Vital Records, by ACEAL REFLIX DS. 24b. Were autopsy findings available prior to 24s. Was an autopsy Completed completion of cause of death? The law page 2 1 Yes 20 No Be 25. Was case referred to medical 25. Place of Death (Check only one) Other: 4□ Nursing Home 5□ Residence 6 □Other (Specify) To 1 | Yes 2 XNo 1 ☐ Inpatient 25€ER/Outpatient 3 ☐ DOA 24 Manper of Death Certification: 28b. Time of 26c. Injury at Work? 28d. Describe how injury occurred After Division Attending 5 ☐ Pending investigation 1 Yes 2 No 2 Accident Lifter death 6 ☐ Could not be 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 6 Hospital To the Hospital within 24 hours a To the Funeral I 29s. Certifier Certifying Physician: To tha best of my knowledga, daath occurred et the tima, deta and piace, and dua to tha causa(s) and menner es statad.

Medical Exeminer: On the basis of examinetion end/or investigation, in my opinion, daeth occurred at the tima, date end piace, end due to tha causa(s) and manner steted. Medical (Check only 29b. Signature and title of certifig 29d. Data signed (Month, Pey, Year) 30. Name and address of pestin 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State MAY 2 7 1999 Registrar



Certificate of Death									010	101		
Decedent's Name (First, Middle, Last) Pearl	od				2. Date of De Month May 25	Dey	Yeer	3. Time of 1 8:25P				
4e Fecility Name (If not institution, give	Fecility Name (If not institution, give street end number) 4b. City, Town, or											
	orge's Hospital Center					Cheve			Princ			
377 04 2010	м 25xF	7. Age (In yrs. 90	lest birthday Yrs.	Months	Days	If Under 2 Hours	Min.	8. Date of Bir (Month, De Feb. 8	by, Yeer) 3, 1909	9. Birthp Coun Mary	lece (Stete or try) Tand	Foreign
Usual Residence of Decedent 10e. Stete 10b. County		10c. Ci	ty, Town or L	ocation						1	0d. Inside Cit	y Limits
Maryland Prince George's Capitol Heights												2 No
10e. Street end Number	0180 0	- Odj	32002	10f. Zip					10g. Citizen of V	Whet Coun	itry?	
5415 Brenner	St.					20743			U	SA		
1. Marital Status	Armed For	dent Ever in U	,S. 13.	Was Deced	ent of H	lispanic Orig	in? (Sp., Puerto	ecity Yes or No Rican, etc.)	- 14. Rec Bled	e - Americ		
1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes If Yes, Giv Year or Da	e		1 ☐ Yes 2 ☒ No Specify:					Specify	. Wh	ite	
15. Decedent's Edu (Specify only highest grede			(Giv	edent's Usua e kind of wor	k done	during most	of work	ing	16b. Kind of Bu	usiness/Inc	dustry	
Elementery/Secondary (0-12)	College (1	-4or 5+)	life.	DO NOT us	e retired	d)			At :	Home		
5th 17. Fether's Neme (First, Middle, Last)				Homen	iake		r's Nam	e (First, Middle	, Maiden Sumen	ne)		
William Pen	n							known		7.5		
19a. Informent's Name/Relationship (Ty			19b. Mai	ling Address	(Street	end Numbe			er, City or Town,	Stete, Zip	Code)	
Russell Wood/Son				me as								
20e. Method of Disposition			Place of Disp	osition (Nem	ne of			Dete	20c. Location -	City or To	wn, State	
1 □XBurial 2 □ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify)	emovei from s	Ce	edar H	ill Ce	met	ery	5/	28/99	Suitla	nd,Ma	ryland	
21. Signature of Funeral Service Licensy	90		- 2	Corre	d Addre	ss of Facility	y F11	neral F	Home, P.	Δ		- 1
Mr. Ka	le 1	5							Hill, MD		45	
fmmediate Cause (Final disease or condition resulting in deeth)		eroscle Due to (or as a conse	equence ot):							Onset and D	
Sequentially list conditions,	,		or as a conse						1164			
f any, leading to immediate sause. Enter Underlying Cause (Disease or injury hat initiated events	,											
resulting In death) Last		Due to (d	or as e conse	equence of):								
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								23b. Did tobacco use contribute to the cause of deat				of death?
Valve Replacem	ent.							10	Yes 2□ No	3 Prof	bably 47	Unknowr
.axve neptacen	31.0							- 10	11000	045 121		in di-
Anticoagulant	Therap	у						24a. Wes en autopsy performed? 24b. Were autopsy evaileble completic			ere autopsy fi aileble prior to mpletion of ca	0
										of	deeth?	
								10	ΛΛ	10	Yes 2	No
25. Was case referred to medical examiner? 1 ☑ Yes 2 □ No	lospital:		len/o	an an an	Oth	ar.		h (Check only		10	44)	
27. Manner of Death 1 Natural 5 Pending	28e. Dete of Injury (Month, Day Year) 28b. Tim			e of y Work?			fome 5 ☐ Residenca 6 ☐ Other (Specify) 28d. Describe how Injury occurred					
2 Accident Investigation 3 Suicide 6 Could not be determined	DO COO Place of taken At home form attack factors office						28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)				ber,	
29a. Certifier 1X Certifying Phys	Iclan: To the	best of my kno	wiedge, dea	th occurred	at the tir	ne, date and	d plece.	and due to the	ceuse(s) and ma	anner as s	tated.	
		isis of examine							date and place,			,
29b. Signature end title of certifier						e number			29d. Dete signe	d (Month,	Dey, Year)	
1667	- 5	7,-	-M		52	310			5/25/99			
30. Neme end address of person who co	mpleted caus	e of deeth (Iter										
Christopher Ervin	. M.D.	3001	Hosp	ital I	r.	Cheve	rly,	MD. 257	785			
31. Date filed (Month, Day, Year)		egistrar's Signa										

Regi DHMH 16 Rev 6/95

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

125 6 8 W

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth E. WEDGE, SR. Month **Physician** 08.50 Pm MELVIN 99 05-25-/Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Prince George's Hospital Center Cheverly Prince George's If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6 Sex Birthplace (Stete or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1√2 M 2□ F Months Days Yrs. 215-20-3101 72 Director 03-31-27 Maryland Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after deeth with the Manyland nent of Heatih and Mental Hygiena. Intel filem 27 is marked other than "naturel", or items 23s or 28s-f show try or other traumatic event, the Medical Examine must be notified at any or other traumatic event, the Medical Examine must be notified at 10a State 10b County 10c, City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No Md. P.G. Suitland Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6224 Suitland Rd. 20746 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1至於es 2□No If Yes, Give Year or Dates: 1945 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11 Maritai Status Black, White, etc. 1 Never Married 20 KMarried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Black P 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Golf Marshall Golfing Enterprise 8th 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be William Henry Wedge Emma Makle 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Melody Atkinson/Daughter 7712 Tinkers Creek Dr., Clinton, Md. 20b. Place of Disposition (Neme of cometery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Resurrection Cem. 5/29/99 Clinton, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility
H.S. Washington & Sons Co., Inc. 21. Signature of Funeral Service Licenses ratt 4925 Burroughs Ave., N.E., Wash., D.C. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Sensis 10-15 Days Examiner Due to (or as a consequence of): 2-3 Whs. Examiner Renal failure nding physicien and use es the bunal-transit lew requires that the deeth certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as e consequence of) signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown troshar. P 24b. Were autopsy findings available prior to Completed 24e. Was en eutopsy completion of cause of death? s certificete hes b director, pege 2 s 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifice director. 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To 28a. Date of Injury (Month, Day Year) funeral 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Natural 2 Accident 5 Pending investigation 1 Yes 2 No 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours aft To the Funeral Di completaly filled in Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

Description

**Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and manner as stated.

Description

Description 29a. Certifier edical

29c. License number

Rd #13 Bladens Gurg. MD 20710.

MD Attending

32 Registrar's Signature

30. Name end address of person who completed cause of death, (Item 23a) (Type, Print)

Dolis

29d. Date signed (Month, Dey, Year)

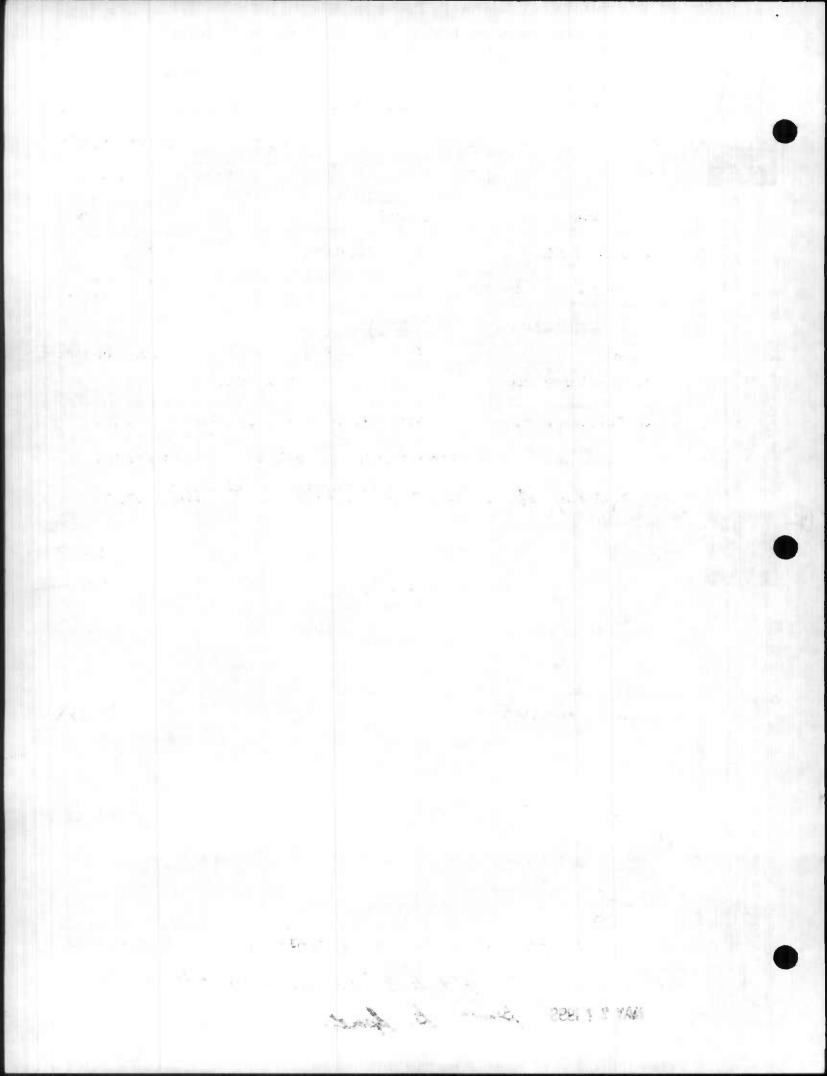
State Registrar 29b. Signature and tule of certifier

31. Date filed (Month, Dey, Yeer)

MAY 2 7 1999

DHMH 16 Rev 6/95

Division of Vital Records, P.O. Box 68760,



Please Type or Print In Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Deeth 3. Time of Death 130 PM Month **Physician** Whitehead 23 Mary Mar /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Prince Prince Georges Hospital Cheverly Center Georges if Under 24 Hrs. 7. Aga (In yrs. last birthday) If Undar 1 Yaar Birthpiace (Stata or Foreign Country) 5. Social Security Number 6 Sax 8. Data of Birth (Month, Day, Yaar) **Funeral** 1□ M 2[XF Months Days Hours Min 578-52-6497 59 **Director** Oct. 18, 1939 Wash., D.C. Usual Rasidanca of Dacedant permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show page. 10a. Steta 10b. County 10c. City. Town or Location 10d. Insida City Limits Maryland Prince George's Landover 1 ☐ Yas 2 ☐ No Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1403 Capitol View Terrace 20785 United States Funeral 12. Was Dacedent Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☒ No If Yas, Give Year or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Bleck, White, atc 1 Never Married 2X Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Spacify: Specify: Black þ 3 Widowed 4 Divorced Completed 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12th Nursing Government 18. Mothar's Nama (First, Middla, Maidan Sumeme) 17. Fether's Name (First, Middle, Last) William M. Jenkins 2 Dorothy M. Diggs 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) Jean Payne - Daughter 1403 Capitol View Terrance, Landover, MD 20785 20a. Method of Disposition 20b. Place of Disposition (Neme of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 ☐ Buriei 2 ☐ Cramation 3 ☐ Ramoval from Stata 5/29/99 Suitland, MD 4 ☐ Donation 5 ☐ Other (Specify) Lincoln Memorial Cem. 21. Sign 22. Nama and Addrass of Facility ne of Funeral Service Lices: Stewart Funeral Home 4001 Benning Rd., N.E. Wash., D.C. 20019 Ar far the disease, or complications that called the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, heart failure. List only one cause on each line. Approximate Intarval Batwaan Onsat end Death **Physician** /Medical Immediata Causa (Final Asthma diseasa or condition rasulting in daath) Examiner Due to (or as e consequenca of): Examiner encephalopath 3 days anaxic physician and the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if eny, laading to immediate causa. Enter Undarlying Ceuse (Disease or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, arres Cardiac Physician/Medical Dua to (or as a consequanca of): attending p respirator signed by the all Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown p 24b. Wara autopsy findings evallable prior to complation of cause of daath? should s 24a. Was an autopsy Completed s certificate has b 1 ☐ Yas 2 No 1 Yas 2 No or Attending Physician: director, Be 25. Was case referred to medical axaminar? 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 10 1 Yes 2□ No 1 Inpatiant 2 ER/Outpatient 3 DOA this funeral 27. Manner of Daath 28d. Describe how injury occurred 28b. Tima of Certification: 28a. Data of Injury (Month, Day Yaar) 28c. Injury at Work? After Natural 5 Panding 1 Yes 2 No death. invastigation 2 Accidant efter death Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, ferm, streat, fectory, office building, atc. (Specify) 4 Homicida To the Hospital or A within 24 hours efter To the Funeral Directorn pletely filled in b Certifying Phyeician: To the best of my knowledge, deeth occurred et tha tima, data and placa, end dua to the cause(s) and mennar as stated.

Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and mannar stated. 29e. Certifier Medicai J.D. Alleyne, M.D. 29d. Data signed (Month, Day, Year) 29b. Signature and titla of certifiar 29c. Licansa number

(3)

State State Registrar

31. Deta filed (Month, Day, Year)

MAY 2 6 1999

Prince Georges



30. Nama and addrass of person who complated cause of death (itam 23a) (Type, Print)

Sports

51006

Drive Cheverly

23rd

May

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene ()

Certificate of Death

1	0	44.9	-	2
-	100	- 1	to my	1 2
1	w.	1	1	-

	Physician		ma (First, Middla, Las		*** 11		Ma a			2. Data of Daa Month	0.	Yaar	3. Tima of Daath
	/Medical		ndy Scot		Wilke	rson				May	27°, 19	99	5:50pm
	Examiner		(If not institution, give Charles					1	4b. City, Town, or L La Plat		4c. County o		S
1	Funeral	5. Social Sacurity	Number 6. S	ax	7. Aga (In yrs.	last birthday)	If Undar 1		If Undar 24 Hrs.	8. Data of Birth		9. Bjrth	olaca (Stata or Foraig
L	Director	218-56- Usuai Rasidance	0922	DM 2□ F	48	Yrs.	Months	Days	Hours Min. Se	ptember			Wash, DC
	and w	10a. Stata	10b. County		10c. Ci	ty, Town or Lo	cation					1	IOd. Insida City Limit
	Marylan 1 show	MD	Chamles		_	- D1 -	4						1 Yas NON
	with the Maryland a or 28a-f show Libe notified at	MD 10e. Street and No	Charles	5		a Pla	10f. Zip C	oda			10g. Citizan of Wh	nat Cou	ntry?
	itiar death with the Mar is theme 23e or 28e-1e information notified Funeral Director		Charles	Stree	t			06	46		USA		
	daath errs 23 er muil	11. Marital Status	SIII STA	12. Was Dar Armed F	cedant Evar in U		Was Decedar	of H	lispanic Origin? (Sp an, Maxican, Puarto	pecify Yas or No-		- Amari	cen indian,
21215-0020	urs all', o		riad 2 Married 4 Divorced		2)() No liva		1□ Yas 2X		Spacify:	Thour, alon	Specify:		
0-10	led within 72 ho lygiana "natura nt, the Manical Completed	(0)	15. Decedant's Ed			16a. Dece	dant's Usual	Occup	pation		16b. Kind of Bus	inass/în	dustry
215	hin 7	Elementery/Sec	cify only highast gra		(1-4or 5+)	lifa.	DO NOT usa	ratire	during most of worl d)	king			
21	d with the state of the state o	12		6	(1 401 0 1)	Tea	cher				Educat	ion	
p	= 1 to 0	17. Fathar's Nama	(First, Middla, Last)						18. Mother's Nam	ne (First, Middla,			
Maryland	Mar Mar To	-	Wilkers						Jacque1				
Ma	ith and ith and ith and it is in the ith and ith ith and ith ith and ith		Name/Ralationship (fe		-		es St.				
e,	of Haal Itam 2	20a. Method of Dis			20b. I	Place of Dispo	sition (Nama	of		Data	20c. Location - C		
Baltimore	nt of nt of or	Burial 2	Cramation 3		Stata	cematary, crar				(17.10)			
Ē	rtant rtant		5 Other (Specify		II				al Gar;	-	9 Waldo		
Ba	permit. Page Department of Important: If any Injury or ance.	21. Signature of F	funarai Sarvice Licen	sea / /		Á	REHAR	T-	ECHOLS	FUNERAL	HOME	P.A	
	40240	Da	rul ()	Nech	10054				567 LA			46	
		23a. Part1, Entar shock, or ha	the lisaasa, or compart failura. List only	olications that ona causa on	causad tha daa aach lina.	th. Do not ent	er the mode	of dyir	ng, such es cardiec	or raspiratory are	rest,		Approximete Interval Batwaan
	Physician		(Fig. 1)		0 1 (0					0.		+	Onsat and Death
7	/Medical Examiner	Immediata Causa disease or conditi resulting in death)	on	a. C	ANC	ER	. 0	F	ESO	PHA	202	1	448
		Tooling in coam,			Dua to (or as a consec	quence of):						
	axecuted in and ial-transit			b	Due to /	or ac a concer	wanaa of\:					İ	
	be axecuted ician and burial-transit al Examil	Sequantially list confiance, laading to licausa. Entar Und Causa (Disaasa of that Initiated avanting in acuthing in death)	onditions, mmadiate		Dua to (i	or as a consac	juance or):					1	
260	physician the buria	Causa (Disaasa o	er injuny	c	Due to 4							-	
68760		rasulting in daath)	Last		Dua to (c	or as a conseq	uance or):						
Box	ath cartif ttanding or usa a			d								-	
B	2 0 - 0	Part II Other elon	Ificant conditiona or	ontributing to	death but not rea	culting in the u	nderlying cau	ica dis	en in Part I	23h Didte	ohecco usa cont	ributa t	o the cause of death
0	ed by the datached datached	Tarrii. Othar orgin	mount oonattona o	onthibuting to v	JOHN DUI HOLTES	outing in the d	ildariyii ig oac	ou giv	out are area.				bably 4 Unknow
٥,	igned be dat										2010		
Records,	The law requires th rate has been signed page 2 should be d									24e. Wes	en eutopsy	24b. W	ara autopsy findings
00	w requir bean s should									parfor	madr	co	vailable prior to emplation of cause death?
Re	Tha lav eata has paga 2	7								10 Y	es 2X No		☐ Yes 2☐ No
	cartificata rector, pa	DE Mas sons refe	erod to modical									-	L 165 2L NO
of Vital		25. Wes case refe axaminar?	C medical	Hospital:	li e e e e e	150/0		Oth	ant:	th (Check only or			4.
of	Physic this cral directal dire	1 ☐ Yes 2 ☐	ith	28a. Data		ER/Outpatier 28b. Tima o			4 Li Nuising I		ow Injury occurre	-	<i>(y)</i>
Division	ding h. Aftar funa	1 Neturel 2 Accidant	5 Pending invastigation	(Moi	nth, Day Year)	Injury	м	. Injur Wor	rk? Yas 2□No	200. 20001120 11	ow many occurre		
Vis	Attendiar daath. ector: A by the fu	3 ☐ Suicida 4 ☐ Homicida	6 Could not be datarminad	28a. Plac	e of Injury - At h	ome, farm, str	eat, factory,	office		28f. Location (S City or Tow	Street and Number	r or Aur	al Routa Number,
Ö	s aftar bi Directification by	- C Homicida		Dulk	anny, etc. (Spac)	7)				Only of Yow	, 0.0.0/		
	To the Hospital or Attending P within 24 hours after death. To the Funeral Director After t completely filled in by the funeral Medical Certification:	29a. Certifiar (Check only	1 Certifying Phy 2 Medical Exam	ysician: To the	e best of my kno basis of examine	owledge, daeth	occurrad at	tha tir	ma, data and place	, and dua fo tha d	cause(s) and man	nar as s	stated. o tha causa(s)
	within 2 To the F complat	one)		and me	nnar stated.								
	To the comple	29b. Signature and	o title of certifiar	M	VA				sa number		29d. Data signed	(Month,	Day, Year)
		1-10	ul	1(-	1601		10	7	+35	1	7/9	-4-	177

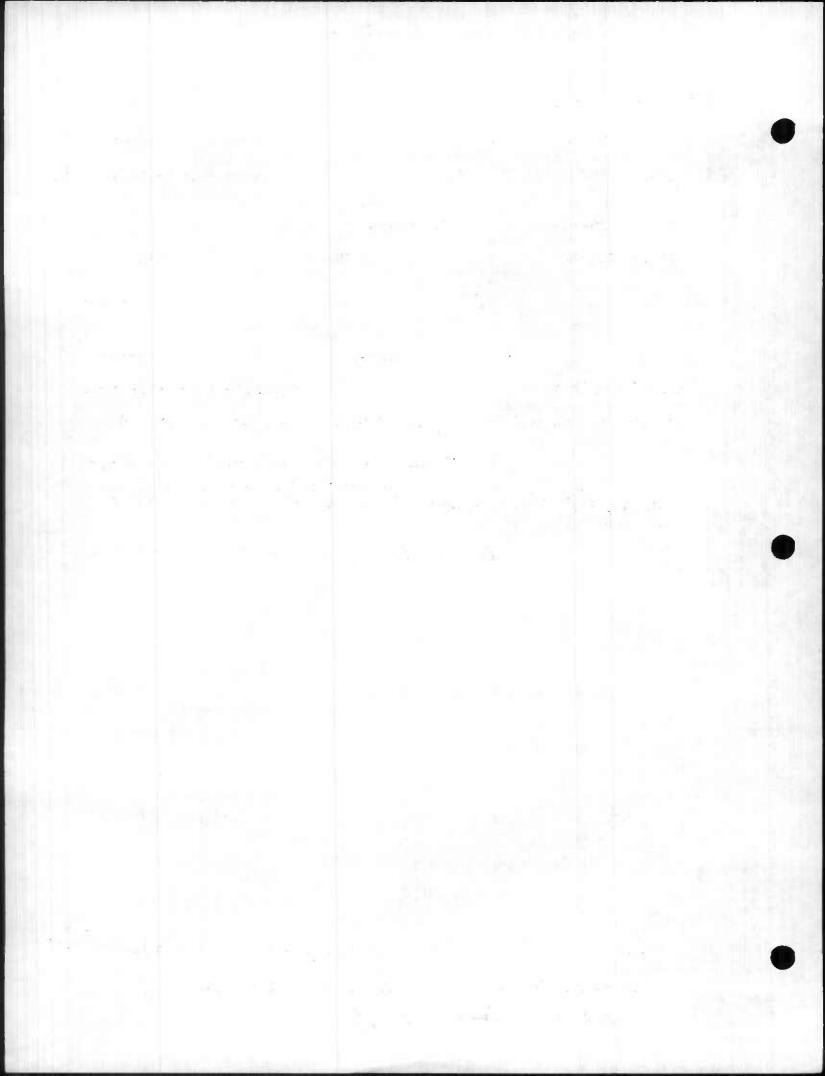
State Registrar

JUN 0 1 1999

31. Data filed (Month, Day, Year)

Krishan Mathur, MD., P.O. Box 2729, La Plata, MD 20646

30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

If Under 1 Yaar

Months

Days

State of Maryland / Department of Health and	Mental Hygiene	0 "7 [" ["
Certificate of Death	Reg. No.	8/55
	2. Date of Death Month Day Year	3. Tima of Death

Lusby

Hours

If Under 24 Hrs.

4b. City, Town, or Location of Death

Min.

May 18, 1999

8. Data of Birth (Month, Dey, Year) Dec. 25, 1940

4c. County of Death

Calvert

8:10 A.M.

Birthplace (Stata or Foreign Country)

Maryland

Physician
/Medical
/iviedicai
Examiner

1. Decedent's Name (First, Middle, Last,

5. Sociel Security Number

217-36-9357

Clarence

4a Facility Nama (If not institution, give street end number)

11509 H.G. Trueman Road

G.

Watts

7. Aga (In yrs. last birthday)

Yrs.

Funeral Director ahos

"natural", or hams 23a or 28a-f munt be Hygiens.

Usual Residence of Decedent 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits Lusby 1 Yas ZONo Directo Maryland Calvert 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 11509 H.G. Trueman Road 20657 USA Funeral 12. Was Decedent Ever in U.S. Arroed Forcas?

1 🖄 Yas 2 🗆 No 1960—
It Yas, Giva Wes Decedent of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, etc. 1 Nevar Marriad 2 Married Specify: Black altimore, Maryland 21215-0020 1 Yas 2 No Specify: It Yas, Giva Year or Detes: À 1962 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry filed within Elementary/Secondery (0-12) Collega (1-4or 5+) Mental Hygiene Therapy Aide NY State Government permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy,
Important: If Nem 27 is marked other any Injury or other 1--17. Fether's Nema (First, Middla, Last) 18. Mothar's Neme (First, Middle, Maiden Sumema) Be William Watts Haze1 Jones 10 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) 43 Warren Street Gloria J. Watts/Wife Brentwood, NY 11717 20b. Place of Disposition (Nama of cematery, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 Burial 2 □ Cramation 3 □ Removal from Stata Maryland Veterans' Cem. 5/24/99 Cheltenham, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Sarvice Licensae 22. Nama and Address of Fecility Sewell Funeral Home Black 1451 Dares Beach Road Prince Frederick, MD 20678 Sevel 23a. Part1. Entar the disaesa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or haart failura. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** /Medical Immediate Causa (Final disaesa or condition resulting in deeth) Examine Due to (or as a consequence ot) Examiner thet the death certificate be executed Sequantially list conditions, if any, laeding to immadiate cause. Enter Undarfying Cause (Disaase or injury that initiated evants resulting in death) Last and Due to (or es e consequence of): physician Box 68760 Physician/Medicai the Due to (or as a consequance of): for use as nse Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vitai Records. P.O. Unknown 1 Yes 2 No 3 Probably signed t þ 24a. Was an autopsy performed? 24b. Wara autopsy tindings available prior to Completed completion of cause of death? page 2 has Yas Yas 2 No 2□ No after deeth.

Director: After this certifications 25. Wes casa ratarred to madical axaminar? 26. Placa of Deeth (Check only ona) Be Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 No 2□ No Certification: To 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28a. Data of Injury (Month, Dey Year) 28c. Injury et Work? Neturel 2 Accident 5 Panding 1 ☐ Yas 2 ☐ No invastigation 6 Could not be datarmined 3 Suicide 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide within 24 hours aft To the Funeral Di completely filled in Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. edicai 29a. Cartifia 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete and place, end due to the cause(s) and manner stated. one) within 2 To the 29d. Data signed (Month, Day, Year) 29b. Signature nd title of certifie 29c. License number O.C.M.E. May 19, 1999 d addrass of person who complated causa of death (Item 23a) (Type, Print) 30, Nama a SHE 6+ ON Med 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Day, Year) 32. Registra/s Signeture State 1999

DHMH 16 Rev 6/95

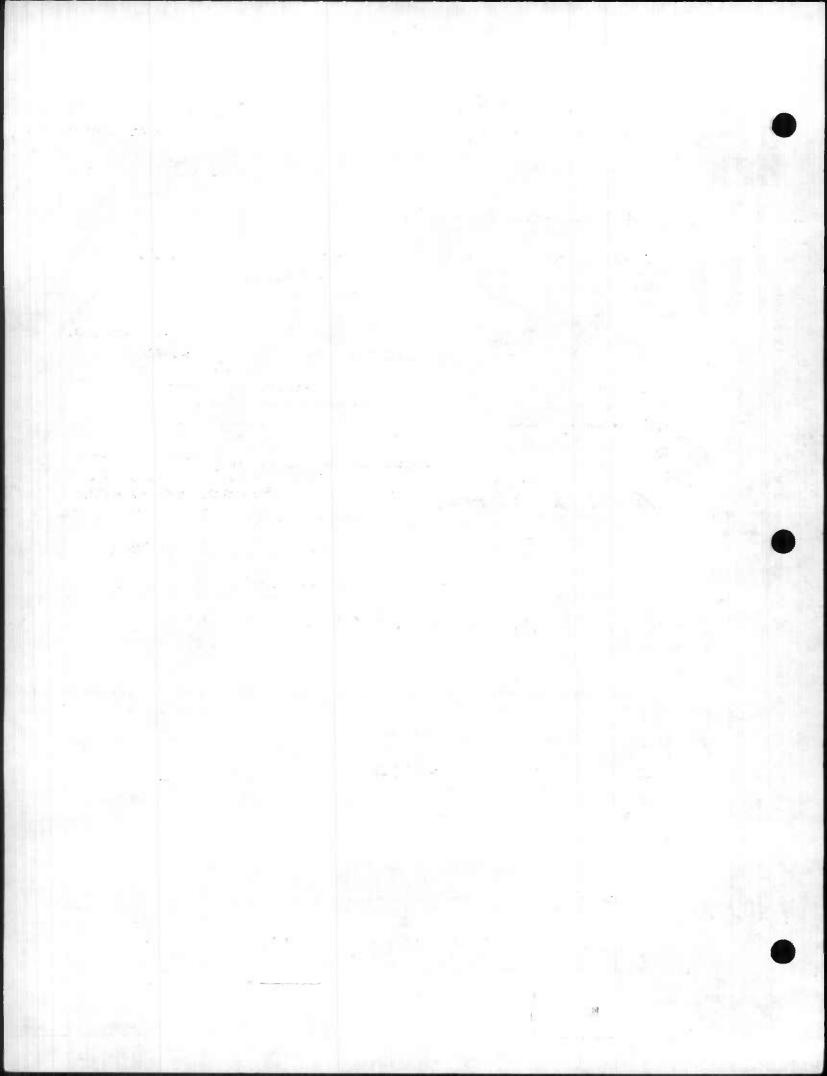
Registrar

4 4

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

			Certificate of Death	Re	g. No.	10/35
Physic	cian	1. Decedent's Name (First, Middle, Last) Daly Lynwood	Wolfe	2. Dete of Deeth Month May 18,	Day Year	3. Time of Death 9:44AM
/Med Exam		4e Facility Neme (If not institution, give street and number) Southern Maryland Hospital	4b. City, Town, or t Clinton	ocation of Death	4c. County of Deeth Prince Ge	
Funera Directo		5. Social Security Number 6. Sex XXM 2 F 67	st birthday) If Under 1 Year If Under 24 Hrs. Workths Days Hours Min.	8. Date of Birth (Month, Day, Dec. 28	9. Birth Con 3, 1931 VI	npleca (Stete or Foreign untry) Lrginia
pue *		Usual Residence of Decedent 10a. State 10b. County 10c. City,	Town or Location			10d. Inside City Limits
Maryla a-f sho	ctor		linton			1 ☐ Yes 2 No
with the	Director	10e. Street end Number	10/. Zip Code 20735		g. Citizen of Whet Co.	untry?
5-0020 72 hours after deeth with the Manyland natural, or items 23s or 28s-f show deel Examine ment be notified at	by Funeral	10.503 Thrift Road 11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 DNo If Yes, Give Year or Dates:			14. Race - Amer Black, White	
d 21215-0020 filed within 72 hours aft Hygiena. ther than "natural", or inf, the Medical Enem	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12th 5+	Decedent's Usual Occupation (Give kind of work done during most of work iffe. DO NOT use retired) Vice Principal		6b. Kind of Business/li Prince Geo Schools	
	Be C	17. Father's Neme (First, Middle, Last)		ne (First, Middle, M		
ylan Suld be Mental mrked o	ToB	Daly Meade Wolfe	Margar	et Ha	arris	
Mar and 2 sho aith and 27 ie m		19e. tnformant's Name/Reletionship (Type, Print) Dora G. Wolfe (W.fe)	19b. Meiling Address (Street and Number or Ru 1302 Garcia Laredo,			ip Code)
Baltimore, semit. Pages 1. Department of He mportant: if item ny injury or oth		1 Nurial 2 □ Cremetion 3 □ Removel from Stete	ce of Disposition (Name of netery, cremetory or other place)	т.	oc. Location - City or 1	20
Baltim permit. Pag Department Important: I any Injury o		21. Signature of Funerel Service Licensee	tholic Cemetery May 27 22. Name and Address of Fecility L 6633 Old Alexandr			
68 760, ficate be asscuted physicien and is the burial-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	as a consequence of): OF CONTROL STATE It is a consequence of):	m A hukii	V6	
25 (0) (0)		d			i	
P.O. BOX nat the death cert d by the attendin letached for use	Physician/M	Pert II. Other significant conditions contributing to death but not result	ing in the underlying cause given in Pert I.	23b. Did tob		to the cause of death?
COLDS, requires the been signe should be control of the control of	Completed by	genuleisus ANEI	419	24a. Wes an	ned?	Were eutopsy findings syaliable prior to completion of cause of death?
The law atta has be page 2 s	Com	PRONCHIPC MILE	71911	1 ☐ Yes	s 2 0 No 1	☐ Yes 2☐ No
Of VICEI INC Physician: The lav this certificate has	B	25. Wes case referred to medicat examiner?	Other	th (Check only one		
ding Physics (Inc.)	tion: To	1 Tes 2 No 1 Inpatient 2 El	RVOutpatient 3	ome 5 Resider 28d. Describe hor	nce 6 Other (Spec w injury occurred	city)
UIVISION O To the Heapital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral	Certification:	2 Suiside 6 Could not be	ie, ferm, street, factory, office	281. Location (Str. City or Town,	reet and Number or Ru , Stele)	ral Route Number,
To the Hospital within 24 hours a To the Funeral Completely filled	edicai C	29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowly and manner steted.				
To the within To the	M	29b. Signeture end title of certifier Danielo Le, 1	no Distribution 15789	29	od. Date signed (Month	n, Dey, Year)
20		30. Name and address of person who completed cause of death (Item 2	, CLINTON 1	1D 20	Mo 535	/
Si Regis	ate trar	31. Dete filed (Month, Day 20 1999 Registrars Signature)	B. Sparks			

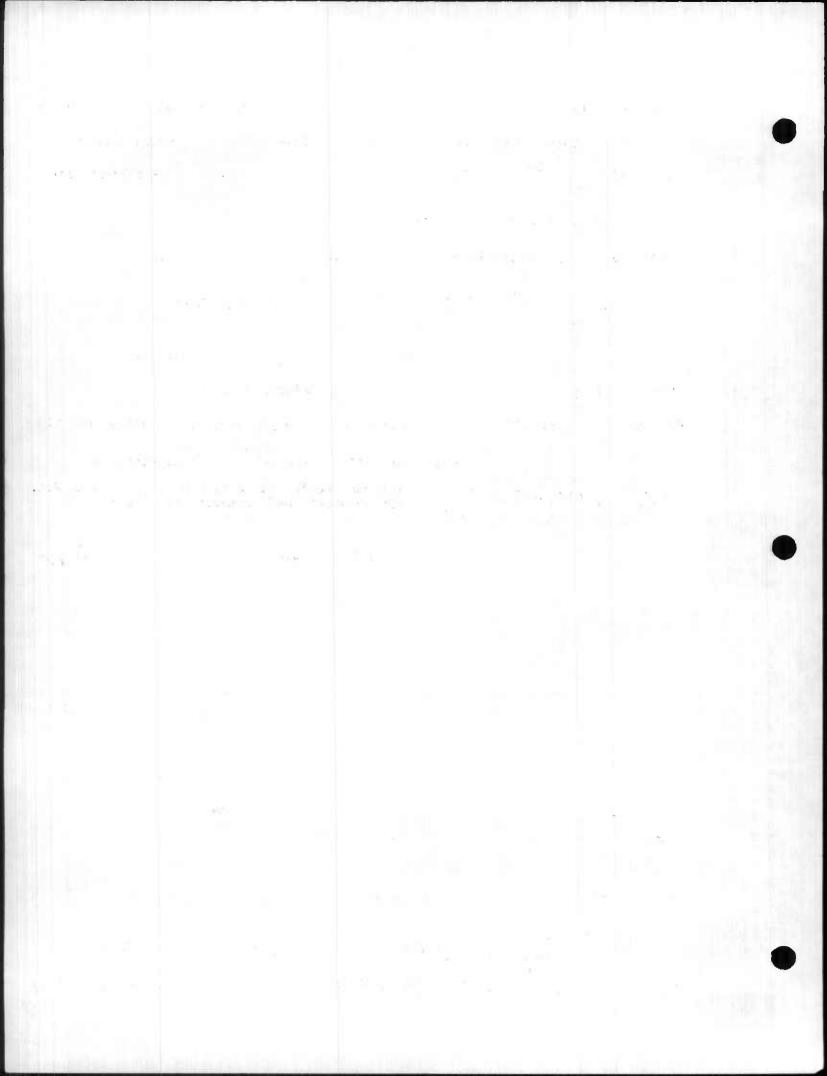


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

8757

				Cer	tificate of	Death		,	Reg. No.		
	1. Decedent's Neme (First, Middle	a, Last)						2. Dete of Dee			3. Time of Deeth
Physician	Ricmorole Mich	v						Month May 15	Dey 1999	Yeer	9:30 AM
/Medica	As Essitive blooms (Manatination)	<i>y</i>	nber)			4b. City, To	wn, or Lo	cation of Deeth	,	y of Deeth	7.30 III
Examine						Steve				n Ann	010
	120 Queens Co 5. Sociel Security Number		7. Age (In yrs. las	nt histoslave)	If Under 1 Yaa						
Funeral		10XM 2□ F		Yrs.	Months Deys		Min.	8. Date of Birt (Month, De	y, Year)	Cour	oleca (Stete or Foreign
Director	581-68-6611 Usuel Residence of Decedent		70					August	8, 1928	Puer	rto Rico
pue *	10a. Stata 10b. County		10c City	Town or Lo	cation					1	10d. Inside City Limits
aryle aryle											1 ☐ Yes 2 ☐ No
No I-	MD Queen	Anne's	Stev	ensvi							
€ 8	10e. Street end Number				10f. Zip Code				10g. Citizen of	Whet Coul	ntry?
23a th	120 Queens Co	lony High	Road		216	66			U.S.A.		
d Z IZ IS-UUZU (iled within 72 hours efter death with the Maryland Hygiena. ther than "natural", or frams 23a or 28a-f show ant, the Medical Examiner must be notified at	11. Marital Status	Armed For	dent Ever in U,S.	13. V	Vas Decedent of Yes, specify Cu	Hispenic Original Hispenic Original	gin? (Spe	ecify Yas or No- Rican, atc.)		ce - Americ	
o a the life	1 Never Married 2 Merri	ad 1 Yes	2□ No # 1955- htas: 1981		₩Yes 2□No				0		
Z and and a	3 ☐ Widowed 4 ☒ Divorced	Year or Da	itas: 1981		M 192 SPING	эраспу.	Pue	rto Ric	an Speci	W His	panic
be filed within 72 hou lat Hygiena. d other then "nature avent, tre fedical	15. Decedant	's Educetion		16e. Deced	ant's Usual Occu	ipetion	t of work	ina	16b. Kind of E	Business/In	dustry
d within 72 hours of within 72 hours of giona.	(Specify only highes Elementary/Secondary (0-12)	Collega (1-	A01 54)	life. L	kind of work done OO NOT use retir	ed)	t or work	ing			
i i i i i i i i i i i i i i i i i i i	Elementary/Secondary (0-12)	4+	401 34)	Pil	ot				Milita	rv	
D PETE	17. Fathar's Nema (First, Middla,	Last)				18. Mothe	r's Name	e (First, Middle,			
d be antal	Vicente Wichy					Dolos	rae I	Navarro			
perilimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Health and Mantal Hygiena. Important: If item 27 is marked other than "natural", or itams 23s or 28s-f show any injury or other traumatic avant, the Medical Examiner must be notified any once.	Vicente Wichy 19e. Informent's Name/Reletionsl	nin (Type Print)		19h Mailin	g Address (Stree				er City or Tour	State 7	Code)
12 s 12 s 1a r											
Health Per	Grathel Banks -	Daugnter			ueensCol	ony Hi	Lgh I	Road, Si	20c. Location		
of His	20a. Method of Disposition 1 Buriel 2 □ Cremetion	3 □Removel from S	005	netery, crem	sition (Neme of natory or othar pi	aca)	Jun	e 4, 19		- City or 1	own, Stata
Pag nent int: I	4 □ Donetion 5 □ Other (Sp			ngton	Nationa	1 Ceme			Arlingt	on, V	'A
all importer, mit. Pages 1 er partment of Hea portant: If Item 2 y Injury or other ce.	21. Signetury of Funeral Service I	Licensee \			Nama and Add						
Depariment of the permit of th	Atmixto,	Murkee	WICK								lome, P.A.
	22a Part Enter the discount of	annications that as	used the shall	Do not ent	6 Shamro	CK KOE	ad, (Chester	, MD 2	1619	Approximate
	23a. Pert1. Enter in disease, or shock, or ham failure. List	only one cause on e	ech lin	DO NOT BITTE	or (ne mode or d)	ring, addit ea	Cordiac	or respiratory of	itust _i		Intarvel Between Onset end Deeth
Physician				/	11 1	-					
/Medical Examiner	tmmediata Cause (Finel diseese or condition	a		1-	ナノフト	limer	-)				JUN
	rasulting in death)		Dua to (or a	as a conseq	uanca of):						
P # 5										1	
cute	Sequantially list conditions,	D	Due to (or a	es a conseq	uence of):						
an an an an an an an an an an an an an a	if any, leading to immediate ceusa. Enter Underlying										
A CO COU, entificate be assecuted ling physician end e es the burial-transit	Ceuse (Disease or Injury that Initiated events	С.	Due to (or e	s e consequ	uence of):					+	
g ph g ph	resulting in daeth) Lest									i	
redin ndin use		d									
that the deeth certification of the detached for use as								1			
the day the ached	Pert II. Other eignificant conditio	ns contributing to de	ath but not result	ing in the ur	iderlying ceusa g	jiven in P <i>er</i> t I					o the cause of death?
d by detac								10	Yes 2 No	3 Pro	bably Bunknow
0 8 6 8 6										T	
The law require cata has been si pege 2 should i									en autopsy emed?	av	ere eutopsy findings veilabla prior to
he law requires to the second of the second										of	ompletion of ceuse deeth?
- w m								10	Yes 22 No	1	□Yas 2□No
vician: The cartificata rector, peg	25. Wes cese ratarrad to medical					OO Disease	-4 D4				
Physician: T	exeminer?	Hospital:				ther		h (Check only o			5.
_ S 00		101		R/Outpatien	3LI DOA	4 U NU	irsing Ho	me 5 Resident			(y)
After fune	1) Saturel 5 Pendin	9	h, Dey Year)	8b. Time of tnjury	28c. Inj W			200. Describe i	now injury occu	med	
DIVISION C tal or Attending P is efter death. al Director: After t led in by the funera	2 Accident investig				M 1[Yes 2	No				
or Attended of Director:	3 ☐ Suicida 6 ☐ Could r 4 ☐ Homicide detarm	ined 200. Place	of Injury - At home	e, farm, str	et, fectory, office	9	1	28f. Location (3 City or Tox		ber or Rur	el Route Number,
d in the state of											
		g Phyeician: To the I	best of my knowl	edge, deeth	occurred at the	ti <i>me</i> , date an	d place,	end due to the	ceuse(s) end n	enner as	steted.
n 24 hour n 24 hour he Funer pletaly fil	(Check only 2 Medical I	Examiner: On the ba and menn		n end/or inv	estigetion, in my	opinion, dee	th occur	red et the time,	date end place	, end due t	to the ceuse(s)
within To the comple		0			29c. Lice	nse number			29d. Date sign	ed (Month,	Dey, Year)
F ₹ F 8	A ()	Xa		~	1	27.	1 >		-/	2/0	9
}	141	9000	use, v	()	0	276	2	6	0/1	117	/
	30. Nama end addrass of person	who completed cause	of deeth (Item 2	(Type, 1	Print)	_	1		0 1		011.0
	Jeans.	DLONTE	W)	210	2 hibl	nuc	121	ive. (les hr.	WID	21617
State	31. Deta filed (Month, Day, Yeer)		gistrer's Signetu	re /	1						
Registrar	MAY 19	1999	apera	Ø.	Span	ail					



Piease Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

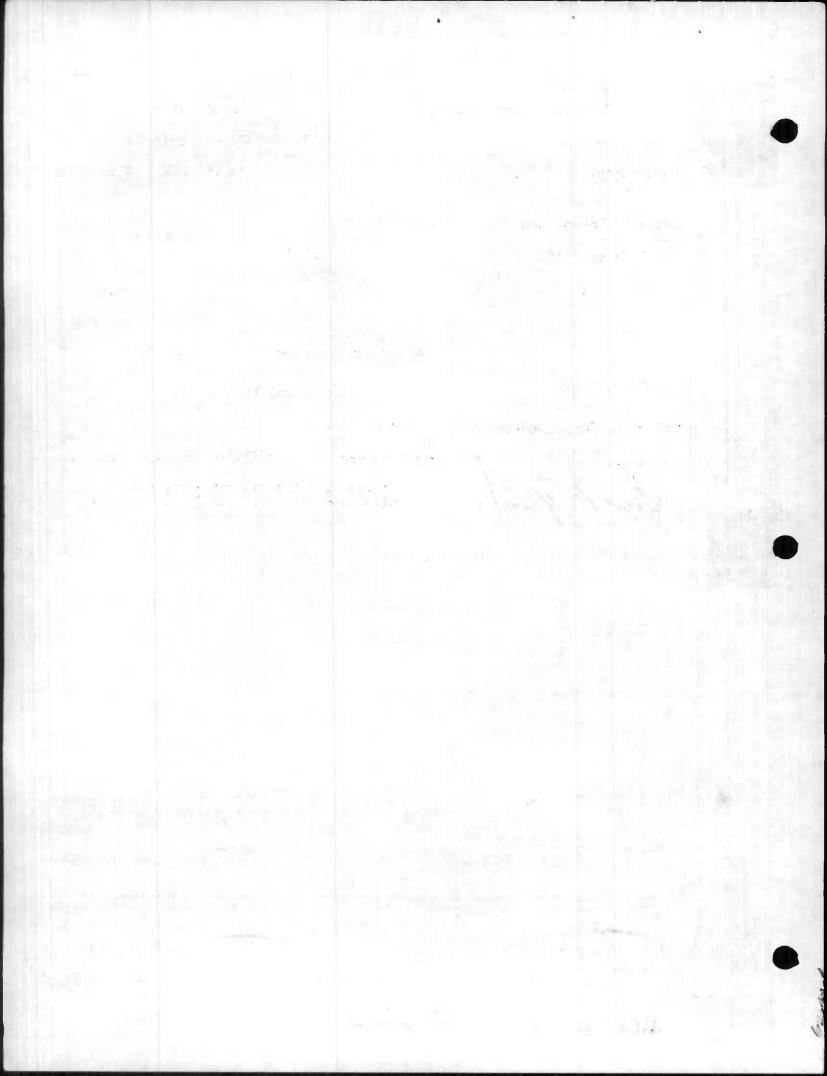
			Otate of Maryla		ificate of		icinai i iy	Reg. No.		8758
	Physician /Medical	1. Decedent's Name (First, Middle, La	son WA	righ-	+		2. Dete of De Month	Dey 1	999	3. Time of Death 4:05pt
	Examiner	4e Facility Neme (If not institution, given CROMWELL CENTER-	and the second	OCADE		4b. City, Town, or Lo BALTIMORE			of Death	,
	Funeral Director	5. Social Security Number 224 - 12-7199 6. S		s. last birthday)	If Under 1 Year Months Days	If Under 24 Hrs.	8. Date of Bir (Month, De June 2		9. Birthplac	ce (State or Foreign) jinia
	how	Usual Residence of Decedent 10a. Stete 10b. County Maryland Baltimo		City, Town or Loca		imana Cou	4		10d	. Inside City Limits
	28a-f a	10e. Street and Number	16		10f. Zip Code	imore Cou	тьу	10g. Citizen of V	What Causta	1 ☐ Yes 2 ☒ No
	23a or	4105 Slater Avenu	ле		Toi. Zip Code	21236		USA	viiat Country	
020	poemit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hygiens. Department of Health and Mental Hygiens. Important: If them 27 is marked other than "retural", or Items 23a or 28s-f show any Injury or other traumatic event, the Medical Event her mart be notified at once. To Be Completed by Funeral Director	3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Ever in Armed Forces? 1 Yes XXNo If Yes, Give Year or Dates:		as Decedent of I Yes, specify Cub	Hispanic Origin? (Sp lan, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	14. Raci Blac Specify	e - American k, White, etc : Whi	
2-0	natur netur	15. Decedent's Ed (Specify only highest gra		16a. Decede (Give ki	nt's Usual Occu	pation during most of work d)	ing	16b. Kind of Bu	isiness/Indus	itry
212	s withir	Elementery/Secondary (0-12) 12 yrs.	College (1-4or 5+) N/A			on Owner		Self-Em	nlovec	
Maryland 21215-0020	wild be filed within 72 ho Mental Hyglene. Inked other than "natura ritic event, the Medical TO Be Completed	17. Father's Name (First, Middle, Last, William Wright				18. Mother's Name				
ız	should be and Mental and Mental and Mental and Mental and Mental	19a. Informant's Name/Reletionship (Type, Print)	19b. Meiling	Address (Street	t and Number or Run		er. City or Town	State Zin C	ode)
	and 2 and 2	Mr. Warren T. Wri				Avenue Ba				
altimore,	Pages 1. nent of He rit: If Nen iry or oth	20a. Method of Disposition 1 Ø Burial 2 ☐ Cremation 3 ☐	Removal from State	Place of Disposi cemetery, crema	tory or other pla		Date	20c. Location -		
altin	pemit. Pa Department Important: any Injury phcs.	4 ☐ Donation 5 ☐ Other (Specifical Signature of Funeral Service Licer			Name and Addre	Cem. 6+4	-1999	Baltimo	re, Mo	•
ñ	Depa Impo any is	Shuld	Planer	/ La	assahn F	uneraĺ Ho ir Rd. Ba		Md 2	1226	
	Physician	23a. Pert1. Enter the disease, or com shock, or heart failure. List only		ath. Do not enter	the mode of dyi	ng, such as cardiac	or respiratory e	orrest,	A	pproximate Iterval Between Inset end Death
	/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)	a. Cerebrovos b. Atrial of	cular o	icular	ut				one mo
	Je J		Atrial 4	or as e conseque	ence of):					Med who
	and I-trans	Sequentially list conditions,		(or as a conseque						The same of the sa
68760,	ficate be executed 3 physician and as the bunal-transit edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C. Due to	or as a conseque	anna aftr					
89 20	- 06 -	resulting in death) Last	000101	or as a conseque	silve ory.					
Вох	attending j for usa as clan/Me		d							
О	law requires that the death cert as been signed by the attending 2 should be detached for usa a npleted by Physician/M	Part II. Other significant conditions of	ontributing to death but not re	sulting in the und	lerlying cause gi	ven in Part I.		tobacco use cor Yes 2□ No		ne cause of death?
3,	as the game be do by	injuysens		-						
Vital Records,	The law require that has been single 2 should Completed	Peryherne v	oscular De	erri				an autopsy ormed?	availe	autopsy findings able prior to bletion of cause
Re	Physician: The law this certificate has ral director, page 2: To Be Comp	,					10	Yes 2 10		res 2□ No
/ita	entifica ector, p	25. Was case referred to medical examiner?				26. Place of Deet	n (Check only	one)		
0	Physic this c ral direct TO	1 Yes 2 No	Hospitel: 1 Inpatient 2[ER/Outpatient	3LI DOA			idence 6 Oth		VIII LE PIX
0	Attending Physician: r death. ector: After this certific by the funeral director, iffication: To Be (1 Natural 5 Pending investigation	(Month, Day Year)	Injury	M 1	rk? Yes 2 No		,,		
5	F 25 C T	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At building, etc. (Spec		ot, factory, office		28f. Location (City or To	(Street and Numb wn, Stete)	er or Rural F	loute Number,
	To the Hospital of within 24 hours at To the Funeral DI completely filled it Medical Cer	29a. Certifier (Check only one) 1 Certifying Ph	ysician: To the best of my kn niner: On the basis of examin and manner stated.	owledge, deeth o etion and/or inve	occurred at the ti stigation, in my o	me, date end place, opinion, deeth occurr	end due to the ed at the time,	cause(s) and ma date and pleca,	nner es state and due to th	ed. ne cause(s)
	Withir To the comp	29b. Signature and title of certifier	/	19-13	29c. Licens	se number		29d. Date signe		y, Year)
		Morn	Kerrlenber	وا	1)00	2102	2	6-3	-99	
	1	30. Name and address of person who	completed cause of death (Ite	om 23a) (Type, Pr	CIRCUS	SAUTUN	117/2	26		
	State	31. Dete filed (Month, Day, Year)	32. Registrar's Sign	neture		10101				

Registrar

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	1. Decedent's Name (First, Middla, L	ast)	W.	10.00	tificate o		2. Data o			3. Time of Death
cian ical	Barbara	Ann	Zampo	gna			May 1		Yaar	10:09 A.M.
ner	4a Facility Name (If not institution, g	Daath 4c. Co	unty of Death							
	9101 Ivanhoe	Road				Ft. Wa	ashingto	n Prin	ce Geo	rge's
! r	200-32-1705	Sax 7. Ag 1□ M 2 F 56		last birthday)_ Yrs.	If Undar 1 Yas Months Day		Hrs. 8. Data of (Month Aug.	of Birth Day, Year 6, 1942	9. Birth Titt	nplaca (Stata or Foraign intry) 11SVille, PA.
	Usual Rasidanca of Decedent 10a. State 10b. County		10c. City	, Town or Loc	ation					10d. Insida City Limits
tor	Maryland Prince	George's	Ft	. Washi	noton					1€ Yas 2 No
Director	10e. Street and Number	000180	1 - 0		10f. Zip Code			10g. Citizar	of What Co	untry?
	9101 Ivanhoe Ro	1.				20744		USA	A	
by runeral	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedant Armed Forces 1 Yes 2 If Yes, Give Year or Dates:	Ever In U, ? No		as Decedent o Yes, specify C		n? (Specify Yes o Puerto Rican, etc	.)	Race - Amai Black, White pecify: Wh:	e, etc.
Completed	15. Decedent's (Spacify only highast g Elementary/Secondary (0-12)	Education rada complated) College (1-4or	5+)			upation na during most o red)			of Business/I	ndustry
	12			Mother	and n	omemaker	Name (First, Mi		lome	
0 0	John J. Kush	ni)				n la contra	ldine Bu		mama)	
	19a, Informant's Name/Relationship	(Type, Print)		19b. Mailing	Address (Stre		or Rural Routa N		own, State, Z	ip Code)
	Michael J. Zampog	gna/Husband			as ite					
	20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3		20b. P	lace of Dispos ematary, cram	ition (Nama of atory or othar p	lace)	Date		tion - City or	
	4 Donation 5 Other (Spec			mey Cen		(05/25/99	Dempse	ey Tow	n,PA.
	21. Signature Funeral Service Lic	Valerto		Ge 61	eorge P 60 Oxo	n Hill H	Funeral Rd. Oxon	Hill, N	P.A. MD. 20	745
	23a. Part1. Emer the disease, or co	mplications that cause y ona cause in each I	d the death							Approximate Interval Between
	Immediate Cause (Final disaase or condition resulting in deeth)	/ _					NOMA			Onsat and Death 2 MONTH
Jer			Due to (o	r as a consequ	ence of):					
Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	ı b	Due to (or	r as a consequ	enca of):					L'an se
in the same of the	that initiated events resulting In death) Last	c	Dua to (or	as a consequ	ance of):					
	Day II Other algorities at a social as	annach stinn an Jamat h		Man la Mana	deal days as as	alica la Badil	226	Did tehanan un	a a antifluita	to the cause of death?
	Part II. Other significant conditions	Contributing to death t	out HOT FASE	aning in the un-	oanying causa	given in Pait I.	230.	1□ Yes 2♥	r	to the cause of death? obably 4 Unknown
							24a.	Was an autopsy performed?	8	Were autopsy findings available prior to completion of cause of deeth?
								1 Yes 2 (No .	I ☐ Yes 2 ☐ No
	25. Was cese referred to medical					28. Place o	f Death (Check o	(1		
	examiner? 1 ☐ Yes 2 No	Hospital: 1 ☐ Inpati	ent 2	ER/Outpatient	3□ DOA	Other: 4 Nurs	Ing Home 5			cify)
	27. Manner of Death 1 Natural 5 ☐ Pending 2 ☐ Accident investigati		ury ay Year)	28b. Time of Injury	28c. In V M 1	juryat Vork? □Yes 2□No		ribe how injury o	occurred	
	3 ☐ Suicide 6 ☐ Could not determine	d 288. Place of in	jury - At ho tc. (Spacify	eme, farm, stre	et, factory, offic	20		ion (Straat and f or Town, Stata)	Number or Au	ral Routa Number,
enical		thysicien: To the best iminer: On the basis of and manner st	of examinet							
Z	29b. Signature and title of certifier	-				ense number	,	29d. Date	igned (Mogti	h, Day, Year)
	Kholi	Mg			1	43341	6	5/	19/0	79
	0									

DHMH 16 Rev 6/95

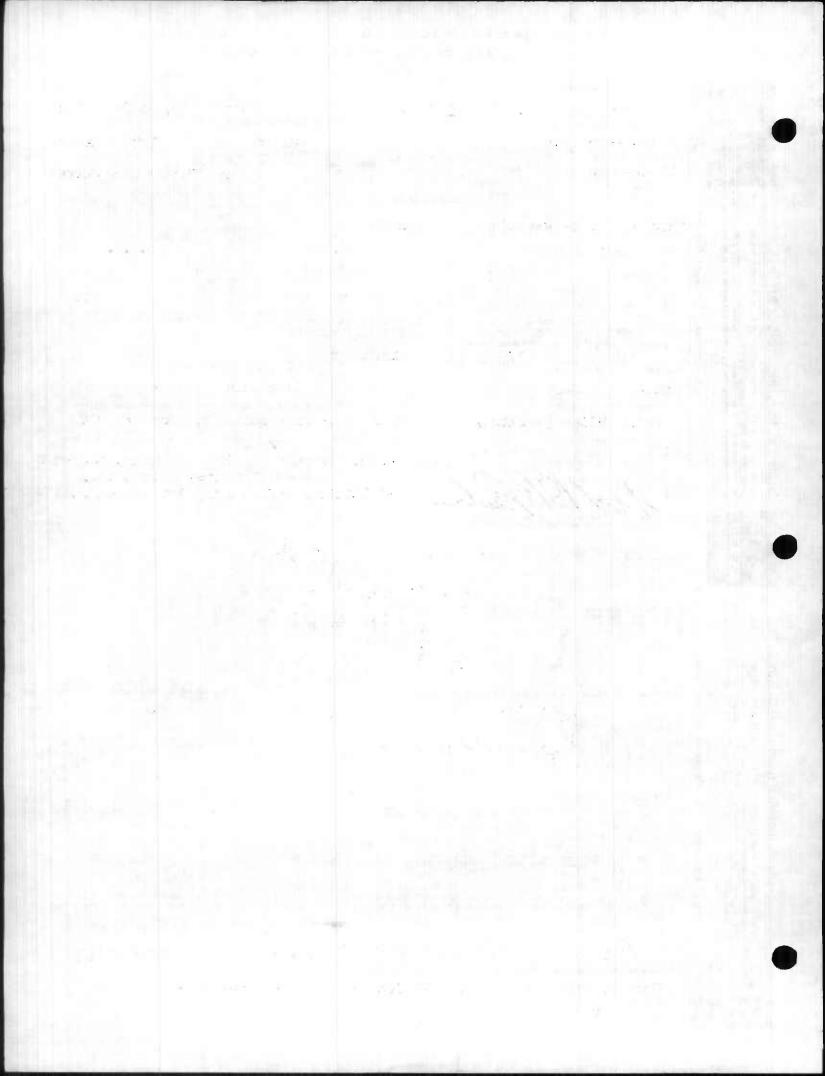


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 99 | 8760

							Ce	rtificate	e of	Death		R	eg. No.		
		1. Decedent's h	Name (First, Mi	ddle, Last))			MU				2. Data of Dea Month	th Day	Year	3. Time of Death
н	Physician /Medical	He	enriett	a	J.	Zđơ	obysz					May		999	0840
Ŷ.	Examiner	4a Facility Nan	na (If not institu	tion, give :	street and nur		-			4b. City, To	wn, or Lo	ocation of Death	4c. Count	y of Death	
		4423	Reamy :	Drive	2					Suit		l	Pr	ince	George
Γ	Funeral Director	5. Social Secur 151-07		6. Sex	м 2 <mark>X</mark> F	7. Age (In yrs. 82	lest birthday) Yrs.	If Under Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Date of Birth (Month, Day June 23	Year) 3,1916		place (State or Foreign intry) Jersey
	P >	Usual Residend	te of Decedent	nh.		100 0	ty, Town or Lo	eation							10d. Inside City Limits
	ehow of at					100. 011									1 ☐ Yas 2 🗓 No
	the M 28a-f nour	Marylan		ce Ge	orge's		Suitl	T	Codo				0g. Citizen of	Milhat Cau	
	23a or	10e. Street and 4423 F	Reamy Dr	cive				10f. Zip	207	46				S.A.	ritry ?
21215-0020	0 0 >	11. Marital Stat 1 Naver N	us Married 2 N ed 4 Divord	Married	12. Was Dece Armed Fo 1 Tyes If Yes, Giv Year or D	2 X 00		Was Deced If Yas, spec 1 ☐ Yes			igin? (Spe n, Puarto	ecify Yas or No- Rican, atc.)		ck, White	icen Indian, , etc. White
9	natural",		15. Deced	tent's Edu	cetion		16a. Dece	dent's Usua	al Occu	petion			16b. Kind of E	lusiness/ir	ndustry
215	C - 3 - 4	Flamentary/S	Specify only hig Secondary (0-12	T	completed) College (1	1-40r 5+)	(Give	kind of wor DO NOT us	rk done se retire	during mos	t of worki	ing			
21	d withle	12	2th	-,	N/A	1-401-547	НС	memak	er				Но	me	
b	be filed tal Hygie d other event, I	17. Father's Na	me (First, Mida	lle, Last)						18. Mothe	er's Name	e (First, Middle,	Maiden Sumai	me)	
la	should be nd Mantal marked o imatic eve		5	Sack						Hei	nrie	tta	Roo	seve:	Lt
Maryland	2 sh and is m		's Name/Relation			r)						e/Route Numbe itland,			
re,	as 1 and of Health item 27 other t	20a. Method of				20b. F	Place of Dispo	osition (Nan	ne of	.aa) I	May	28 pate	20c. Location	- City or T	own, State
Baltimore,	Z = 2		2 Crematic		temoval from	State	cematary, cre					1999	Clint	on. I	Maryland
=	교 등 문 등	21. Signature of		-	0/ /	7/				ess of Facilit	1	ee Fune			
B	parmit. Departrimportu	1	1.1	10	101	//									on, MD20735
		220 Part Co	11/1		1a	outed the deal						or respiratory an			Approximata
	Physician /Medical	Immediate Cau	heart failure. Luse (Final	ist <i>on</i> ly or	ne ceuse on e	ach line.	moli	1 -	To	Paret	m				Interval Between Onsat and Death
	Examiner	resulting in dea	ath)	8	1	Due to (or es e conse	quence of):	11	1-11-				1	
	D # C			-		Cordi	mon	1000	Th	W				į	
	ata be executed hysician and the buriel-frensit	Sequentially lis	st conditions,		,	Due to (d	or as a conse	quence of):	11	1	7	. \			
60,		Sequentially list if any, leading ceuse. Enter Cause (Diseas that initiated ex	Inderlying e or injury	1 .	3	Cor	1980h	M	46	ar I	+0	2) VVR			
68760,	ficate be expression is the burie	that initiated ev resulting in dea	vents ath) Last			Due to (c	or as a consec	quenca of):							
	ding g				4.	40	rtic	24	187	CKGI				i	
Box	The law requires that the death cartifice tate has been signed by the ettending plage 2 should be deteched for use as tompleted by Physician/Mec														
0	tha da y tha e sched i	Part II. Other al	gnificant cond	litions con	ntributing to de	eath but not ras	sulting In tha u	indarlying c	ausa g	ven in Part i	l.	23b. Did t	obacco use c	ontributa	to the cause of death?
٥	that the sed by datac			Diak	reter							101	00 25 No	3 □ Pr	obably 4 Unknow
ds,	v requires that been signed the should be dated by Poleton by Pole			1]	1	11	1)				24a. Was	an autoneu	24h V	Vere autopsy findings
0	requires seen sign should be			440	er ch	oleste	role	MIA				perfor	med?	a	vallable prior to complation of causa
360	has b			11										0	of deeth? N/A
=	Con											1 Y	es 2 No	1	☐ Yes 2☐ No
Vita	Physician: Tha I this cartificate he ral director, page	25. Was case in examiner?		-	lospital:					26. Place	e of Deat	h (Check only o			
of	2 2 = -		200 No		101		ER/Outpatie		JA	4 LI NI	ursing Ho	oma 5 Resid	ence 6 Ot		ify)
2	ding Ph h. Aftar thi funaral	1 Nature	5 □ Per		(Mon	of fnjury th, Dey Year)	28b. Time of Injury	M	8c. Inju	ork? Yes 2		200. Describe i	ow mjury occu	irrou	
Sign	Attending in death. octor: Afta by the fune	2 Accide	1116	estigation ald not be	One Disease	of lain. As h						29f Location /6	troot and Alum	her or Pu	ral Route Number,
Division of Vital Records,	or A after Directif in by	4 Homic		benimed	28e. Place buildi	of Injury - At h ng, etc. (Specil	fy)	reet, factory	y, onice			City or Tow	n, State)	DOI DI MU	arriodio ranico,
Ī	To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral Medical Certification:	29a. Certifier (Check only			ner: On the ba	asis of examina						and due to the o			
	To the P within 2 To the F complat				end men	ner stated.					m.d				
	To To	29b. Signature	and title of cert	liller (10	1 1	m >	0 290	, Lican	sa number	1119.		29d. Data sign	ou (Month	O O
		×	Them,	1 K	C	eun4	e m)y	72	3821	b		5-0	25-	99
		30. Neme and			1	0									
	10	Glenr	R. Ed	gecom	be M.T	. 7700	Old B	ranch	Ave	B-2	01 C	linton,	Md. 20	715	

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death Month 1:22A.M ANTHONY HOMAS JUNE 4c. County of Death 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death SEABURY ROAD ex M 20 F 7. Age (In yrs. last birthday) | ff Under 1 Year | Months | Days 000 BALTTHORE If Under 24 Hrs. 8, Data of Birth 8. Data of Birth (Month, Day. Birthplace (State or Foreign Country) 5. Social Security Number Min 1XM 2□F Hours 217-86-2156 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 No MARYLAND 10e. Street and Number 10g. Citizen of What Country? SEA-BURY Ke 12. Was Decedent Ever in U.S. Armed Forces? 3000 KOAD USA. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify 3 ☐ Widowed 4 ☐ Divorced AC 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 7+HGRADE HOSPITAL ANITORIAL 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) ANNIE HARRY DIMMONS THONY 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (\$treet and Number or Rural Route Number, City or Town, Stete, Zip Code) 3000 D SEABURY RD. BALTT HORE, HD. 21225 EVELAND ANTHONY (UNCLE) 20b. Place of Disposition (Name of cemetery, crematory or other place) 204. Method of Disposition Date 1⊠Burial 2 ☐ Cremation 3 ☐ Removal from State EMETERY 06-12-99 LANGDOWNE, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Foreral Service Licensee 22. Name and Address of Facility 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. BROWN JR. FUNERAL HOME BALTO. Mp. 212 Approximate Interval Between Immediata Causa (Final disease or condition resulting In death) atic Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Tyes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical axaminer? 26. Place of Deeth (Check only one) 1 Yes 20 No Other: 4 ☐ Nursing Home 5 Residenca 6 ☐ Other (Specify) Injury at 28d. Describe how injury occurred Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 26a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Yes 2 No 2 Accident

Examiner Physician/Medical Examiner hysician and the burial-transit The law requires that the death certificate be executed Box 68760. 98 for use signed by the a d be deteched f P.0. Division of Vital Records. Completed by this certificate or Attanding Physician: Be Medical Certification: To the funeral After t 24 hours efter deeth. filled in by Hospitai

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

filed within 72 hours efter death with

I Hygiene.

i. Peges 1 and 2 should be filed w tment of Heelth and Mentel Hygier tant: If item 27 is marked other th ilury or other traumatic avant, the

permit. Pege Department of Important: If any injury or page.

Physician /Medical

21215-0020

Baltimore, Maryland

Director

Funeral

þ

Completed

Be

29a. Certifier (Check only one) 29b. Signatura and titla of certifier

3 ☐ Suicide

4 Homicide

M

6 Could not be determined

29c. License number

16 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) end menner as stated.
20 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year)

281. Location (Street end Number or Rural Route Number, City or Town, Stete)

30. Name and andress of person who completed cause of death (Item 23a) (Type, Print)

80

(up Rall

State

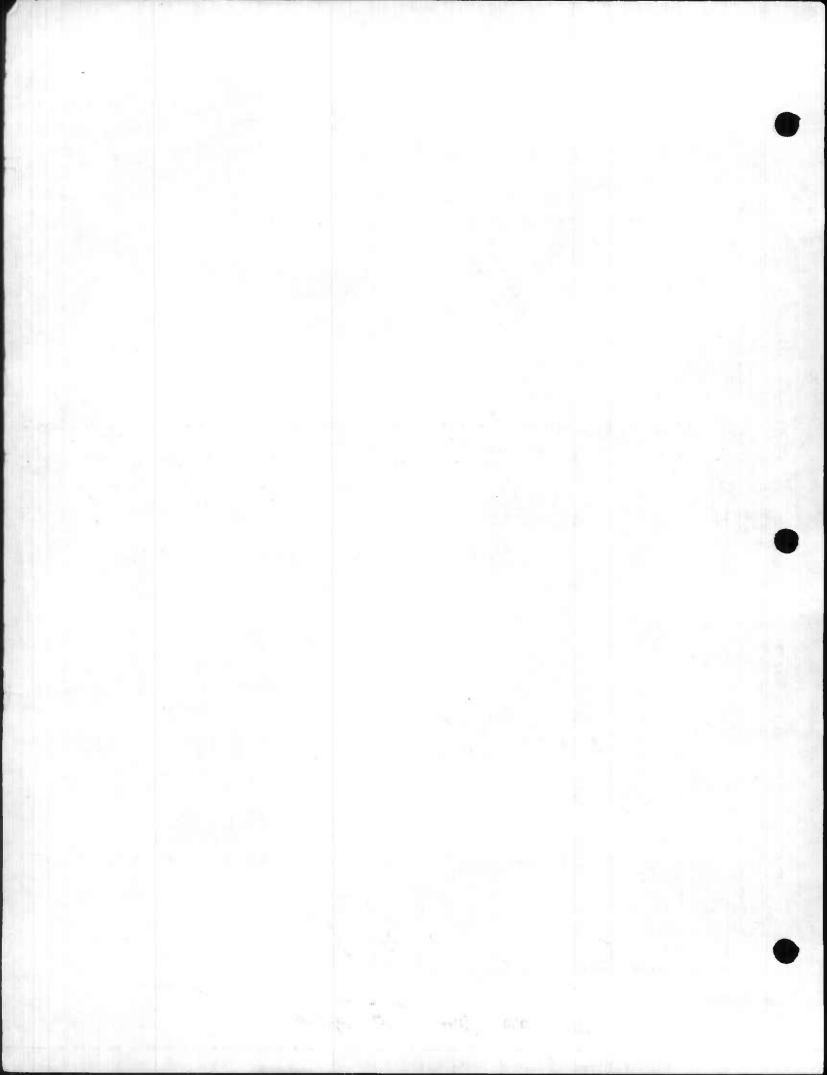
completely

within 2 #

31. Date filed (Month, Day, Year) Registrar **DHMH 16 Rev 6/95**

32. Registrar's Signature

Place of Injury - At home, farm, street, factory, office building, etc. (Specify)



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death 1999 June 11:40 PM Keith Storm Brown 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death VAMHCS FORT HOWARD DIVISION Fort Howard Baltimore If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) MAR 8, 194 Birthpiece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 1MM 2□ F Months Days Hours Min Yrs. 218-46-0723 51 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Maryland Baltimore Fort Howard 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 21052 9600 North Point Road USA 12. Was Decadent Ever in U,S. Agned Forces? 1 (2) Yes 2 □ No If Yes, Give Year or Dates: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian. Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2X No Specify: Specify: White 3 M Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Carpenter/Painter Construction 12 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) Mary Gladys Orr Walter Kirkwood Brown 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Angelia Minnick/Daughter Edgewood, MD 21040 2511 Hanson Road 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Metro Crematory, Inc. 6/11/99 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Facility Cremation Society of MD, Inc. 21. Signature of uneral Service Licensia Gregorchik Edward 299 Frederick Road Baltimore, MD 21228 Approximate Interval Between Onset end Death 23a. Part1. Enter the disease, amplications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart tailure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Metastatic Lung Cancer (small Cell) Unknown Due to (or as a consequence ot): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or inJury that initiated events resulting in death) Last Due to (or as a consequenca ot): Due to (or es a consequence of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yss 2 No 3 Probably 4 Unknown Chronic Obstructive Pulmonary Disease 24b. Were autopsy tindings available prior to 24a. Was an autopsy completion of cause of death? 1 Yes 2 No 1 ∏Yes 2 ∏ No 25. Was case reterred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Donpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year)

Physician /Medical Examiner

Physician

/Medical

Examiner

Directo

Funeral

þ

Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show Irsumatic event, the Modical Exampler must be notified at

with the Marylend

1 and 2 should be filed within 72 hours eftar death

Hygiene.

end Mentel

Health

permit. Pages 1
Department of He
Important: If Itan
any Injury or oth

altimore, Maryland 21215-0020

Keith S.

Examiner The law requires that the death certificate be axecuted physician end the burial-trensit Physician/Medical 88 attending p for use as signed by the a 2 been si Completed Be Certification: To

Division of Vital Records, P.O. Box 68760 il director, page 2 s this funeral deeth. ector: A

or Attending Physician: To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by

> State Registrar

27. Manner of Death

1X Natural

2 Accident

3 Suicide

29a. Certifier

4 I Homicide

(Check only one)

29b. Signature end title of cartifie

Juhrles

5 Pending

investigation

6 Could not be

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

2 Medical Examiner: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year)

28d. Describe how injury occurred

28t. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

9600 North Point Road Fort HOward, MD 21052 Marcos B. Galicia. MD 31. Date tiled (Month, Day, Year)

JUN 1

32. Registrar's Signature

28c. Injury at Work?

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

1 ☐ Yes 2 ☐ No

DHMH 16 Rsv 6/95

\$1,000-32+0.15 A Self Direct to Company of the Control of second granuffit of second disease.

99-3172-003

Piease Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible.

JESSICA

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

-		0	0	1
	Reg. No.	2	7	(

4c. County of Death

BI	ASCYK
	Dhualaian

1. Decedent's Name (First, Middle, Last) Jessica Marie Blaszczyk 2. Date of Death Month TUNE

3. Time of Death

/Medical Examiner

4a Facility Name (If not institution, give street and number) 5714 BAY VIEW PARKWAY

4b. City, Town, or Location of Death

3, 1999 1:20P.M.

Funeral Director

28e-f

or items 23a or

Hygiene. other then "natural", o ent, the Medical Exac

Pages 1 and 2 should be fit ment of Health and Mental H ant; if hero 27 is marked oth lury or other traumatic even

Physician

/Medical

Examiner

physicien and the buriei-transit

signed by the ettending the deteched for use as

page 2 certificate hes

funeral

this

After

efter death.

124 hours effer des re Funerei Director pletely filled in by th

completely

The lew requires that the deeth certificate be execu

Box 68760,

P.0.

Division of Vital Records,

or Attending Physician:

Hospital

To the To the T

10

Examine

Physician/Medical

þ

Completed

8

Certification: To

Medical

filed within 72 hours after

Baltimore, Maryland 21215-0020

5. Social Security Number 1 □ M 2 X F 213-35-9722

CHURCHTON If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) Months Days Hours

ANNE ARUNDEL

Director

Funeral

à

Completed

Be

Usual Residence of Decedent 10e State 10b. County

10c. City. Town or Location

13

8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) May 8, 1986 Maryland

Maryland Anne Arundel

Churchton 10f. Zip Code

10d. Inside City Limits 1 ☐ Yes 2X No

10e Street and Number

5714 Bay View Parkway

20733

10g. Citizen of What Country? USA

1 Never Merried 2 Merried 3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates;

 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☑ No Specify:

14. Race - American Indien, Bleck, White, etc. Specify: White

15. Decedent's Education (Specify only highest grade completed)

College (1-4or 5+)

16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementary/Secondary (0-12) 17. Father's Name (First, Middle, Last)

Student

School School 18 Mother's Name (First Middle Meiden Sumeme)

Timothy Francis Blaszczyk

Susan Debra Newman

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)

Inc. 6/9/99

Ronald N. Newman/Grandfather 20a. Method of Disposition

20b. Place of Disposition (Name of cemetery, cremetory or other place)

5714 Bay View Parkway Churchton, MD 2 of Disposition (Name of Date 20c. Location - City or Town, Stete MD 20733

Baltimore, MD

1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory,

22. Narme and Address of Fecility
Cremation Society of MD, Inc. 299 Frederick Road Baltimore,

21. Signatura of uneral Service Licenses

Liver A. Gregorchik

Edward A. Gregorchik

23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.

MD 21228 Approximete Intervel Between Onset end Death

Immediate Cause (Finel disease or condition resulting in death)

· PUPTURED APPENDIY WITH PETENTONITIS Due to (or as a consequence of):

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Due to (or es a consequence of):

Due to (or es e consequence of):

Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part II.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 40 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings eveilable prior to completion of cause of death?

1 Yes 2 No

26. Place of Death (Check only one)

1 Yes 2 No

25. Was case referred to medical examiner? 1 XYes 2 No 27. Manner of Death

1 Delatural 2 Accident

3 Suicide

4 Homicide

5 Pending investigation

6 ☐ Could not be

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of Injury

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 NResidence 6 Other (Specify) 28c. Injury at Work? 1 Tyes 2 No

28d. Describe how injury occurred

29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number O.C.M.E.

JUNE 4,1999

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rurel Route Number, City or Town, State)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MANA HOLLAND

11 Koper MARYDONA

31. Date filed (Month, Day, Year) 32. Registrer Signeture JUN 1 1 1999

111 Penn Street, Baltimore, Maryland 21201

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 9 9

					Ce	rtificate	e of l	Death		F	Reg. No. 9		8764
_	Decedent's Name (First, M		1)	1 - 1 -						2. Date of Dea Month	Day	Year	3. Time of Deatl
I I W DE CETIVE 1012							_	人名下 (JUNE cation of Death		999	09:23P
74	THE JOHNS HO						-	BALTIN		CITY	,	NIA	
	Social Security Number	6. Se		Age (In yrs.	lasi birthday) Yrs.	If Under Months	1 Year	If Under Hours		8. Date of Birth (Month, Day	h v, Year)	Coun	aca (State or Fore
	213 36 1845 sual Residence of Deceden		X	58						10/22/1	.940	MI) •
	MD 10b. Cod	inty N/A		10c. Cit	y, Town or Lo R	ocation ALTIM	ORE					10	Od. Inside City Lim
	De. Street and Number	M/ IX				10f. Zip					10g. Citizen of	What Coun	
	5710 KEY AVE	NUE					1215					JSA	
1	1. Marital Status 1 Never Married 2 I 3 Widowed 4 Divo		12. Was Deced Armed Force 1 Tes 2 If Yes, Give Year or Date	es? Q No		Was Deced If Yes, spec	ify Cuba	n, Mexicar	i, Puerto	ecify Yes or No- Rican, etc.)		e - America ck, White, e y: BLA	etc.
15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) 12 15. Decedent's Usuel Occupation (Give kind of work done during most of life. DO NOT use retired) CLERK 18. Mother's Name (First Middle Lest)						t of worki	ing	16b. Kind of B	usiness/Ind	lustry			
	7. Father's Name (First, Mid ERNEST L. TA							CA	ATHER	(First, Middle, RINE MCk	Maiden Suman		
	9e. Informent's Name/Relate RENEE BANKS						-			OWINGS			
_	De. Method of Disposition				laca of Dispo	sition (Nan	ne of		1	Dete	20c. Location		
	1 ☐ Burial 2 ☐ Cremeti 4 ☐ Donation 5 ☐ Othe			BIG	UID RI			Xe)	6/	14/99	BALTO.	MD.	
2	1. Signature of Funerel Sen	rice Licens	00 / /					ok Facili		SONS F.	H., INC.		
1	James	9.	Worth	m	1	701 L	AURE	NS SI	Г. ВА	ALTO., N	D. 212		
-2	Part L Enter the disease shock, or heart failure.	List only o	ne cause on eac	sed the deat th line.	n. Do not en	er the mode	e of dyin	g, such as	cardiac	or respiratory ar	rest,		Approximate Interval Between Onset end Death
	nmediate Cause (Final isease or condition			SEP	515								HOURS
re	esulting in death)		a		r as a consec	quence of):						1	110014
	- Dilet		b		TIC		LUR	32				; (SYHO o
t	equentially list conditions, eny, leading to immediate ause. Enter Underlying ause (Disease or injury at initiated events soutling in death) Last	{	c. PRI	MARY	PUL ras a conseq	MON	14 RY	1 H,	4PE	RTEN	SION		5 YEARS
		-	d									1	
2	art II. Other significant con	ditions co	ntributing to deat	h but not res	ulting in the u	nderlying ca	ause give	en in Pert I				ntribute to	the cause of des
								v.C		24a. Was a	an autopsy med?	ave	ore eutopsy finding allable prior to appletion of cause death?
										104	es 2 No		Yes 20 No
2	5. Was case referred to med examiner?	-						26. Place	of Death	(Check only o	ne)		
0	1 ☐ Yes 2 ☑ No		lospital: 1 12 Inp		ER/Outpatier		-	4∐ Nu	-	me 5 Resid)
21	1 Natural 5 Per	nding estigation	28a. Date of (Month,	Day Year)	28b. Time o Injury	M	8c. Injun Worl 1 ☐ 1	γaτ k? Yes 2□		28d. Describe h	low injury occur	red	
	3 Suicide 6 Co	uld not be ermined	28e. Placa of building	Injury - At ho , etc. (Specifi	ome, farm, str	reet, factory	, office			28f. Location (S City or Tow	Street and Numb m, State)	ber or Rura	l Route Number,
2	9a. Certifier 1 Certi (Check only 2 Medione)	fying Phy- cal Exami	sician: To the be ner: On the basi end manne	s of examinal	wledge, death tion and/or in	occurred a vestigation,	at the tim in my op	ne, date en pinion, dea	d place, o	and due to the d ed at the time, d	cause(s) end ma date end pleca,	anner es st and due fo	ated. the ceuse(s)
	b. Signature and title of cer	tifier			12112			number			29d. Date signe		
25	N(/1 11	0											
). Name and address of pers	1. h	2	>, M.			KES	5-00	30		JUNE	8,1	999

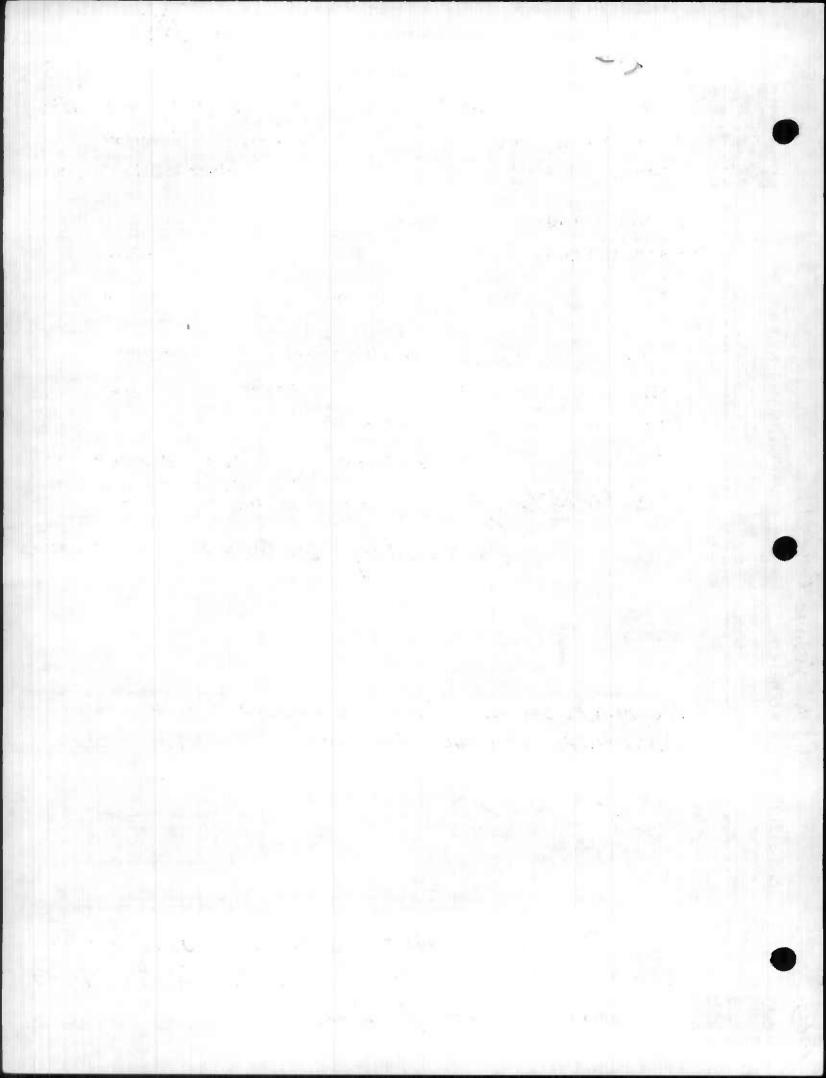
DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth / Month **Physician YVONNE** June /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4e Fecility Neme (If not institution, give street end number) Examiner Fallston General Hospital Harford Fallston If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth 8. Date of Birth Open Year 9. Birthplece (State or Foreign October 12,1923 Maryland 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Deys Hours 1□ M 21 F 75 217-20-3674 Yrs. Director Usual Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Modical Examiner must be notified at 1 ☐ Yes 2 ☐ No Directo Maryland Harford Belcamp 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21017 U.S.A. 1262 Collier Lane permit. Pagas 1 and 2 should be filed within 72 hours after death v Department of Haelih and Mental Hygiene. Important: If item 27 is marked other than "neturel", or items 23a end Injury or other traumatic event, the Modical Evanting manal page. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Marital Stetus 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give 1 Yes 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Executive Secretary 12 yr's 4 yr's Westinghouse 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) E. Blum Frances Hyson William Thomas 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Nalda A. Blum - Sister Same as #10 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removel from State 4 Donetion 5 Other (Specify) 6/12/99 Baltimore, MD Holy Redeemer 22. Neme end Address of Fecility 21. Signeture of Funeral Service Licenses Baltimore, Maryland 5305 Harford Rd. Leonard J. Ruck, Inc. 23e. Pert1. Enter the disease, or complications that eaused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause or each line. Physician EMBULUS 6 Hours Immediate Ceuse (Final disease or condition resulting in deeth) /Medical Examiner Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of): Due to (or es e consequence of) attending pl Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? AROXYSMAL SUPRAVENTRICULAR TACKYCARDIA 1 Yes 2 No 3 Probably 4 Unknown by ERIPHERAL T CELL LYMPHOMA 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Was en eutopsy Completed cartificate has b 1 Yes 2 10 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 1 ANaturel 5 Pending investigation n 24 hours efter death. e Funeral Director: Aft plataly filled in by the fur 1 | Yes 2 | No 2 ☐ Accident 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide edicai 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner steted. 29a. Certifier To the Hosp within 24 hor To the Fune complataly fi (Check only 29d. Date signed (Month, Dey, Year)

JUNE 9, 1999 29b. Signature end title of certifier 1 3/225 be and address of person who proposed cases of death (Henry 234) (Type, Print) 2112 BELAR ROAD

HOLLSTON, MARYLAND 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature State JUN 1 1 1999 Registrar DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3. Tima of Death 2. Date of Death Month **Physician** 5:00 AIV Mary Bernadine Bowman JUNE /Medical 4a Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Johns Hopkins Bayview Geriatric Center Baltimore If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) June 12, 19 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) Funeral 1 ☐ M 2 💢 F Days Min. 212-05-7844 1914 Maryland **Director** Usual Rasidence of Decedent the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or frems 23s or 28s-f show traumatic event, the Medical Examinar must be notified at 1 X Yas 2 □ No Directo Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 4010 Wilke Avenue 21206 United States Funerai deeth 12. Was Decadant Ever in U,S. Armed Forcas? 1 ☐ Yas ≥ 2 No If Yas, Giva Year or Dates: 14. Race - American Indian Black, White, atc. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) permit. Pages 1 and 2 should be filed within 72 hours after c Deperment of Heelth and Mental Hygiena. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Madical Examined 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: White þ 3 X Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highast grada completed) Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 18. Mothar's Nama (First, Middla, Maldan Surname) 17. Fathar's Nama (First, Middla, Last) Jerome Koppleman Anna Kuhn 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rurel Route Number, City or Town, Stata, Zip Coda) Mary Halpin / Daughter 1040 Deer Ridge Apt. 511 Balto., MD 21210 20b. Place of Disposition (Neme of cematary, crametory or othar place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 Cremation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Spacify) Most Holy Redeemer Cem. 6/10/99 Baltimore, Maryland Timothy Harman Leonard J. Ruck, Inc. Funeral Home 5305 Harford Road Baltimore, MD 21214 23a. Part1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intarval Batween Onset and Death **Physician** /Medical Immediata Causa (Final diseasa or condition rasulting in daath) Examiner Dua to (or es e consequance of): Examiner + sician end burial-transit certificate be assecuted Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events rasulting in daath) Last physician the buria CI Physician/Medicai Dua to (or as a consaquance of): as signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 20 No 3 Probably 4 Unknown 1 Yes 55-0p 24b. Wara autopsy findings availabla prior to completion of cause of deeth? Completed 24a. Was an autopsy has 2/XNO 1 Yas 2 No funeral director 25. Was casa rafarrad to medical axaminar? Be 26. Piece of Death (Check only ona) 1 Yas 2 No 27. Mannar of Death Other: Nursing Homa 5 Residence 6 Other (Specify) To 1 Inpatiant 2 ER/Outpatient 3 DOA this 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: After 1 Natural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be 3 Suicida 28f. Location (Streat end Number or Rurel Route Number, City or Town, Stete) 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida

i or Attendin eftar deeth. Director: Aft Hospital 24 hours To the Vithin 2

> State Registrar

DHMH 16 Rev 6/95

edical

29a. Certifian (Check only one)

William Greenough, 31. Data filad (Month, Day, Year) JUN 1 1 1999

29b. Signature and titla of certifiar

30. Nama and addrass of person which

32. Registrar's Signature

M.D.

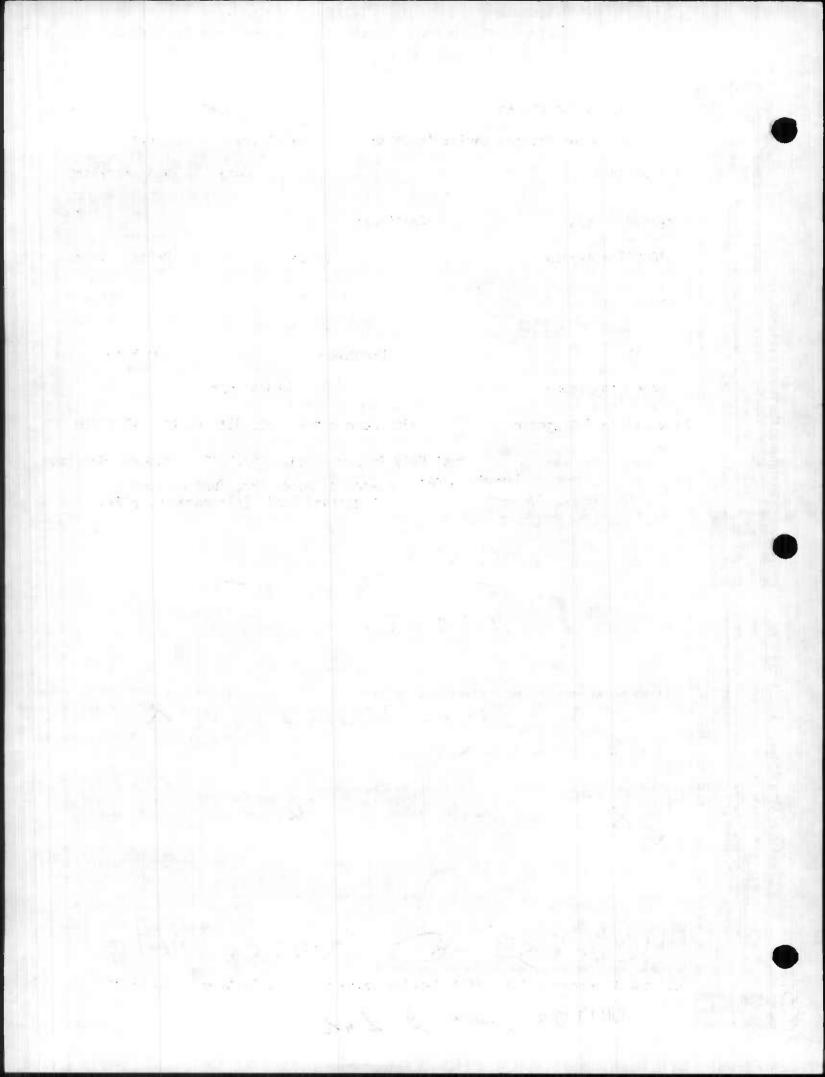
pleted cause of deeth (Item 23a) (Type, Print)

5505 Hopkins Bayview Circle Baltimore, MD 21224

29c. License number

1 Certifying Physician: To the best of my knowledge, daeth occurred et the time, date end place, and due to the cause(s) and mannar as stated.

2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end mannar stated. 29d. Date signed (Month, Day, Year)



Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Realth and Mental Hygiene Reg. No. 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Day Year JUNE 7, 1999 **Physician** 5:10 PM Anita Mary Mullin Batzer /Medical 4e Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Saint Joseph Medical Center Towson Baltimore If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) Funeral Days 1 □ M 2 ♥ F 216-074946 Director Oct 18, 1914 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinar must be notified at Maryland Baltimore 1 ☐ Yes 2 ☐ No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2005 Hillen Wood Road 21239 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 ☑ No If Yes, Give → Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or ther any Injury or other traumetic event, the Medical Estatu 1 ☐ Never Married 2 ☑ Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 th Receptionist Parochial School 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be John Thomas Mullin, Sr. Catherine Mary Flanigan 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 2005 Hillen Wood Road, Baltimore, Maryland 21239 of Disposition (Name of Date 20c. Location - City or Town, State Jerome G. Batzer (Husband) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Holy Redeemer Cemetery 22. Name and Address of Facility 6/10/99 Baltimore, Maryland 21. Signature of Funeral Service dicertify Martin D. Lawson awson Mitchell-Wiedefeld Funeral Home, Inc. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death **Physician** ACUTE PULMONARY EDEMA /Medical Immediate Cause (Final disease or condition resulting in death) 1 HOUR Examiner Due to (or as a consequence of): burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Due to (or as e consequence of): physician a Box 68760 an/Medical Due to (or as a consequenca of) USB BS 0 Physici Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 94 signed by t 1 Yee 2 No 3 Probably 4 Unknown ACUTE CEREBRAL EMBOLISM by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed should Deen CORONARY HEART DISEASE page 2 has 1 ☐ Yes 2 No 1 ☐ Yes 2 No certificate Attending Physician: 25. Was case referred to medical examiner?
1 ☐ Yes 2 A No Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) this funeral 28a. Date of Injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After 1 Natural 2 Accident 5 Pending investigation Ne Hospital or Attending in 24 hours after death. Ne Funersi Director: Afte 1 Yes 2 No 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier edical (Check only one) To the Vithin 2 29b. Signeture end title of continu 29c. License number 29d. Date signed (Month, Dey, Year) D 07696 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Short

DHMH 16 Rev 6/95

State

Registrar

DAVID NAGEL,

JUN 1 1 1999

31. Date filed (Month, Day, Year)

M. D. ,

32. Registrar's Signature

7601 OSLER DRIVE, TOWSON, MD 21204



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death O Y Brown 1999 June 0955 am Mar Long 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva streat and number) Baltimore Bayview Medical Center Johns Hopkins If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign County) 5. Social Security Number 1 M 2 F Days Hours 187-20-40% Usual Residence of Decedent 10a. State 10h Coun 10d. Inside Cltv Limits 1 Pres 2 No 10g. Citizen of What Country? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerlo Rican, etc.) 12. Was Decedant Evar in U.S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yes, Give Year or Dates: 14. Race - American Indian. 11. Marital Status Black, Whita, atc 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working 15. Decedent's Education (Specify only highest grade completed) College/(1-4or 5+) Elementary/Secondary (0-12) 100 17. Father's Nama (First, Middle, Last) 20a. Method of Disposition 20h 1 □ Surial 2 □ Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses Approximate interval Between Onset and Death 23a. Part1. Either the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, of heart failure. List only one cause on each line. Immediata Causa (Final disaase or condition resulting in death) a. Aspiration prevmonia 16 days SLIZUR disorder 1 year Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of): Dua to (or as a consaquance of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1□ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Minpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation

The law requires that the death cartificate be executed attending physician and for use as the bunal-transit been signed by the a should be detached s certificate has b director, pege 2 s

Physiclan /Medical

Examiner

Examiner

Physician/Medical

þ

Completed

Be

Physician

/Medical

Examiner

Director

by Funeral

Completed

Be

Director

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, in Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

DivIsion of Vital Records, P.O. Box 68760, To the Hospital or Attending Physician: I within 24 hours aftar death.

To the Funeral Director: After this certifical completaly filled in by the funaral director, p s after dec.

Certification: To 1 Matural 2 Accident 3 Suicida 4 | Homicide 29a, Certifier edical

> State Registrar

Suzanne M. 31. Data filed (Month, Day, Year)

29b. Signature and title of certifier

6 Could not be

JUN 1 1 1999

Alyene M. Canamere, MD 30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

32. Registrar's Signatura

Caccames 4940 Eastern Avenue Baltimore, Maryland 21279

1 Tes

LCcrtifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, end due to the ceuse(s) end manner as stated.

2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

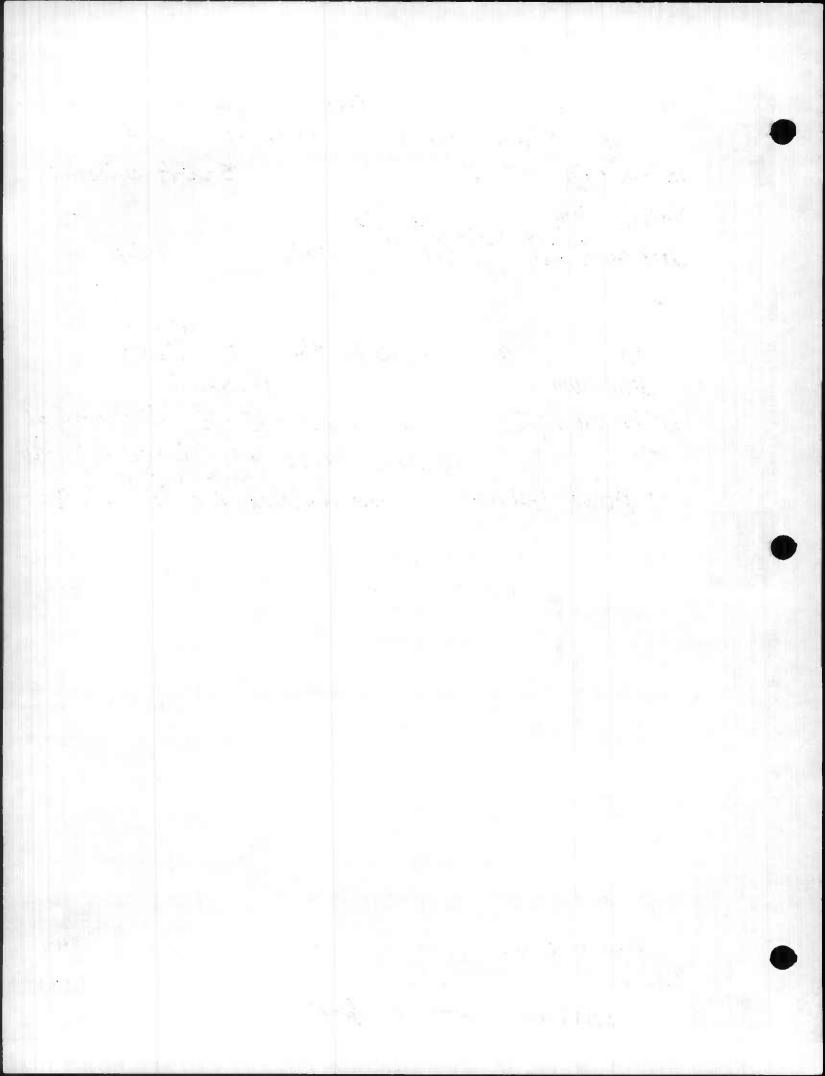
29c. License number

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29d. Data signed (Month, Day, Year)

Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

DHMH 16 Ray 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Month 1999 June 10, Leonard Moses Berke 12:31AM. 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Suburban Hospital Bethesda Montgomery If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 9. Birthplace (State or Foreign New York 7. Age (In yrs. last birthday) Months Days Hours 1 M 20 F 125-03-2927 81 Yrs. Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location t0d. Insida City Limits Potomac MD Montgomery 1 ☐ Yes 2X No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12135 Trailridge Dr. 20854 United States Race - Americen Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Tyes 2 No If Yes, Give Year or Dates: 1 Never Married 3 Merried 1 ☐ Yes 2 ☒ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced WW11 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 5 + Economic Advisor Private 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Gershon Berkowitz Helen Rogowska 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 215 Tower La. Penn Valley, PA. 19072 Jennifer B. Levin/Daughter 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State King David Memorial 6/11Falls Church, VA. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Takoma Funeral Home. 254 Carroll St. NW. Washington, DC. 20012 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) nemosshage Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Dua to (or as a consequence of): Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24a. Wes en autopsy performed? completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospitel: 2 EP/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1□ Yes ZONo 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 / Natural 5 Pending investigation 1 Tyes 2 No 2 Accident 6 Could not be 3 Suicide

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29d. Data signed (Month, Day, Year)

that the death certificate be executed signed by the a 0 0 Division of Vital Records, or Attending Physician: 24 hours after deet Funeral Director:

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23a or 28a-f ahow the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours after loppartment of Heelth and Mental Hygiene. Important: If frem 27 is marked other than "natural", or fler eny injury or other traumatic avent, the Medical Emmine PACS.

Physician /Medical

Examiner

attending physician and for use as the burial-transit

should t

pege 2

After this

filled in by

within 24 hou To the Fune completely fi

ŝ

Examiner

Physician/Medical

Completed by

Be

Certification: To

edicai

4 Homicide

(Check only one)

29b. Signature and the

31. Data filed (Month, Day,

David

29a. Certifier

Baltimore, Maryland 21215-0020

E

4 6

1

Beile, Leonald

Director

Funeral

P

Completed

Be

with the Maryland

death

State

DHMH 16 Rev 6/95

tern yood

DS Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

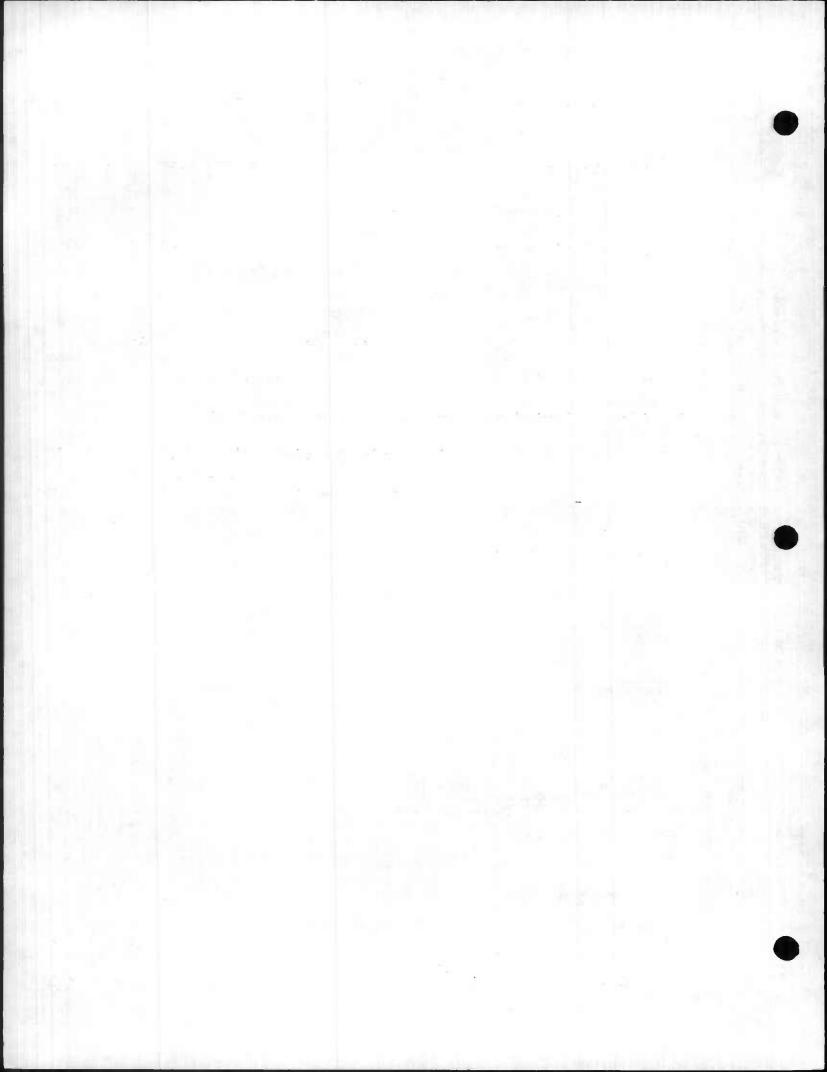
150962

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

10255

Registra s Signature

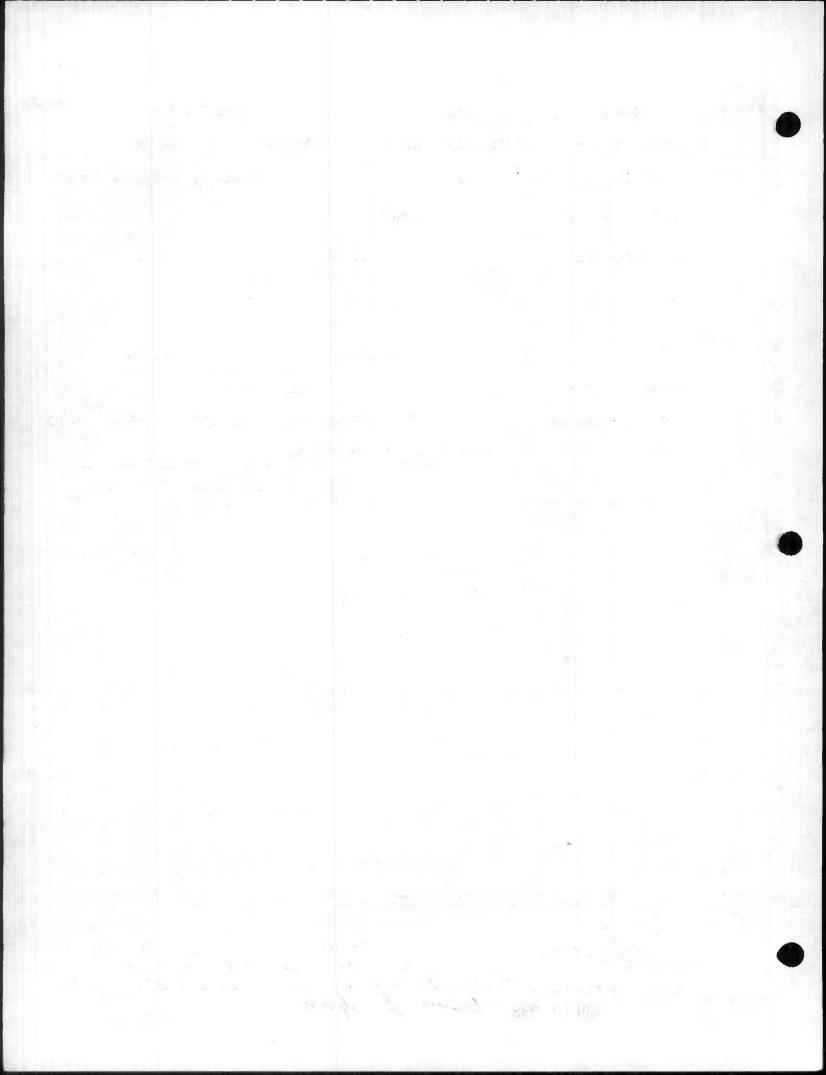
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Taragin

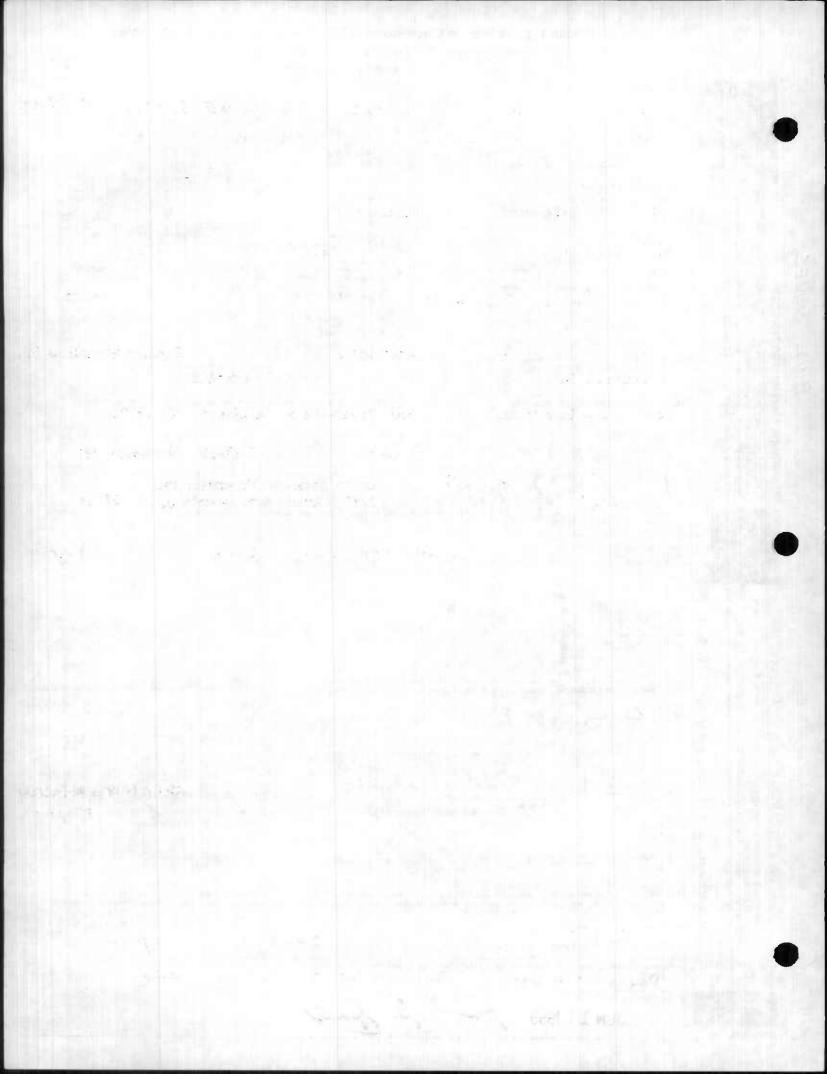


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

		1. Decedent's Nama (First, Middle, Last)							Reg. No. 2. Date of Death 3. Time fill				
Physician /Medical Examiner		DOROTHY F. BAER 4a. Facility Name (If not institution, give street and number)						4h City Town or	Month Day June 10, 1999			5'00 A	
xamın	ner	Lorien Nursing & Rehabilitation Center											
neral ector		5. Social Security Number 6. S 068-20-7128			ast birthday) Yrs.		r 1 Year	Columbia If Under 24 Hrs Hours Min.	(Month, D		9. Birthp	place (State or Foreigntry) Jersey	
23a or 28a-f show ant be notified at		Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location										IOd. Inside City Limits	
	by Funeral Director	Maryland Howard Columbia										1 ☐ Yas 2 ᡚ No	
IIOU a		10e. Street and Number 10f. Zip Code						10g. Citizen of What Country?			ntry?		
ustbe		6336 Cedar Lane 21					1044	.044 U.S.A.					
		11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	Armed Forces 1 Yas 2 K	1 ☐ Yas 2t No			dent of Hispanic Origin? (Specify Yes or N cify Cuban, Maxican, Puerto Ricen, atc.) 2√ No Spacify:			o- 14. Race - American Indian, Black, White, etc. Specify: White		etc.	
		15. Decedent's Ed	ducation	tion 16a. Decedent's Usual			al Occup	pation	4.4	16b. Kind of Business/Industry			
	Completed	(Spacify only highast grade completed) (Give kind of work done during most of with life. DO NOT use retired) 1.2					d) most of wo						
	ပိ	12 17. Father's Name (First, Middle, Last)			Hous	ewif	e	18 Mothar's Nar	ne (First Middle		Home		
	To Be	Morris Franklin						Hattie H		ne (First, Middle, Maiden Sumama)			
								ral Route Number, City or Town, State, Zip Code)					
other traumatic		Leslie Isaacs, So	n		4319	Sunf	lowe	r Drive,	Rockvi]	le, Mar	yland	20853	
no so fair		20a. Method of Disposition 1 □ CBurial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specification 1)		Beth	ace of Disponentery, cray	osition (Na matory of OIII Co	other pla ongr	egation	Date	20c. Location			
Important: If I any Injury or once.		21. Signature of Funeral Sarvice Licensea 22. Name and Address of Facility STEIN HEBREW MEMORIAL FUNERAL HOME, INC.											
ian		232 CARROLL STREET, NW, WASHINGTON, DC 20012 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate Interval Between Onset and Death											
edical miner		Immediate Cause (Final disease or condition resulting In death) a. Aspus fur pullully Due to (or a a consequence of): Follow CANNWmys HX											
_		disease or condition resulting In death)	a Aspus	Due to (or	phen s a consec	wwy	:				1	dsep	
ner	aminer	disease or condition resulting In death)	a Aspusto. Felien	Due to (or CA) Due to (or	ANN MARS A CONSECUTION	und H	ex				1	dsep	
iner	lical Examiner	disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events	a. Asympto.	Due to (or	A a consequence as a co	luefice of):					1	dsep	
as the burial-transit	Medical	disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	a. Asqual b. Exhen c.	Due to (or	as a conseq	luefice of):						dsep yrs	
ner neuralism	Medical	disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events	c	Due to (or	as a conseq	uence of):		en in Part I.	23b. Did	tobacco use co	ontribute to	dsep yrs	
ached for Use as the burial-transit	Physician/Medical	disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last	c	Due to (or	as a conseq	uence of):		en In Part I.		tobacco use co	ontribute to	dsep	
חפר שונוגמו הם המפינות הו המפינות הו המפינות הו המפינות הו המפינות הו המפינות הו המפינות הו המפינות הו המונית הו המו	by Physician/Medical	disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Part II. Other significant conditions or	c	Due to (or	as a conseq	uence of):		en in Part I.	1 🗆		3 Prot	dsep	
Z should be datached for use as the bunal-transit	Completed by Physician/Medical	disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Part II. Other significant conditions or	c	Due to (or	as a conseq	uence of):		ren in Part I.	1 🗆	Yee 2□ No san autopsy ormed?	3 Prot	o the ceuse of death bably 4 Onknown allable prior to mpletion of cause	
2 should be detached for use as the burial-transit	Be Completed by Physician/Medical	disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last Part II. Other significant conditions or Deworks and the cause of the conditions of the cause	d	Due to (or	as a conseq	uence of):	cause giv	26. Place of Dea	1 □ 24a. Was perfo	Yes 2 No ran autopsy primed? Yes 2 No one)	3 Prote	o the ceuse of death bably 4 Onknow ere eutopsy findings allabla prior to mpletion of cause death? Yes 2 No	
Z should be datached for use as the burial-transit	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last Part II. Other significant conditions of the cause (Disease or Injury that Initieted events resulting in death) Last	c. d. portributing to death to the second	Due to (or but not rasul	as a conseq as a conseq Iting In the ur	uence of): ndarlying o	cause giv	26. Place of Dea	24a. Was perfe	Yee 2 No san autopsy ormed? Yes 2 No one) dence 6 Ott	3 Prote	o the ceuse of death' bably 4 Onknow ere eutopsy findings allabla prior to mpletion of cause death? Yes 2 No	
Z should be datached for use as the bunal-transit	To Be Completed by Physician/Medical	disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Part II. Other significant conditions or injury that initieted events resulting in death) Last 25. Was cese referred to medical examiner? 1	d	Due to (or but not rasul	as a conseq	uence of): ndarlying o	DA Oth	26. Place of Dea	24a. Was perfe	Yes 2 No ran autopsy primed? Yes 2 No one)	3 Prote	the ceuse of death? bably 4 Onknow ere eutopsy findings allabla prior to mpletion of cause death? Yes 2 No	
2 should be datached for use as tha burial-transit	Certification: To Be Completed by Physician/Medical	disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initieted events resulting in death) Last Part II. Other eignificant conditions or c	d	Due to (or Due to (or	as a consequence as a c	uence of): uence of): ndarlying of M eet, factor	OA Oth	26. Place of Des er: 4⊅ Aursing H yat k7 Yes 2 □ No	24a. Was performent of the Check only ome 5 Resident Check only of the Check only of the Check only of the Check only of the Check on To	Yes 2 No Yes 2 No one) Idence 6 Ott how injury occu Street and Num wn, State)	3 Protein 24b. We ave correction of a series of the series	the ceuse of death? bably 4 Onknow ere eutopsy findings allabla prior to mpletion of cause death? Yes 2 No	
2 should be detached for use as the burial-transit	Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Part II. Other eignificant conditions or cause. Conditions or cause (Disease or injury that initieted events resulting in death) Last Part II. Other eignificant conditions or cause. Conditions or cause injury that initieted events resulting in death) Last 25. Was cese referred to medical examiner? 1 Yes 2 Yes 2 Yes 2 Yes 2 Yes 2 Yes 2 Yes 3 Yes 4 Y	d	Due to (or Due to (or	as a consequence as a c	uence of): uence of): ndarlying of M Beet, factory	OA Oth OA Injur Wor 1	26. Place of Dearer: 42 Aursing H	24a. Was perfect the control of the	Yes 2 No san autopsy primed? Yes 2 No sone) dence 6 Ott how Injury occu Street and Num wn, State)	3 Protein 24b. We ave con of control 1 Protein (Specify rred	o the ceuse of death bably 4 Dinknow ere eutopsy findings allabla prior to mpletion of cause death? Yes 2 No	
2 should be detached for use as the burial-transit	ledical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Part II. Other eignificant conditions or cause. Conditions or cause (Disease or injury that initieted events resulting in death) Last Part II. Other eignificant conditions or cause. Conditions or cause injury that initieted events resulting in death) Last 25. Was cese referred to medical examiner? 1 Yes 2 Yes 2 Yes 2 Yes 2 Yes 2 Yes 2 Yes 3 Yes 4 Y	d. d. d. Dontributing to death to the properties of the propert	Due to (or Due to (or	as a consequence as a c	uence of): uence of): ndarlying of M eet, factor	OA Oth Oth Oth Oy, office at the tin, In my o	26. Place of Dearer: 42 Aursing H	24a. Was perfect the control of the	Yes 2 No san autopsy primed? Yes 2 No sone) dence 6 Ott how Injury occu Street and Num wn, State)	3 Protein 24b. We ave con of control 1 Protein (Specify rred)	o the ceuse of death? bably Dinknow ere eutopsy findings aliabla prior to mpletion of cause death? Yes 2 No No Route Number, lated. the cause(s)	
2 should be datached for use as tha burial-transit	ledical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Part II. Other significant conditions or Dewards (Part III. Other significant conditions or Dewards (Part	d. d. d. Dontributing to death to the properties of the propert	Due to (or Due to (or	as a consequence as a c	uence of): uence of): ndarlying of M eet, factory occurred rastigation	OA Oth OA Oth 28c. Injur Wor 1 y, office at the tin, In my o	26. Place of Dearer: 42 Aursing Hayat k? Yes 2 No	24a. Was perfect the control of the	Yes 2 No san autopsy primed? Yes 2 No sone) dence 6 Ott how Injury occu Street and Num wn, State) ceuse(s) end m date and placa,	3 Protein 24b. We ave con of a set of a	o the ceuse of death? bably Dinknow ere eutopsy findings aliabla prior to mpletion of cause death? Yes 2 No No Route Number, lated. the cause(s)	
platahy filled in by the funaral director, page 2 should be datached for use as the burial-transit	Medical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Part II. Other significant conditions or Dewards (Part III. Other significant conditions or Dewards (Part	d	Due to (or Due to (or	as a consequence as a c	uence of): uence of): ndarlying of M pet, factor occurred astigation	OA Othorse give the time of th	26. Place of Dea	24a. Was perfect the control of the	Yes 2 No an autopsy primed? Yes 2 No one) Idence 6 Ott how injury occu Street and Num wm, State) ceuse(s) end m date and placa, 29d. Date signe	3 Prob 24b. We ave cor of control of contro	o the ceuse of death' bably 4 Onknow ere eutopsy findings allabla prior to mpletion of cause death? Yes 2 No No No No No No No No No No	





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 2. Dete of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** June 10, 1999 5:25 AM Joan Lois Brown /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4a Fecility Neme (If not institution, give street end number) **Examiner** Ellicott City St. Agnes Nursing & Rehabilitation Center Howard 5. Social Security Number 212–30–2642 Birthplece (State or Foreign Country) 1 M 2 TF Yrs. 27, 1932 Maryland 66 Usuel Residence of Decedent 10e State 10h County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 20 No Catonsville MD Baltimore Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21228 1200 Canberwell Road U.S.A. Funeral 14. Raca - American Indien, Bleck, White, etc. 12. Wes Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☑ Married 1 Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Catonsville Community Elementery/Secondery (0-12) College (1-4or 5+) College 12 Secretary 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be Alice Pollard George Reid 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) 1200 Canberwell Road, Catonsville, MD 21228 William Brown (Husband) 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 Buriel 2 Cremetion 3 Removal from State 6/12/99 Woodlawn, Maryland Woodlawn Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility Witzke Funeral Homes, Inc. re of Funeral Service Ligen 1630 Edmondson Avenue, Catonsville, MD 21228 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset end Death Immediate Ceuse (Finel disease or condition resulting in deeth) Due to (or as a consequence of): Well Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting In death) Lest Due to (or es e consequenca of): Physician/Medical Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Alzheines Digen þ Distele 24b. Were eutopsy findings evallable prior to 24e. Wes en eutopsy performed? Completed completion of cause of deeth? 1 ☐ Yes 2 HNo 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner?

1 Yes 2 No Be 26. Place of Deeth (Check only one) Hospital: Other: Washing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the ceuse(s) end menner stated. 29a. Certifier edical (Check only one) 29c. License number 29d. Date signed (Month, Dey, Year) 6-10-94 D34451 30. Name end eddress of pessen who completed cause of deeth (Item 23a) (Type, Print) Emund ! . Karul Hus Felen R Cotrolluno 21218 31. Date filed (Month, Day, Year)

Registrar

DHMH 16 Rev 6/95

Hospital or Attanding Physician:

efter death.

n 24 hours effer der Ne Funeral Director pletely filled in by th

To the Hosp within 24 ho To the Fune completely fi

Funeral

Director

permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified.

Physician /Medical

Examiner

physician end s the burial-trans

98 esn

signed by the e

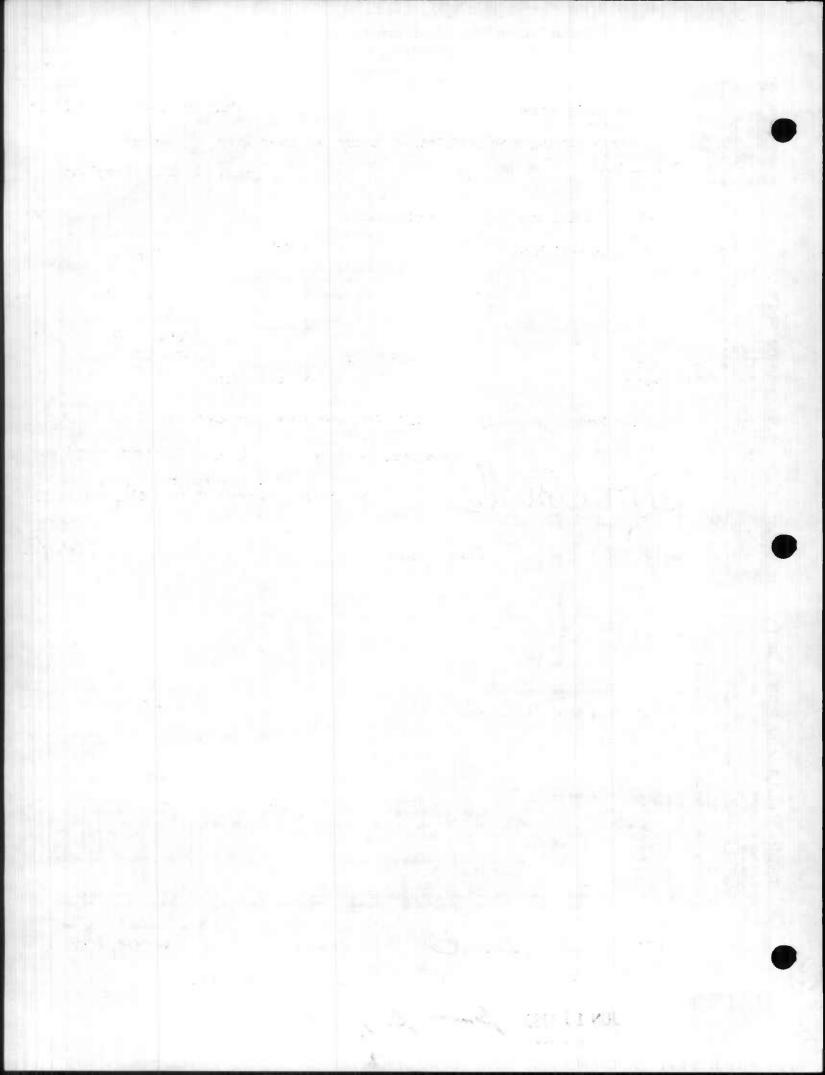
Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

1 1999

32. Registrer's Signeture

B. Sporks



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Daath Month **Physician** ED1TH BERGMAN TUNE 1999 05:01 Acq 09, /Medical 4a. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daeth 4c. County of Deeth Examiner Northwest Hospital Center Randallstown Baltimore If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Yeer) 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplace (Steta or Foraign Country) **Funeral** 1□ M 21XF 215-22-4144 Yrs. Director 89 Nov. 6, 1909 Usual Rasidanca of Dacedan 10a. Stata 10h County 10c. City. Town or Location r than "naturel", or Items 23e or 28a-f show the Medical Examiner must be notified at 10d. Insida City Limits Director 1 Yas 2 No Baltimore Reisterstown 10e. Straet and Number 10f. Zip Code 10g. Citizen of What Country? 19 Brookebury Drive 21136 U.S.A. Funeral 12. Was Dacadant Evar In U,S. Armad Forcas? Was Dacedent of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, etc.) 14. Race - Amaricen Indian, Bleck, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours efter Depertment of Health and Mantal Hygiene. Important: if tem 27 Is merked other than "naturel", or the may lighty or other treumatic event, the Medical Exercitor 2008. 1 ☐ Yas 2 ဩ No 1 Naver Married 2 Married 1 ☐ Yas 2 ☐ No Specify: Specify: White by 3 Widowad 4 ☐ Divorcad Yaar or Datas: Be Completed 15. Decadant's Education (Spacify only highast grada complated) 16e. Dacedant's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fathar's Name (First, Middla, Last) 18. Mother's Nama (First, Middla, Maiden Surnama) David Winston Davidson Mary Washington LaPrade 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19 Brookebury Drive, Apt 1-8, Reisterstown, MD 21136 Tina J. Bergman (Daughter) 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, crametory or other plece) 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Ramoval from Stata 6/11/99 Baltimore, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) Loudon Park Cemetery 21. Signature of Fusion Service License 22. Name end Addrass of Facility Witzke Funeral Homes, Inc. 1630 Edmondson Avenue, Catonsville, MD 21228 23a. Part1. Entar the disaasa, or complications that causad tha daath. Do not antar the moda of dying, such as cerdiac or respiratory arrast, shock, or haart failura. List only one cause on each line. Approximata Intarval Batwaen Onset end Death Physician Chronic Obstructered Pulmonay Diceage /Medical immadiata Causa (Final disaasa or condition resulting in death) Examiner Physiclan/Medical Examiner the death certificate be axecuted physician and sthe burial-trens Saquentially list conditions, if any, laading to immadiata ceuse. Enter Underlying Causa (Disaasa or injury that initiated evants resulting in deeth) Last Dua to (or es e consequança of): Dua to (or es e consequança of) Part II. Other significent conditions contributing to death but not resulting in the underlying ceusa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Pres 2 No 3 Probably 4 Unknown signed t Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy complation of causa of daeth? this cartificata 1 Yas 2 D 1 ☐ Yas 2 ☐ No or Attending Physicien: diractor, 25. Was casa rafarrad to medicel 26. Place of Death (Chack only ona) axaminar? Hospitel: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residance 6 Othar (Specify) 2 1 Yes 2 No s efter death.

I Director: Aftar this ed in by the funeral d 27. Mannar of Deeth 28a. Data of Injury (Month, Day Yaar) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending investigation Naturel 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be datarminad 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stete) filled in by 4 ☐ Homicida within 24 hours e To the Funerel C completely filled 1 Certifying Physician: To tha bast of my knowledge, deeth occurred at the time, data and place, end dua to tha cause(s) end menner es stetad.

2 Madical Examiner: On tha basis of axamination and/or investigation, in my opinion, death occurred at tha time, date end place, end dua to tha ceuse(s) and manner stated. 29a. Cartifier Medical (Check only the 29b. Signatura and tille of certifiar 29c. Licansa numbar 29d. Data signad (Month, Day, Year) D44505 mil 30. Nama and andress of person who completed cousa of death (Itam 23a) (Typa, Print) IMPERIAL

DHMH 16 Rev 6/95

State

Registrar

31. Data filad (Month, Day, Yaar)

JUN 1 1 1999

32. Registrar's Signatura

vland 21215-0020

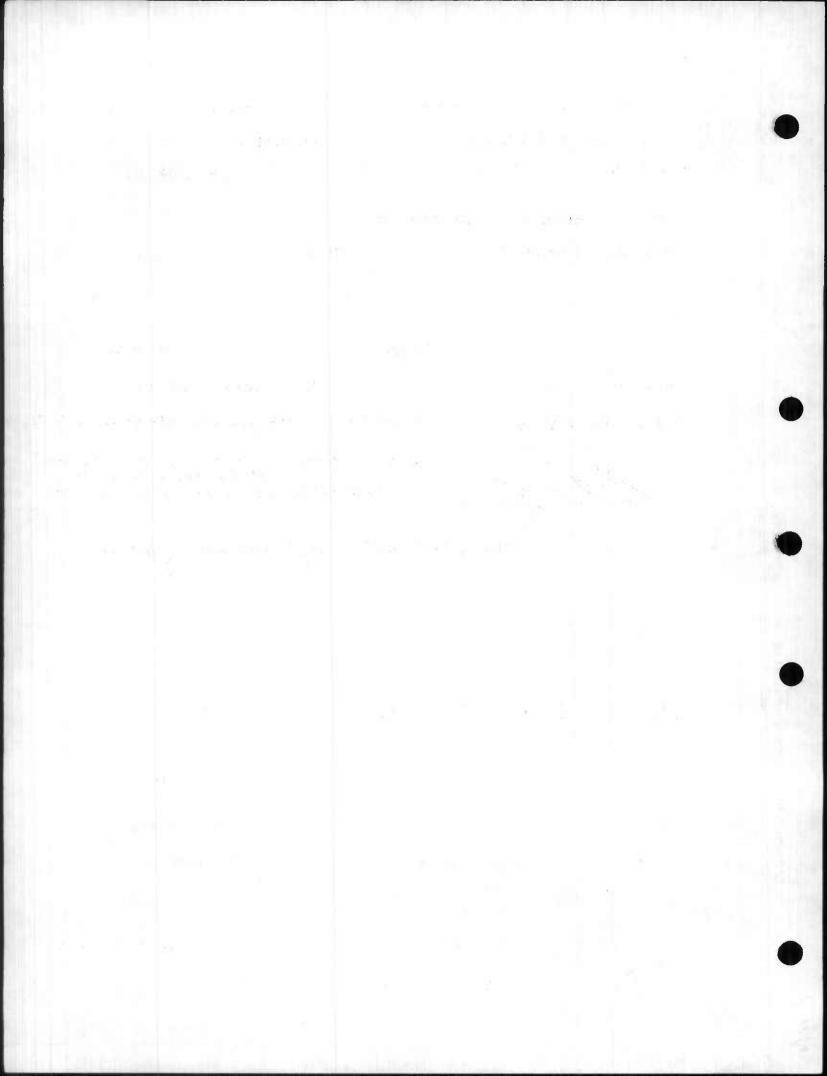
Baltimore,

68760.

Records,

of Vital

Division



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

			C	ertificate of	Death		Reg. No.	9	0//4	
	Decedent's Neme (First, Middle, Last)					2. Dete of Death 3. Time of De			3. Time of Death	
Physician /Medical	Devrin Sanchez Baker					June 06, 1999 3:37 P.			3:37 P.M.	
Examiner	4e Facility Neme (If not institution	on, give street end nu	m <i>ber)</i>		4b. City, Town, or L	Location of Death 4c. County of Death				
	University of Maryland, Shock Trauma Baltimo					re N/A				
Funeral	5. Sociel Security Number 6. Sex 7. Age (In yrs. I			ast birthday) If Under 1 Year If Under 24 Hrs Months Days Hours Min.		(Month, Dev. Year)		Birthplace (State or Foreign Country)		
Director	213 30 0770 11			1 / 115.			11 18 1981 Marylan		yland	
pu * _	Usuel Residence of Decedent 10a. Stete 10b. Count			10	d. Inside City Limits					
death with the Maryland ms 23s or 28s-f show traist be notified at	Md. N/A Baltimore City						1ŽDYes 2□No			
or 28	10e. Street and Number	10e. Street and Number 10f. Zip Code					10g. Citizen of What Counfry?			
th wit	2013 N. Bentalou Street			21216			U.S.A.			
5 2 5	11. Marifel Stetus Never Merried 2 Me	12. Wes Decedent Ever in U.S. Armed Forces? ried 1 Yes 2 No		13. Wes Decedent of Hispanic Origin? (Specify Yes or if Yes, specify Cuban, Mexican, Puerto Rican, etc.)			r No-) 14. Race - American Indian, Black, White, etc. Specity: Black			
by	3 ☐ Widowed 4 ☐ Divorce		If Yes, Give 1 ☐ Yes 2 ☑ Yeer or Detes:		No Specify:		Specify: Black			
ed within 72 hours after ed within 72 hours after yet han "hatural", or ha it, the Medical Eximits Completed by Fu	15. Decedent's Education (Specify only highest grade completed)		(Gin	16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)			16b. Kind of Business/Industry		ustry	
should be filed within and Mental Hygiene. marked other than " matic event, in the transition over the tra	Elementary/Secondary (0-12) 9th	College (1-401 3+)	Laborer						
tal Hyginal dother event, I	17. Father's Neme (First, Middle	17. Father's Neme (First, Middle, Last)			18. Mother's Name (First, Middle, Maiden Sumame)					
d 2 should be file d 2 should be file th and Mental Hy 7 is marked othe traumatic event.	Andrew Baker Angela					a Smith				
permit. Peges 1 end 2 should be filed within Department of Health end Mental Hygiera. Important: If Item 27 is marked other than any Injury or other traumatic event, the stone. To Be Comp	1 Buriel 2 Cremetion 3 Removel from State			emetery, cremetory or other place) . Zion Cemetery 06-			Date 20c. Location - City or Town, State -11-99 Baltimore, Md.			
permit. Pe Departmer Important: any Injury once.				22. Name end Address of Fecility William C. Brown Community Funeral Home 1206 W. North Avenue, Balti. Md. 21217						
Physician	23a Part Pfile the disease, of shook or heart feilure. Lis	or complications that out only one cause on e	aused the deeth. Do not e ech line.	nter the mode of dy	ing, such as cardiac	or respiratory e	orrest,	i	Approximete Intervel Between Onset end Death	
/Medical Examiner	Immediate Cause (Final disease or condition	Mult	iple Gunshot	Wounds						
ž į	Due to (or es e consequence of):							1		
notificate be executed use as the burial-transit in/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury the Initiated events	Due to (or as e consequence of):								
ificate be and g physician as the burial	thef initieted events resulting in death) Last	Due to (or es e consequence of):								
hat the death do by the atte		d						i		
	Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in F					23b. Dfd tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown				
requires							s en eutopsy ormed?	con	re autopsy findings ilable prior to apletion of cause eath?	
The law the has to bage 2 s						152	Yes 2□No	1₽	Yes 2□ No	

Division of Vita To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completaly filled in by the funeral director,

Be

Medical Certification: To

State Registrar **DHMH 16 Rev 6/95**

29b. Signeture end title of certifier

29c. License number

28c. Injury et Work?

McCulloh St., Baltimore, McCulloh St., Baltimo 29d. Date signed (Month, Day, Year)

Baltimore, MD

O.C.M.E.

1 Yes 2 No

June 10, 1999

28f. Location (Street end Number or Rural Route Number, City or Town, Stefe) 1200 Block of

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Theodore King M.D.

111 Penn Street, Baltimore, Maryland 21201

26. Place of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

Subject was shot.

31. Dete filed (Month, Dey, Year) JUN 11

5 Pending investigation

6 Could not be determined

25. Wes case referred to medical examiner?

1 XYes 2 No

27. Menner of Death

1 Neturel

2 Accident

4 Homicide

3 Suicide

29a. Certifier

32. Registrer's Signature

Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of Injury

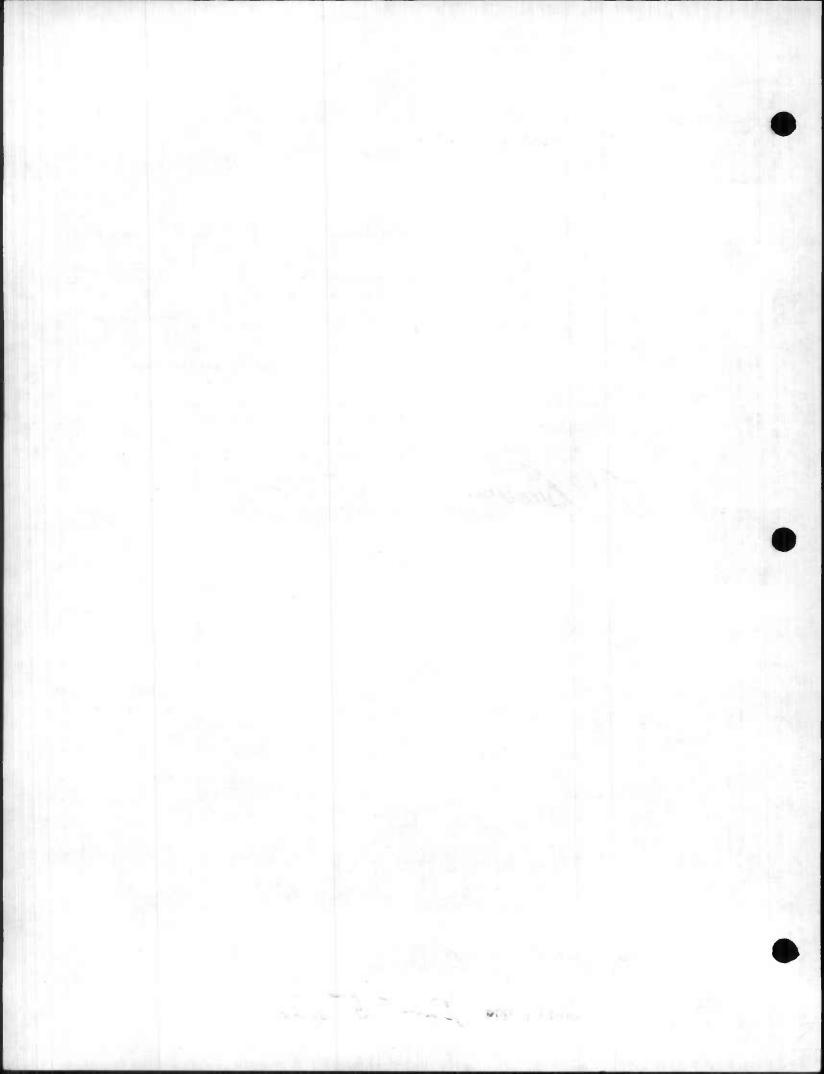
28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)

2:51 P.M

Street

28a. Dete of Injury (Month, Dey Year)

06-06-99



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death . Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** ATRICIA ANNE CHANEL ~ 06:00 2 1999 June /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 8852 L Spiral Cut Columbia Howard 5. Social Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Hours 1□M 25 F 69 Yrs. Director 223-36-6176 New York Usual Residence of Deceder 10a State 10b Counts 10c. City. Town or Location 10d. Inside City Limits T is marked other than "natural", or items 23s or 28s-1 show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2√ No Director Howard Columbia 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Funeral 8852 L Spiral Cut 21045 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 MNo If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: White Specify: by 3 Widowed 4 Divorced 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiens. Elementary/Secondery (0-12) College (1-4or 5+) Manager Real Estate 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Pages 1 and 2 should be to nent of Health and Mental I int: If them 27 is marked of John B. Joynt Mary Connelly 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health as important: If flow 27 is any injury or other trau John Chanel/Son 11301 Georgetown Pike, Great Falls, Virginia 22066 20a. Method of Disposition 20b. Place of Disposition (Neme of cametery, crematory or other place) 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removal from State Gate of Heaven Cemetery 6/9/99 Silver Spring, Maryland 5 Other (Specify) 22. Name and Address of Facility Fleck Funeral Home, Inc. se, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest,

List only one cause on each line.

7601 Sandy Spring Road, Laure1, Maryland 20707

Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final Cardiovascular Disease disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner -tran Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last pue Due to (or es a consequence of): physician els the buriel-1 Physician/Medical Due to (or es e consequence of) ettending Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? mental illness (schizophnenia? 1 Yes 2 No been signed by should be detac 3 Probably 4 Unknown 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24a. Was en autopsy performed? 1 ☐ Yes 2 No 1 Yes Division of Vital funeral director, 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) ို 28a. Dete of Injury (Month, Day Year) 27. Magner of Deeth 28b Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? After Natural 2 Accident 5 Pending or Attending after death. Director: Aft 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) end menner es steted.
2 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) end menner es steted.
2 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) end menner es steted. edical 29a. Certifier 29b. Signature and title of cartifier 29d. Date signed (Month, Day, Year) 29c. License number June 7, 1999 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Hemlock Cone Way, Elliatat A. TOTE 4565 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

AHS

State Registrar

JUN 1 1 1999

Lateral Lead Francis M 35 - 1 - 16

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Vaa 40 Aravello 4a. Facility Nama (If not institution, give street and number) 9 1999 June 4b. City. Town, or Location of Death 4c. County of Death Manor Care - Rossville Rosedale Baltimore If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number If Undar 1 Yaar 6. Sax 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign Country) Days 10 M 280 F Yrs. 212-16-9458 83 April 29 Usual Rasidance of Decedant 10a State 10b. County 10c. City. Town or Location 10d. Insida City Limits 1 Yas 2 No Baltimore MD Baltimore 10e, Street and Number 10f. Zip Coda 10g. Citizen of What Country? 7159 Gough St 21224 USA 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 225 No If Yas, Giva Yaar or Datas: 11 Marital Status Was Dacedant of Hispanic Origin? (Spacify Yas or No-if Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Naver Married 2 ☐ Married 1 Yas 2 X No Specify: Specify: White 3 ☐ Widowed 4 ₺ Divorced 15. Dacedant's Education (Spacify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Unknown John Rynazewski 19a. Informant's Name/Ralationship (Type, Print) / SON 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Anthony J. Caravello Jr. 7159 Gough St Baltimore, MD 21224 20b. Place of Disposition (Nema of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata June 12 1 XBurial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 1999 Baltimore, MD Oak Lawn Cemetery 22. Nema and Address of Facility Connelly Funeral Home of Dundalk 21. Signatura of Funeral Sarvice Licenses 7110 Sollers Point Rd 23a. Part1. Entar tha dis Approximata Interval Between Onsat and Death 3 n. Do not antar the mode of dylng, such as cerdiac or respiratory arrest, urrant Immediata Causa (Final disaasa or condition rasulting in daath) Dua to (or as a consequence of) Sequentially list conditions, if any, laading to Immadiata causa. Entar Underlying Cause (Disease or injury that Initiated avants rasulting in death) Last Dua to (or as a consequence of) Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23h. Did tobacco use contribute to the cause of death? fibrillation 9 1 Yes 2 No 3 Probably 4 thknown 24b. Ware eutopsy findings available prior to completion of causa of daath? 24e. Was an autopsy performed? 1 ☐ Yas 2 ☐ No 1 Yas 2 No 26. Place of Death (Check only one) Othar: 4☐ Nursing Homa 5☐ Rasidance 6☐ Othar (Specify) Inpatiant 2 ER/Outpatient 3 DOA 28b. Tima of 28d. Dascribe how injury occurred Data of Injury (Month, Day Year) 28c. Injury at Work? 5 Panding Invastigation Natural

Examiner The law requires that the death certificate be asscuted the buriel-transit P.O. Box 68760, Physician/Medicai for usa es signed by Records, þ pega 2 should be Completed this certificata Division of Vital after death.

Director: After this certifica director. Be 2 funeral Certification:

Physician

/Medical

Examiner

Funeral

Director

"natural", or items 23a or 28a-f show suical Examiner must be notified at

Director

Funeral

by

Completed

Be

the Marylend

death with

filed within 72 hours efter

Pages 1 and 2 should be filed within 72 ho nent of Health end Mental Hygiena. int: If Item 27 is marked other than "natur Iry or other traumatic event, tra Medical

permit. Page Department of Important: If any Injury or

Physician

/Medical

Examiner

21215-0020

Baltimore, Maryland

25. Was cesa referred to madicel axaminar? 1 Yas 2 No	Hospital:		
27. Manner of Deeth	28a. Da		

6 Could not be

1 ☐ Yas 2 ☐ No

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stete)

29a. Cartifier (Check only one)

2 Accidant

3 Sulcida

4 Homlcide

Certifying Phyaicien: To tha best of my knowledga, daath occurred at tha time, date and place, end dua to tha causa(s) and manner as steted.

| Medical Examinar: On the basis of axamination and/or investigetion, in my opinion, daath occurred at tha tima, dete and pleca, and due to the ceusa(s) and manner stated.

29b. Signeture and title of certifier

29c. License number 29d. Data signed (Month, Day, Year, D - 38 754 06 - 09 - 99

29d. Data signed (Month, Day, Year)

30. Name and eddrass of person who complated ceuse of death (Item 23a) (Type, Print) WASERM. 404-

EASTERN BLUD, MD-21221.

State Registrar

tha

illed in by

Medicai complataly

24 hours a Hospital

within 2 To the I

31. Data filed (Month, Day, Yaar) 1 1999



28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Specify)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death Day Month 250 PM 6.160pt 6 1999 1012 (001+1 4a Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Howard County General Hospital Columbia Howard If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) 02 21 1919 Birthplaca (Stata or Foraign Country) W VA 5. Social Security Number 7. Age (In yrs. last birthday) Days HXM 2DF 80 Yrs. 232-24-0896 Usual Rasidence of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits MYes 2 No Howard Columbia 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6334 Cedar Lane 21044 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11 Marital Status 1 XYas 2 No If Yas, Giva Year or Dates: 1 ☐ Nevar Married 2 X Merried 1 Yes 2 tNo Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) 12 College (1-4or 5+) Attorney 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumama) Jacob B. Coonts Ruby Coonts 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 7311 Meadow Wood Way, Clarksbille, Md Steven Coonts/ Son 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Removal from Stata Lambert Chapel Cem. 0608,1999 Belington, W. VA 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licensee Sterling-Ashton-Schwab Funeral Home Inc. k. marsh 736 Edmondson Ave. Catonsville, Md 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death Immediata Causa (Final hour disaasa or condition rasulting in daath) Due to (or as a consequence of): Sequentially list conditions, if any, laading to immadiala causa. Enter Underlying Cause (Diseasa or Injury that initieted evants rasulting in daeth) Lest Due to (or as a consequence of): Dua to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of causa of daath? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical 26. Place of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 Vas 2 No 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Panding invastigation 1 Tes 2 No 2 Accident 6 ☐ Could not be datarmined 3 Suicide 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. | Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifian

The law requires that the death certificate be executed P.O. Box 68760. Records, of Vital Hospital or Attending Physician: 24 hours after deeth.
 Funeral Director: After this certifica Division

Physician

/Medical

Examiner

Md

Director

Funeral

P

Completed

2

Physician/Medical Examiner

þ

Completed

8

2

Medical Certification:

(Check only one)

Funeral

Director

ral', or items 23a or 28a-f show Examiner must be notified at

permit. Pages 1 end 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If itam 27 is marked other than "natural", or items 23a and Injury or other traumatic avent, the Medical Examples Traumand DRGs.

Physician /Medical

Examiner

burial-trans

the

88

page 2

director.

completely filled in by

within 2 ŝ

certificata

Baltimore, Maryland 21215-0020

State Registrar

DHMH 16 Rev 6/95

30. Nama and addrass of person who completed cause of death (Item 23a) (Type, Print) 31. Data filed (Month, Day, Year)

roble ms

JUN 1 1 1999

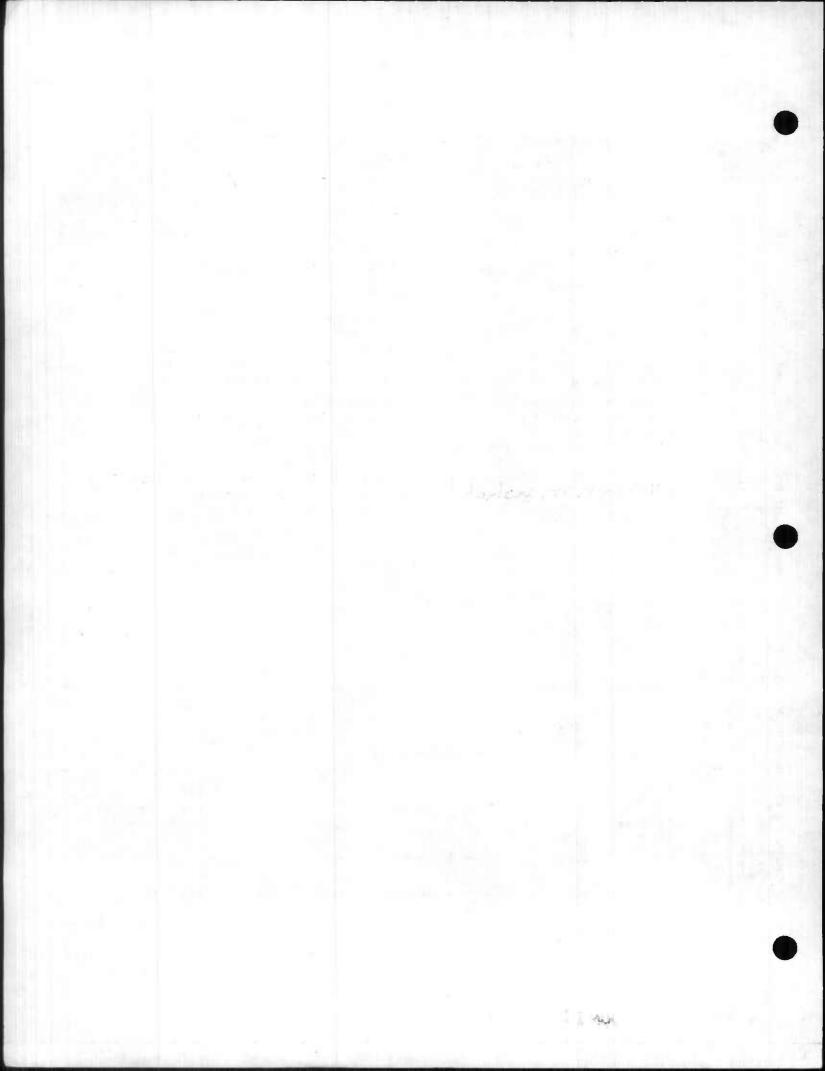
32. Registrar's Signature

29c. License number

ORIGINAL

29d. Date signed (Month, Dey, Year)

021 1F



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 1230 PM VIRGINIA T. CARTER JUNE 7, 1999 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6203 GOLDEN RING ROAD **ESSEX** BALTIMORE If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Months Days Hours Min 1 M 2KX 61 Yrs. Director 216-36-2742 MAY 29 1938 MARYLAND Uaual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inaide City Limits 1 ☐ Yes X ☒ No Directo MARYLAND HARFORD CO JOPPA 288-1 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 363 BLACK BURN PLACE 21085 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22DNo If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, apecify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11. Marital Status Black, White, etc. 72 hours after 1 □ Never Married 2 □ Merried b 21215-0020 1 Yes 2\OXNo Specify: Specify: BLACK by 3 ☐ Widowed 4 Diffvorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filled within Hygiene. ther then Elementary/Secondary (0-12) College (1-4or 5+) TRANSPORTATION DRIVER 11th grade Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be fashed the fashing of Health and Mental I not if Item 27 is marked of HENRY CARTER RUTH MAE CARTER 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) if of Health if Itam 27 h or other tra Hattie M. Myers/Sister 716 Gladway Rd, Baltimore, Maryland 21220 Baltimore, 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Durial 2 Cremetion 3 Removal from Stete Department of Important: If any injury or ance. 6-12-99 Middle River, Maryland 4 ☐ Donation 5 ☐ Other (Specify) HOLLY HILLS CEMETERY 21. Signature of Funeral Service Licens 22. Name end Address of Facility
WILLIAM C BROWN COMMUNITY FUNERAL HOME-HARFORDP. 321 S PHILADELPHIA BLVD ABERDEEN, MARYLAND 2100 Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intarvel Betw Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of): Physician/Medical Examiner The law requires that the deeth certificate be asscuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760, the Due to (or es a consequence of): 88 980 signed by the a d be detached f P.0. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? Completed hes 2 No 1 Ves 2 No of Vital Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 5 Other (Specify) piter: 1 | Irip...

28a. Date of Injury
Month, Day Year) Certification: To XIX Yes 2 No 1 | Inpatient 2 | ER/Outpatient 3 | DOA SCENE this uneral 28b. Time of Injury 28c. Injury et 28d. Describe how injury oquurred 27. Manner of Death Attending Division 5 Pending investigation controll and 1 Natural DUS after death.

I Director: Af 281. Location (Street and Number or Rural Route Number)
City or Town, State) 10 Yes 2 No 2 Accident ob jects 6 Could not be 3 ☐ Suicide 286. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 4 Homicide Golden Ring 8 620 filled in Baltimore C Street Rd Hospital 24 hours a Funeral D Certifier
(Check only one)

Certifier
(Check only one)

Certifier
(Check only one)

Certifier
(Check only one)

Certifier
(Check only one)

Certifier
(Check only one)

Certifier
(Check only one)

Certifier
(Check only one)

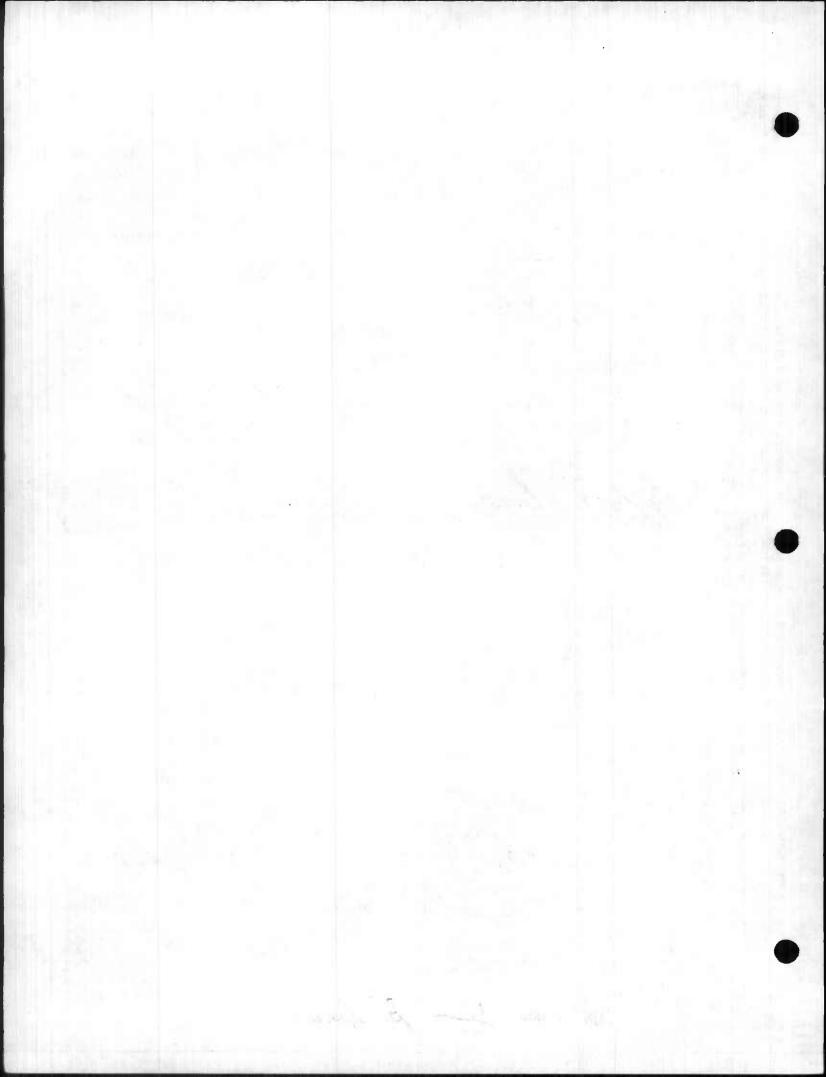
Certifier
(Check only one)

Certifier
(Check only one)

Certifier
(Check only one)

Certifier
(Check only one)

Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner steted. 29a, Certifier To the I 29c. License number 29d. Deta signed (Month, Day, Year) 29b. Signature and title of certified O.C.M.E. JUNE 8, 1999 ddress of person who completed cause of deeth (Item 23a) (Type, Print) estang 111 Penn Street, Baltimore, Maryland 21201 85.C (Month, Day, Year) 32. Registrar's Signatura State JUN 11 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene () Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Physician EMMA COOPER MAE 6:34PM JUNE 1999 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 7. Age (In yrs. last birthdey) If Under 1 Year 5. Social Security Number If Under 24 Hrs. Birthplace (State or Foreign Country) **Funeral** 1 M SOXF Months Hours 71 Yrs. Director 217-68-5117 JUL 30 1927 MARYLAND Usuel Residence of Decedent 10e Stete 10h County 10c. City, Town or Location ral', or items 23a or 28a-f show Examiner namt be notified at 10d. Inside City Limits XXYes 2 □ No Director MARYLAND N/A BALTIMORE CITY 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2214 DRUID HILL AVENUE 21217 U.S.A. Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ ₩o If Yes, Give 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married "natural", or 1 Yes 2 No Specify: þ Specify: 3 Nidowed 4 □ Divorced BLACK Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filed within 7 Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) DOMESTIC HOME CARE unknown 7 is marked other traumatic event, 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) Be unknown unknown 19a. fnforment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 27 Diane Hudson/Daughter 1611 Division St. Apt 1, Baltimore, Maryland 21217 If Item 27 or other 1 20b. Piece of Disposition (Name of cemetery, cremetory or other pleca) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) METRO CREMATORY 6-12-99 BALTIMORE, MARYLAND 22. Name end Address of Fecility WILLIAM C BROWN COMMUNITY FUNERAL HOME PA rouley 1206 W NORTH AVNUE 23a. In X Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, most, or heart feilure. List only one cause on each line. Interval Between Onset end Death **Physician** Immediate Ceuse (Finel disease or condition resulting in death) /Medical Smorths Examiner Examir physician end s the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieled events resulting in deeth) Last Due to (or es e consequence of): Physician/Medicai Due to (or es e consequença of) esn Pert ff. Other significant conditione contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown sign. þ Completed 24a. Was en eutopsy performed? 24b. Were autopsy findings eveilable prior to completion of cause of deeth? page 2 2 No 1 ☐ Yes 2 ☐ No certificate Be 25. Wes case referred to medical examiner? 28. Plece of Deeth (Check only one) Hospitel: 1 Nopatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2 No 10 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Certification: After 1 Naturel 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No hours efter death 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 3 4 Homicide 24 hours Cartifying Phyelcien: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the cause(s) and manner as steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner stated. 29e. Certifier To the Hosp within 24 hor To the Fune completely fi (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) notifola H. So, ms D 26250 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) 6BMC, 6701 N. Charles St, Baltinose, MD. 21204. MATILDA ...H. SO 31. Date filed (Month, Day, Year) 32. Registrer's Signature

DHMH 16 Rev 6/95

with the Marylend

Baltimore, Maryland 21215-0020

Pages 1 end 2 should be

that the death certificate be executed

Box 68760.

P.O.

Records,

Vital

Division of

or Attanding Physician:

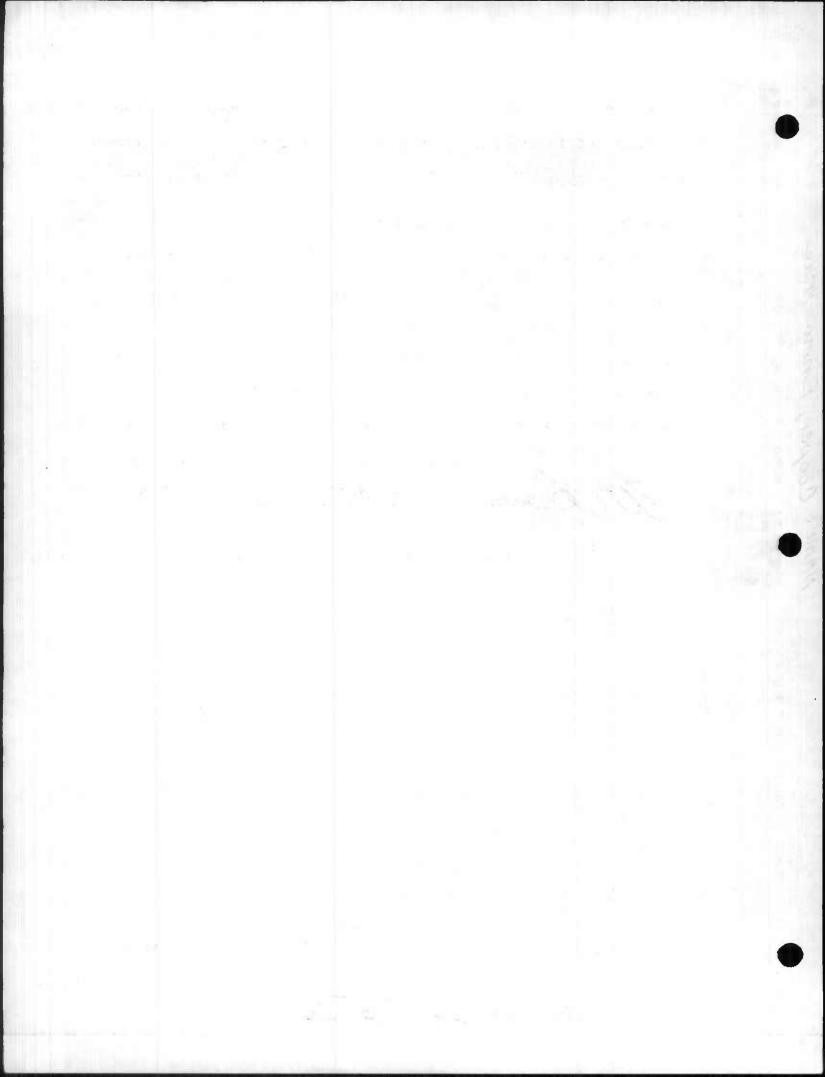
this

State

Registrar

JUN 11

death.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2 Data of Death 3 Time of Death Johnnie, Dixon, 2:52 AM 06 4a. Facility Name (If not institution, giva street and number, 4b. City, Town, or Location of Death 4c. County of Death Speing 5. Social Security Number Grove Hosp. Conter Catmsville Baltimore Count Birthplace (State or Foreigh Country) 7. Age (In yrs. lest birthdey) Yrs. If Under 1 Yeer Months Days If Under 24 Hrs. Hours Min. 6. Sex 8. Dete of Birth (Month, Dey, Year) Days 578-64-1012 Virginia APR 10, 1926 Usuel Rasidanca of Decadent 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2 ☑ No Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 55 Wade Avenue 21228 USA 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Raca - American Indien Black, Whita, etc. 1 Navar Marriad 2 Married 1 Yes 2 No Specify: If Yes, Give Yeer or Detes: Specify: Black 3 ☐ Widowed 4 ☑ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) 8 N/A Never Worked 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) John Dixon, Sr. UNK. 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21228 19e. Informent's Neme/Raietlonship (Type, Print) Spring Grove Hospital Ctr. Catonsville, Joseph Moreland/Social Worker 20b. Plece of Disposition (Name of cematary, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Crametion 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 6/11/99 Baltimore, MD 22. Neme end Addrass of Facility Cremation Society of MD, Inc. 21. Signeture of Punerel Sarvice/Licent Edward gorchik 299 Frederick Road Baltimore, MD 21228 23a. Part1. Enter the disaasa, or or plicetions that causad the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heer failure. Liston, one cause on each line. Approximate Intervel Between Onset and Deeth Cardiaic Arrest Immediate Cause (Finel disease or condition resulting in deeth) Due to (or es a consequenca of) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated avents resulting in daeth) Last Due to (or as e consequence of): Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown COPD 24b. Were autopsy tindings available prior to completion of cause of death? Atrial Fibrillation. 24e. Wes an autopsy performed? Respiratory Failure 2 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatlant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)

Physician /Medical Examiner

Physician

/Medical

Examiner

10a. Stete

MD

Director

Funeral

þ

Completed

Be

Funeral

Director

permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth end Mental Hygiene. Important: if Item 27 is marked other than "natural", or Items 28 or 28a-f show any Injury or other traumatic avant, the Modical Evantment must be notified at any injury or other traumatic avant, the Modical Evantment must be notified at any pince.

Baltimore, Maryland 21215-0020

Physician/Medical Examiner

attending physician end for use as the buriel-transit signed by the a certificate has After this aftar death.

filled in by

24 hours a Hospital

To the Hosp within 24 ho To the Fund completely f

The lew requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760.

by Be Certification: To

25. Was case referred to medical examiner? 1 Yes 2 No

27. Manner of Deeth 1 Netural 5 Pending investigation 2 Accident

3 ☐ Sulcida 4 Homicide

(Check only one)

29a, Certifie

6 Could not be determined 1 Pertifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, end due to the cause(s) and menner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete end pieca, and due to the cause(s) and mannar stated.

28e. Dete of Injury (Month, Dey Year)

28e. Plece of Injury - At home, farm, street, tectory, office building, etc. (Specify)

28c. injury et Work?

1 Tyes 2 No

28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29b. Signature end title of cartifier

29c. License number

29d. Data signed (Month, Day, Year) June 11, 1999

30. Name and address of person who completed causa of death (Item 23e) (Type, Print)

Shandelya 31. Data filed (Month, Day, Year)

Spring 32. Registrar's Signature

Hospital was Ave Catansville, MD. Grunz

State Registrar

Johnnie Dixon, JR.
Spanny yeare 1912 and
578-64-600

Communic Sulfame Can

The same of the sa

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 2. Dete of Death 3. Time of Deeth 1. Decedent's Name (First Middle, Last) 1:26 Am Dev Month **Physician** 1969 June 0 /Medical 4b-City, Town, or Location of Deeth Facility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Mary more If Under 24 Hrs. 7. Age (In yrs. lest birthday) If Under 1 Year Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex **Funeral** Deys Months Hours -22-8360 10 M 20 F January 29, 1913 Director Usual Residence of Decedent Pages 1 and 2 should be filled within 72 hours aftar death with the Meryland health end Mental Hygiene. 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "netural", or items 23s or 28s-f show the Medical Examiner must be notified at 19 Yes 2□No Baltimore Director 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street end Number 2120 Funeral Wes Decedent Ever in U,S Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11 Marital Status Armed Forces?

1 ☐ Yes 2 ☐ No
If Yes, Give
Yeer or Dates: 1 Never Married 2 Married africa altimore, Maryland 21215-0020 1 Yes 22 No Specify þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Bustness/Industry Hygiene. College (1-4or 5+) Elementary/Secondary (0-12) lothing Truss 7 is marked other traumatic event, if 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Fether's Neme (First, Middle, Last) Be Martha Hines ပ ruman 19e. Informent's Name/Relationship (Type, Print) Guardian 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) item 27 is Place Balto. MD21201 Marke 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Dete T⊟ Burial 2 ☐ Cremetion 3 Removel from State Baltimore 4 ☐ Donetion 5 ☐ Other (Specify) Sta 22. Name and Address of Facility 21. Signature of Funeral Service Licensee al be 8 Baltinore 4021217 N. 236. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. GILMOR Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Final nown diseese or condition resulting In deeth) Examiner Due to (or es a onsequence of) Examiner physicien and the buriel-transit The lew requires that the death certificate be asscuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) ettending pl been signed by the e should be datached f Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Denknown 1 ☐ Yes 2 ☐ No þ 24b. Were eutopsy findings evailable prior to completion of cause of deeth? Completed 24e. Wes en autopsy After this certificate has funeral director, page 2 1 🗆 Yes 2 DoNo 1 ☐ Yes 201No To the Hospital or Attending Physicien: "Within 24 Ingurs after deeth.

To the Furferel Director: After this certifica complately filled in by the funeral director, t Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Nes 2 No 1 ☐ Inpatient 2 ☐ P/Outpatient 3 ☐ DOA 27. Menner of Deeth 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending investigation 1 ☐ Yes 2 No 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the ceuse(s) and manner steted. 29a. Certifier Medical 29b. Signeture and little of cartifier 29d. Date signed (Month, Dev. Yeer) 29c. License number pleted cause of deeth (Item 23e) (Type, Print) 30. Neme end eddress of person who Brian Enemle mi 414 w Reduce

DHMH 16 Rev 6/95

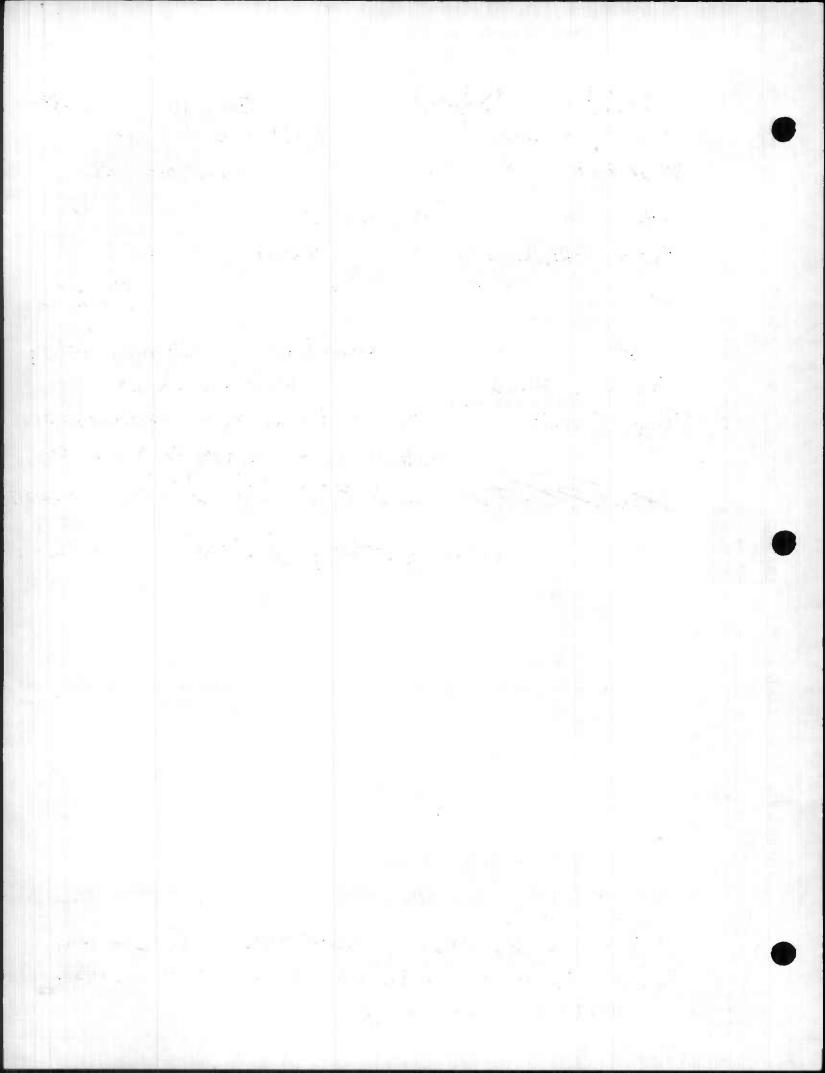
State

Registrar

JUN 1 1 1999

32. Registrer's Signeture

31. Dete filed (Month, Day, Year)



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month **Physician** Phillip Daniels 22:06 June 1999 09 /Medical 4a Facility Nama (If not Institution, giva straat and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Sociel Security Number 6. Sex 1. M M 2□ F 7. Age (In yrs. last birthday) **Funeral** Months 49Yrs. 212-50-5726 Director Usual Residence of Decedent 10a. State 10c. City, Town or Location 10d. Inside City Limits BALTIMORE 1 Yes 2 No MI Director 28a-f 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street and Number Berrie 23a or 21202 COURT Funeral 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - Amarican Indian, Black, White, etc. 11 Marital Status Nevar Married 2 Merried 1 ☐ Yes 2 No If Yas, Give Specify: AFRICAN b 1 Yes 2 No Baltimore, Maryland 21215-0020 Specify: à 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Hygiene. College (1-4or 5+) NURSING 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) 2 should be fi and Mental H is marked off Be KOBERT Pages 1 and 2 should nent of Health and Men No DANIELS ELIZABETH DANIELS 19a. Informent's Name/Relationship (Type, Print) FRIEND 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Department of Health as Important: If item 27 is any injury or other trait Barbara V. COURT BACTIMORE, MO 2202 1021 FRANKLIN WEBB 20b. Plece of Disposition (Name of 20c. Location - City or Town, State 20a. Method of Disposition 1 Method of Disposition 1 Method of Disposition 3 Removal from State Date cametery, cremetory or other place) 4RBUTUS Donation 5 ☐ Other (Specify) 22. Name and Address of Facility 638 N. G 21. Signature of Funeral Service Licensee ST BACTIMURE MD21217 GILMOR 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Daath **Physician** Immediate Cause (Final disease or condition resulting In death) /Medical 24 hrs failure hepatic Examiner Due to (or as a consequenca of): YLais CITTHOSIS and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initialed events resulting in death) Last Due to (or es a consequence of): years Box 68760 hepatitis Physician/Medical Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was en autopsy performed? Completed peen 1 Yes 2 No 1 Yas 2 No certificate or Attending Physician: 25. Was case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient Certification: To 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Netural 5 Pending invastigation after death. I Director: After din by the fun 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide the Funeral DI the Funeral DI Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) and manner as stated. 29a. Certifier edical (Check only one) 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and mannar stated. within 2 29b. Signature andytitle of cartifier 29c. License number 29d. Data signed (Month, Dey, Year)

State

Registrar

DHMH 16 Rev 6/95

JUN 1 1 1999

MD

30. Name and address of person who complated cause of death (Item 23a) (Type, Print)

Sohn

Taylor A. S.
31. Date filed (Month, Dey, Year)

MO

32. Registrar's Signature

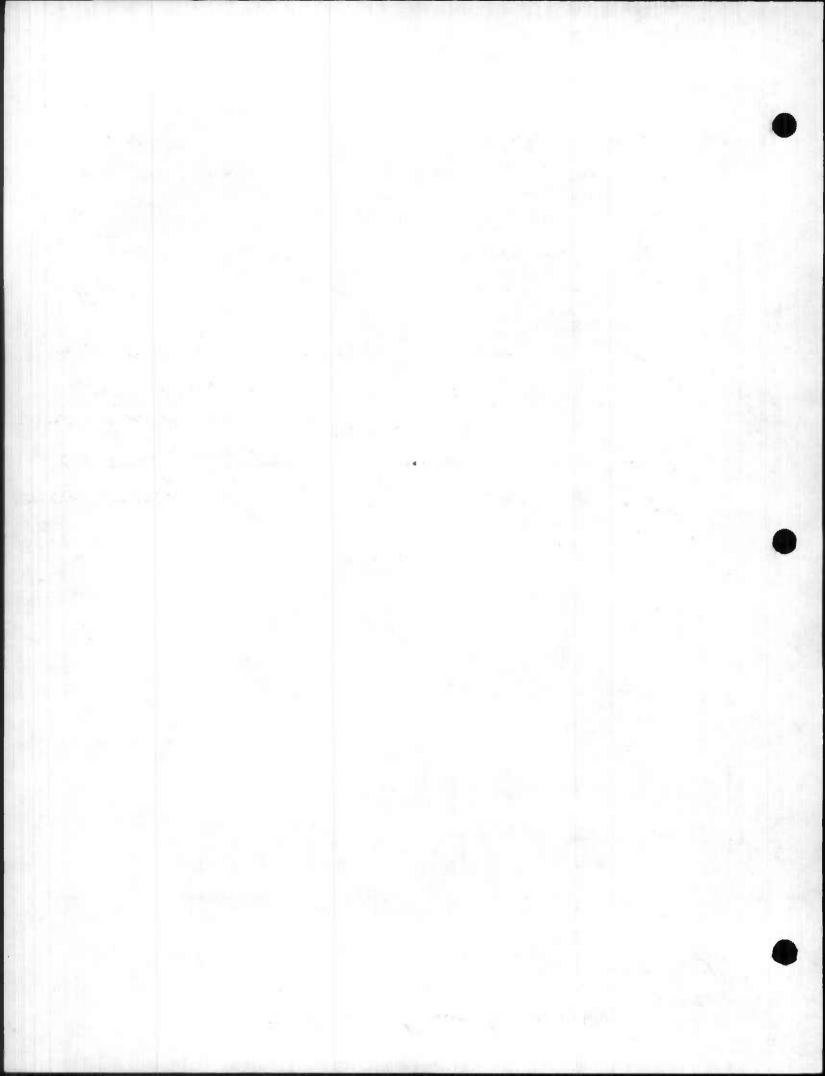
, Johns Hopkins Hospital; 600 N. Walfest Balhmore

RES-000

June

09, 1999

ORIGINAL



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Day Yaar 8, GLADYS DELLA
4a Facility Nama (If not institution, give street end number) JUNE 1999 7:58PM 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE N/A HARBOR HOSPITAL CENTER If Under 24 Hrs. If Under 1 Year 8. Date of Birth (Month, Dey, Year) OCT. 17, 1914 Birthplace (State or Foraign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) Days Hours Min 1□ M 25 F 84 Yrs 214-16-3028 A VIRGINIA Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits BALTIMORE 1 X Yes 2 No MARYLAND N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21213 1308 N. WASHINGTON STREET U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Nevar Married 2 ☐ Married 1 Yes 2 No Specify: SpecifyAFRO-AMERICAN 3 ₩idowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12TH HOUSEWORK DOMESTIC 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumema) LELIA DASWELL JUDGE FOWLKES 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) DOROTHY FOWLKES / DAUGHTER 4111 SHANNON DRIVE BALTO, MD. 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) GARRISON FOREST VETERANS CEM. OWI OWINGS MILLS, MARYLAND 22. Name and Address of Facility CALVIN B. SCRUGGS FUNERAL HOME 21213 1412 E. PRESTON ST. BALTO, MD 23a. Part1. Enter the disease, or complications that causal the shock, or heert failure. List only one ceuse on each ne. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death Immediate Causa (Final diseese or condition resulting in deeth) CARDIAC ARREST

Due to (or as a consequence of): HEART FALLURE Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of seath? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Vinknown (Oyp.) 24b. Were eutopsy findings available prior to 24a. Was an autopsy complation of ceuse of death? 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Rasidence 6 Othar (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 N ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, Stele) 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

requires that the death cartificate be executed

The law hes

or Attending

death. filled in by the

Physician

/Medical

Examiner

Directo

Funeral

þ

Completed

Funeral

Director

il Hygiene. other than "natural", or fleme 23a or 28a-f show vent, the Medical Examination mat be notified at

permit. Peges 1 and 2 should be file Department of Heath and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic event pace.

Physician

/Medical

Examiner

the ettending physician and hed for use es the buriel-trans

signed by to

After this certificate Physician:

within 24 hours e To the Funeral C completely filled

Physician/Medical Examiner

λq

Completed

Be

To

Certification:

edicai

29e. Certifier

29b. Signature g

(Check only one)

with the Marylend

deeth

filed within 72 hours efter

Division of Vital Records, P.O. Box 68760,

State Registrar

2 years 31. Data filed (Month, Dey, Year)

30. Name and address of per

d sitle of certifier

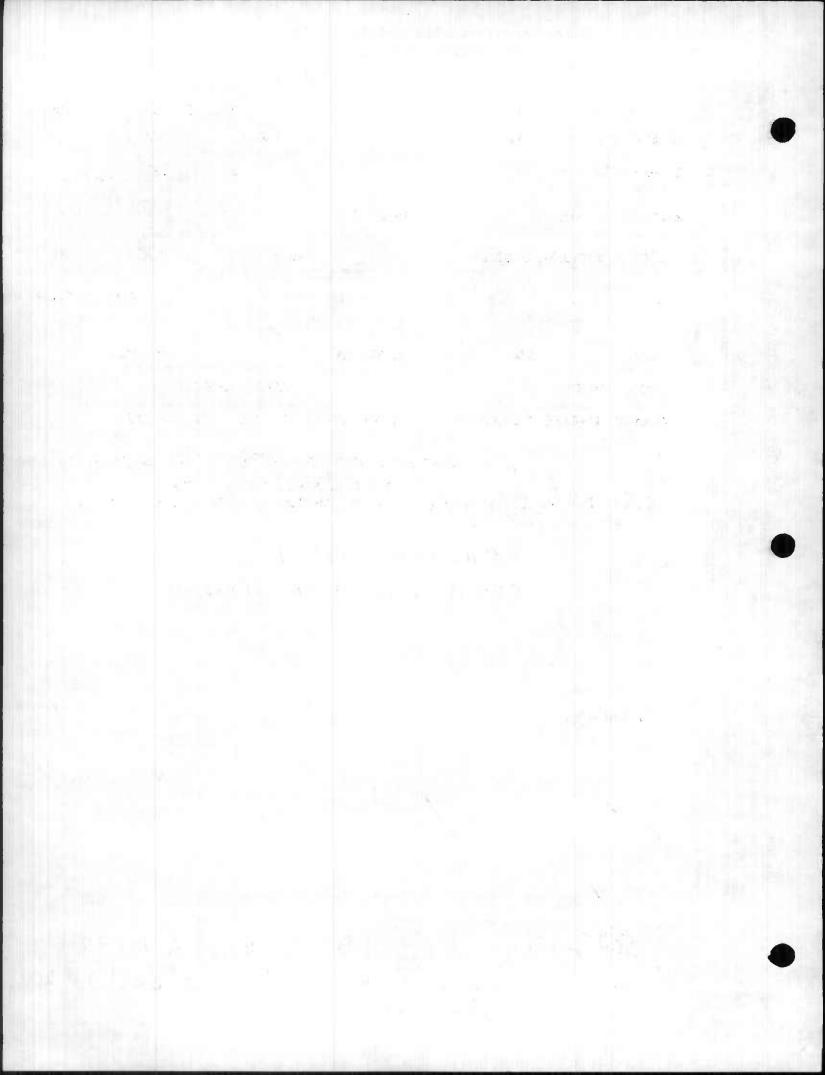
6 32. Registrar's Signature

who completed cause of death (Item 23a) (Type, Print)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and plece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated.

29d. Data signed (Month, Dey, Year)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First Middle, Last) 2. Dete of Deeth Month Day **Physician** Jand 01:15 - 6 6 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Fecility Neme (If not institution, give street end nugroer) Examiner Be Him dre
If Under 24 Hrs. 8. Date of Birth
Hours Min. 06 17 Medical 5. Social Security Nymber ot Marylan Baltindre City (enter Birthplece (State or Foreign Country)
 SC 6. Sex 7. Age (In yrs. last birthday) If Under **Funeral** Months 12 M 20 F Devs 68 247-42-7261 Director Usuel Residenca of Deceden with the Merylend 10c City Town or Location 10d. Inside City Limits 10a State 10b Counts must be notified at 1 □ Yes 2 □ No Director Md N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? USA 21216 1612 North Bentalou Street Funeral death 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 7 is marked other than "natural", or items traumatic event, the Medical Examiner man 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 14. Raca - American Indien, 11. Maritel Status Bleck, White, etc. filed within 72 hours efter of Hygiene. ther than "natural", or iter 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify. Àq 3 □ Widowed 4 □ Divorced Black Year or Dates Completed 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) Lumber Yard Machine Operator 3 Pages 1 end 2 should be filed nent of Heelth end Mentel Hygi Int: If Item 27 Is marked other 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Fether's Neme (First, Middle, Last) Be Susie Mae Hilton Peter Dukes, Sr. 2 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) nt of Heelth e If Item 27 is or other tra 1612 North Bentalou Street, Balto, Md. 21216 Shirley Dukes/Daughter 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 XBuriel 2 Cremetion 3 Removel from State permit. Page Depertment o Important: If i any Injury or 6/11/99 Greeleyville, SC Whack Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility 21. Signeture of Funerel Service Licansee Sterling-Ashton-Schwab Funeral Home, Inc 6 736 Edmondson Avenue, Balto, Md. 21228 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervei Between Onset end Death **Physician** /Medicai Immediate Ceuse (Finel neumonia disease or condition resulting in death) Examiner Due to (or es e consequença of) Examiner Prosta to Carcinoma certificate be executed physician end the burial-trensit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of) Box 68760. Physician/Medical Due to (or es e consequence of): 80 use ò signed by the e P.O. 23b. Did tobacco uea contribute to the cause of death? Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yee 2 No 3 Probably 4 Unknown Records. à 24b. Were eutopsy findings eveilable prior to completion of cause of death? 24a. Was an autopsy Completed peen pege 2 hes 1 Tyes 2 Po No 1 □ Yes 2 □ No certificete Division of Vital Hospital or Attending Physician: director. 25. Wes case referred to medical Be 26. Place of Death (Check only one) Hospitel: 1 | Impatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Yes 2√ No this funeral Dete of Injury (Month, Dey Year) 28c. Injury et Work? 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred Certification: After 5 Pending Injury 1 Naturel efter death. Director: Aft 1 Yes 2 No investigation 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 5 4 Homicide filled in 24 hours e 1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date end pleca, and due to the cause(s) and menner es stated.
2 Medicat Examinar: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) end menner stated. 29e. Certifier Medical completely (Check only To the I within 2 29d. Date signed (Month, Dev. Year) 29b. Signeture end title of certifie 29c. License number ess of person who completed cau e of peeth (Item 23a) (Type, Print) Ichael Bank Ballemore Greens MO 32. Registrar's Signature 31. Dete filed (Month, Dey, Year) State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death June 3, 1999 Mary Elizabeth Daneker 9:30pm 4e Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Box 1100 Gumbottom Road Crownsville Anne Arundel 8. Date of Birth (Month Dey, Year) Feb. II, 1919 If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Sacurity Number 7. Age (In yrs. last birthday) If Under 1 Year Months Days Hours 1 M 20 F 80 Yrs 216-12-6372 West virginia Usual Residence of Decedent 10a. Stata MD 10b. County 10c. City. Town or Location 10d. Inside City Limits Anne Arundel Crownsville 1 Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number Box 1100 Gumbottom Road 21032 USA 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, 11 Marital Status Bleck, White, etc. 1 ☐ Yes 2 ◯XONo If Yes, Giva 1 ☐ Nevar Merried 2 ☐ Married White 1 ☐ Yes 2 ☐ No Specify: Specify: 3 ☐ Widowed 4 1 Divorced Year or Dates 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 12 17. Fethar's Name (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Symame) Albert Earl Irving Edna R. Robinson 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Neme/Reletionship (Type, Print) James Damaron Daneker-Son Box 1107 Gumbottom Road, Crownsville, MD 21032 20b. Place of Disposition (Nama of 20c. Location - City or Town, Stete 20e. Mathod of Disposition ry, crematory or other place) 12 Buriel 2 Cremetion 3 Removel from State Baldwin Memorial Cem. 6/8 Millersville, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Eugeral/Service Licer .22. Name and Address of Fecility Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 23a. Part1. Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each lina. Approximete Intervel Between Onset and Deeth Caucer - siTe unknown Immediate Ceuse (Finel diseesa or condition resulting in daeth) Due to (or as a consequence of): Due to (or es a consequence of): 23b. Did tobacco use contribute to the cause of death?

Physician /Medical Examiner

and

physician

for use as

the signed by t

hes

this

the

The law requires that the deeth certificate be executed

Box 68760

P.O.

Records,

Physician

/Medical

Examiner

Funeral

Director

show

28a-f

must be

natural, or harms 23s or

Hygiene.

permit, Pages 1 and 2 should be fits
Department of Health and Mental Hy,
Importants if New 27 is marked offer,
any Injury or other 1-

altimore, Maryland 21215-0020

Director

Funeral

à

Completed

Be

Sequentially list conditions, if any, leeding to immadiete cause. Entar Underlying Ceuse (Diseese or injury that initieted events resulting in daath) Last

Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown Bread concer à 24b. Ware autopsy findings eveilable prior to completion of cause of death? 24a. Wes en autopsy performed? Completed 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Wes case referred to medical examiner?

1 Yas 2 No Be 26. Placa of Deeth (Check only ona) Hospitat: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 | Nursing Home 5 | Desidence 6 | Other (Specify) 27. Menner of Death 28d. Dascribe how Injury occurred 28a. Deta of Injury (Month, Day Year) 28b. Tima of 28c. fnjury at Work? 1 Maturel 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida 29e. Certifier 1 Destitying Physician: To the best of my knowledge, death occurred at the tima, data and place, end due to tha causa(s) and manner as stated.

Division of Vital or Attending Physician: Certification: To After death. n 24 hours after death.

Ne Funeral Director: A pletely filled in by the fi Medical To the Hosp within 24 ho To the Fune completely f

M- Friend 31. Dete filed (Month, Dey, Year) JUN 1 1 1999 Registrar

29b. Signeture and title of cartifier

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

32. Regio

(Check only one)

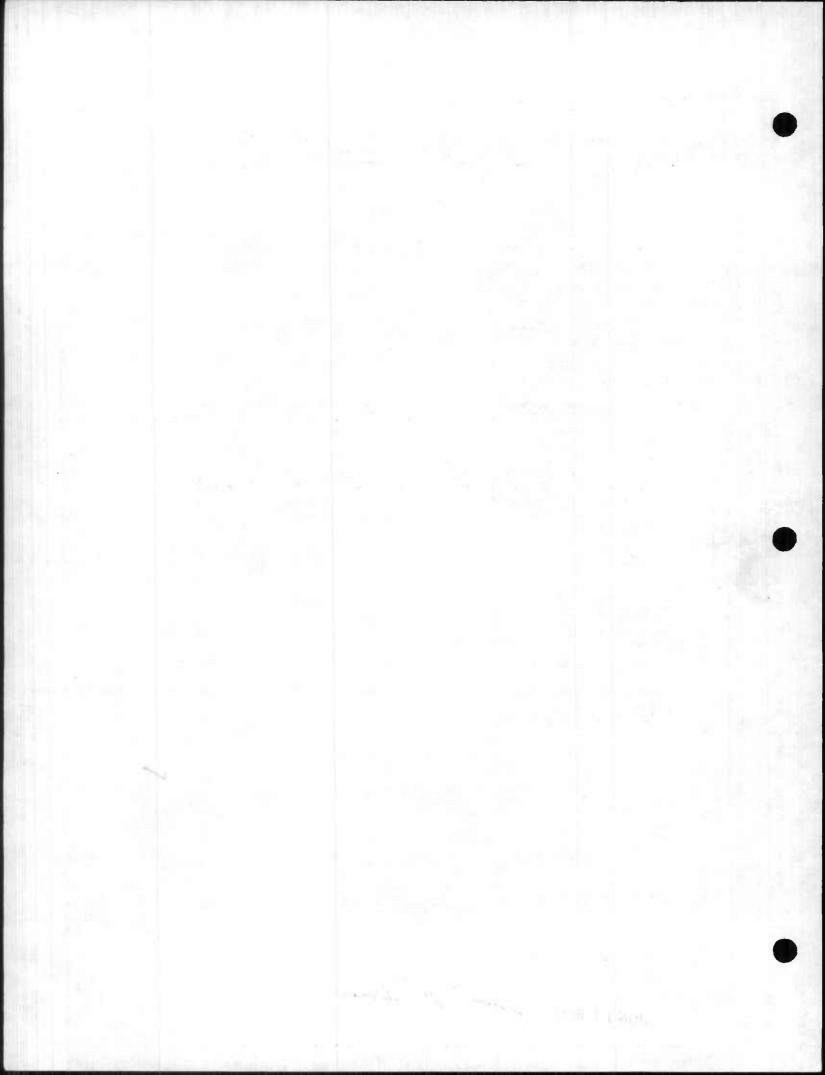
29c. License number

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) and mennar stated.

29d. Date signed (Month, Day, Year)

tody the Annapolis, WA- 21401

20



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent'a Nema (First, Middle, Last) 2. Deta of Death 3. Time of Death Month Dey **Physician** Mary Marie Duncan June 7, 1999 3:15am /Medical 4b. City, Town, or Location of Death 4e Facility Neme (If not institution, giva street and number) 4c. County of Death **Examiner** Anne Arundel Medical Center Annapolis
If Under 1 Yaar | If Under 24 Hrs.
Months Days Houra Min. Anne Arunde1 5. Sociel Security Number 7. Age (In vrs. last birthday) Birthplace (Stete or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** 1 □ M 25 F 74 234-22-4224 Director West Verginia Usuel Rasidance of Dacedant the Merylend 10a. State 10b. County 10c. City. Town or Location 10d. fnsida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at MD Anne Arundel Annapolis 1X Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9 Barbara Dale Lane 21401 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, atc. 72 hours after 1 Yes 2X No If Yes, Give 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2€ No Specify: Specify: White p 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Buainass/Industry I Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Peges 1 end 2 should be filed wh Department of Health end Mentel Hygient Important: if item 27 is marked other tha any injury or other traumatic event, that page. Cashier Retail Food 17. Fether's Nama (First, Middla, Last) 18. Mother's Nema (First, Middle, Maiden Sumama) Be Mary Mayse George W. Duncan 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Kandy Rae Larkin - Daughter 9 Barbara Dale Lane, Annapolis, MD 21401 20b. Plece of Disposition (Nama of cemetery, cremetory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Buriel 2X Cramation 3 Removal from State Metro Crematory 6/8 Baltimore, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funera 22. Name and Address of Facility
Hardesty Funenral Home, P.A. 12 Ridgely Ave. Annapolis, MD of implications thet caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, that only one cause on each lina. Approximete Intarval Between Onsat and Death **Physician** /Medical Immediate Cause (Finel Intaction diseese or condition resulting In deeth) Examiner Dua to (or es e consequence of): Examiner the burial-trensit be executed Sequentially list conditions, if any, leeding to immediate ceuse. Entar Underlying Cause (Diseesa or Injury thef initiated events rasulting in death) Last and Due to (or es a consequence of): physician Box 68760 Physician/Medical Due to (or es e consequença of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert f. P.O. 23b. Did tobacco use contribute to the cause of death? 941 signed by I 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ triknown Mout enoion Division of Vital Records, P 24a. Was an autopsy performed? 24b. Wara autopsy findings evailable prior to Completed peen Shock . Acidosis complation of cause of death? page 2 1 ☐ Yas 2 ☐ No 1 ☐ Yea 2 ☐ No certifical director, 25. Wes case referred to medical examiner? 8 26. Placa of Deeth (Check only ona) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 PInpatient 2 ER/Outpatienf 3 DOA this 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28b. Tima of 28c. injury et Work? 28d. Describe how injury occurred After 5 Pending investigation or Attending n 24 hours after death.

Ne Funeral Director: After pletely filled in by the fun 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 28e. Plece of Injury - At home, farm, street, fectory, office building, atc. (Specify) 4 Homicide the Hospital 1 Cartifying Physician: To the best of my knowledga, daath occurred at tha tima, data end place, end due to the ceusa(s) and manner as stated. Medical 29e. Certifier completely 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and menner steted. (Check only one)

State Registrar

within 2 To the

DHMH 16 Rev 6/95

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

BOKHARI

29b. Signature and title of cartifier

Arundel Registrads Signetur

medical Center, Annapolis mD 21401

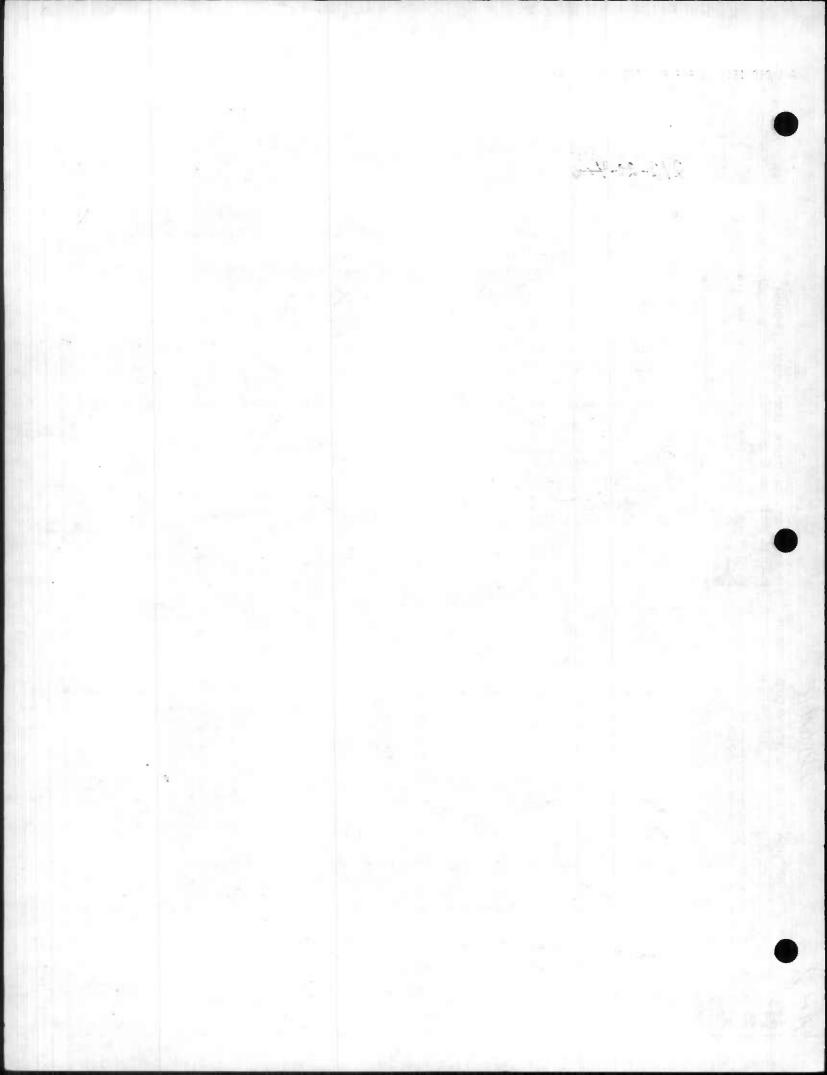
29d. Date signed (Month, Day, Year)

29c. License number

1)-26594

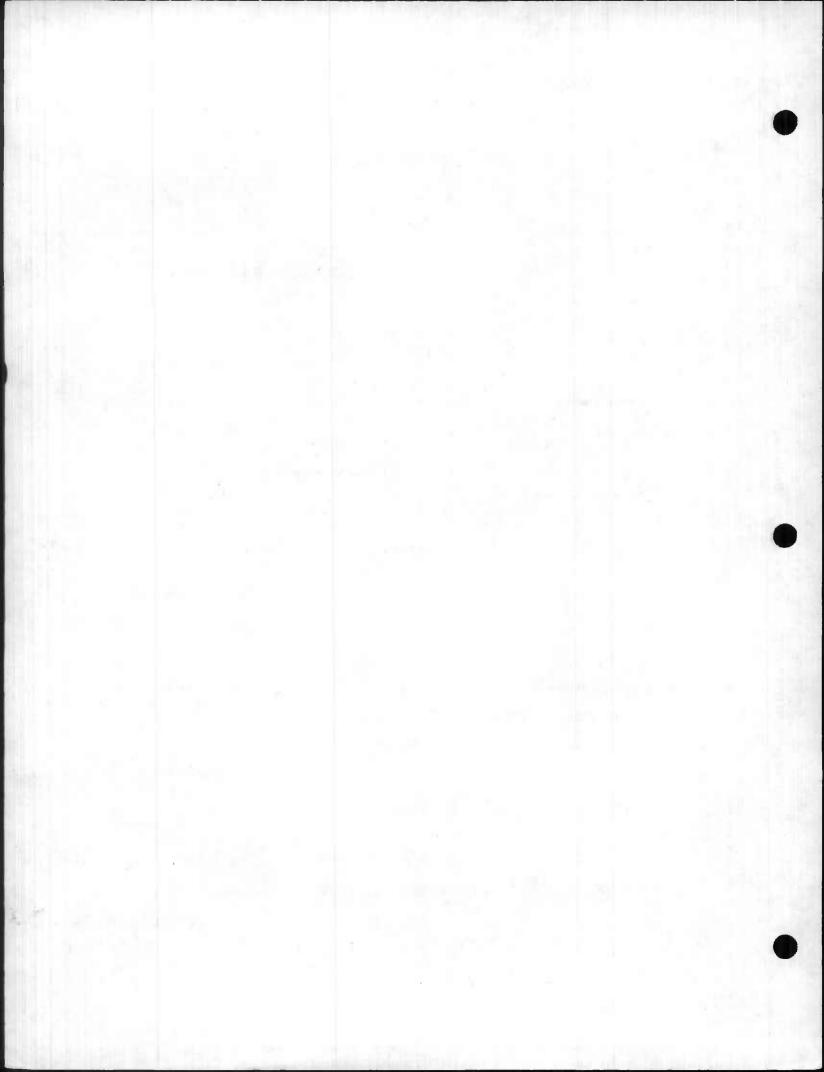
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

AMENDED ITEM #5	PER FH G772 6/25/99 AH	State of Marylan		nt of Health and te of Death		giene 99 Reg. No.	18787	
Physician /Medical	Decedent's Nama (First, Middle, Las	Fe	Fergus			2. Data of Death Month Day Tune 02, 1999 0 2 5		
Examiner Funeral Director	4a Facility Nama (III hot institution, over 1997) 5. Social Security Number 1717 6. Security Number 1	edical G	lest birthday) If Under Yrs. Months	Bald or 1 Year If Under 24 H	rs. 8. Data of Bir. D.F.C. 12	N/		
altimore, Maryland 21215-0020 mit. Pages 1 and 2 ahould be filed within 72 hours efter deeth with the Maryland partment of Health and Mental Hygiens. portant: if item 27 is marked other than "natural", or Hema 23e or 28a-1 ahow y injury or other treumatic event, the Hedical Especial Canada be notified at bas. To Be Completed by Funeral Director	Usual Residence of Decedent 10a. Stata 10b. County MD . N/A		10c. City, Town or Location BALTIMORE			10d. Inside City Limits VY yas 2 □ No		
	10e. Street and Number 2002 BRYANT AVENUE			p Code		10g. Citizen of Wi	nal Country?	
	11. Maritat Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 1 Yes, 2 No If Yes, Give Year or Dates:	.S. 13. Was Deco	dent of Hispanic Origin? ecify Cuban, Mexican, Pu	(Specify Yes or No	U.S. OF A. o- 14. Race - American Indian, Black, Whita, atc. Specify: BLACK		
			(Give kind of w life. DO NOT	ont's Usual Occupation ind of work done during most of working O NOT use retired) CRETARY		16b. Kind of Businass/Industry BAIL BOND		
	17. Father's Nama (First, Middle, Last) JAMES FIELDS			LOUIS	E PITTS	e, Maiden Sumama) S FIELDS		
	19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (S			BRYANT AVE	(ace) Data 20c. Location - City or Tow			
Baltim. permit. Pag Department Important: In	21. Signature of Funeral Service Licens		TTSZATAT 22. Nama a	nd Address of Facility STGWYN PARK HEI	4	AL HOME		
The law requires that the death certificate be executed The law requires that the death certificate be executed The law requires that the death certificate be executed Examine the search of the attending physician and certificate and c	23a. Part 1. Enter the disease, or complications that aused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of each line. Immediate Causa (Final disease or condition resulting in death) Due to (or as a consequence of):							
	Part II. Other significant conditions co	cause given in Part I.	e given in Part I. 23b. Dld tobecco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24a. Was an autopsy 24b. Wara autopsy findings					
						24a. Was an autopsy performed? 24b. Wara autopsy infolings available prior to completion of causa of death?		
Vital Vital Inclan: The contribute median, pa	25. Was case referred to medical axaminer?	lical 26. Place of Death (Check only one)						
7 4 4 E	1 Tyss 2 No 27. Manner of Death 1 (Matural 5 Pending investigation	Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury M 28c. tnjury at Work? 1 Yes 2 No						
3073 O	3 Suicide 6 Could not be detarmined						r or Rural Route Number,	
To the Hospital within 24 hours to the Eureral completely filled Medical C.	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(s) and mannar as stated. 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the tima, data and place, and due to the cause(s) and mannar as stated. 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the tima, data and place, and due to the cause(s) and mannar as stated.							
P OF THE W	29b. Signature and title of certifier	25	29c. License number			29d. Data signed (Month, Day, Year)		
	30. Nama and addrass of person was o	ompleted cause of death (Item	n 23a) (Type, Print)	031993	rh, Ha	ts Au	But Ma	
State Registrar	31. Data filed (Month, Day Year) JUN 11 1999	32. Registrar's Signa	ture packs		1		, , , , , , , , , , , , , , , , , , , ,	



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month June Foldmann, Jr. **Physician** :25 PM -rancis 999 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Hospital Battimore Johns Hopkins NIA If Under 1 Year | If Under 24 Hrs. Months | Days | Hours | Min. 8. Date of Birth (Month, Day, Year) Sept. 28, 1943 5. Social Security Number Birthplace (State or Foreign Country) 6 Sex 7. Age (In yrs. last birthday) **Funeral** Months 1 MM 2□ F Yrs. 212-48-7619 55 Sept. Director Md. Usuet Residence of Decedent death with the Meryland permit. Peges 1 end 2 should be filled within 72 hours efter death with the Merylan Department of Heelth and Meritel Hygiene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, to Medical Examination to hooting all bottes. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 K No Director Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 802 Wellington Rd. 21212 USA Funeral 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 11. Marifat Stetus 1 Never Married 2 Married 1 Yes 2X No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: à 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 12 College (1-4or 5+) Price Analyst Department of Defense 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Feldmann, Sr. M. Shirley Francis J. Herzer 19a. informent's Name/Reletionship (Type, Print)(sister) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Mary Jane Feldmann Cook 8228 Burnley Rd. Towson, Md. 21204 20c. Location - City or Town, State 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Date 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Loudon Park Cemetery 6/14/99 Baltimore, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
Ruck Towson Funeral Home, Inc. 21. Signature of Funeral Service bipens 1050 York Rd. Towson, Md. 21204 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer feiture. List only one ceuse on each line. Approximete Interval Between Onset end Deeth **Physician** am bolus 6044 /Medical Immediate Ceuse (Finel 1 / monary disease or condition resulting in deeth) Examiner Examine sician and burlal-transit Sequentielly list conditions, if eny, teeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or as e consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of): signed by the at d be deteched for Pert ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown rechron doop p 24b. Were eutopsy findings eveilable prior to Completed 24a. Was en autopsy performed? completion of ceuse of death? 1 Tes 2 No 1 Yes 2□ No. or Attending Physician: 25. Was cese referred to medical examiner? edical Certification: To Be 26. Place of Deeth (Check only one) 1 Yes 2 No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Dinpatient 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Dey Year) 27. Menger of Deeth 28d Describe how injury occurred 28h Time of 28c. Injury et Work? After 1 Neturel 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident To the Hospital or Attend within 24 hours after deal To the Funeral Director: 6 Coutd not be determined 3 Suicide 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 | Homicide 112 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es stated.
2 Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner steted. 29a. Certifier completely (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) umm ana 000 RES 1999 30. Name and address of persop-who completed cause of death (Item 23a) (Type, Print) John Hopkus Hosp ummiss 140 pho ang 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture 1999 Registrar



Please Type or Print in Black Indelible ink. Assure Ail Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 99 19799

					(Certifica	ate of	Death		Reg	. No.		01	03
	1. Decedent's Name (Fi	rst, Middle, Las	st)							of Death		Maria	3. Tima	of Death
Physician	112377 d			Finch	am				June	_	1999	Year	1:45	PM
/Medical	4n Facility Name /// not	institution, aive			iani			4b. City, Town	or Location of		4c. County		1.47	111
Examiner Funeral Director	Robosson Constitution Security Number 215-22-9653	Robosson Court Nursing Center 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday				Month	der 1 Year	Randa If Under 24	11stown	1stown Baltimore				
,	Usual Residence of Dec			10- 0	. Town	and anating							0.4 114-	data a t t
of H										1	Od. Insida			
or 28a-f a	Delaware S	ussex		Г	ewes								, X , a	s 2 N
or 2	10e. Street and Number					10f.	Zip Code			100	. Citizen of W	Vhal Coun	try?	
22 2		Pines		19958								S.A.		
natural", or flams 23s or 28s-f show deal Examinar must be notified at sted by Funeral Director	11. Maritat Status 1 Never Married 2 Married 3 Widowed 4 Divorced		12. Was Decedent Ever in U,S. Armed Forces? XXYas 2 No 1946— If Yes, Giva Year or Dates: 1947				cedent of the pecify Cub		? (Specify Yes Puarto Rican, at	or No- c.)				
"natural",	15.	Decedent's Ed			16a. [Decedent's U	sual Occup	pation		16	b. Kind of Bu	siness/Inc	dustry	
or then "naturn r, the Medical Completed	(Specify or	hly highest gra		5.3	1	Give kind of life. DO NO	ind of work done during most of work O NOT use retired)							
Hyglane. ther than and, me the	Elementary/Secondary 8 Years	y (U-12)	College (1-4or		Mechanic						Shell	Stati	ion	
I S S		, Middle, Last)	n		TIOCHAITEC				Nama (First, N	ma (First, Middle, Maide				
2 7 a	Oscar	Oscar Fincham			m			Annie						
le marked of reumatic ave To Be		19a. Informant's Name/Relationship (Type, Print)					nee /Straat			lumbar C	ity or Town	State 7in	Codel	
# C C	Irene A. Fi	ncham (MC 25 Tall Pines Lewes, D					es, DE	19958				
partment of Heapportant: If Ram by Injury or other	1 □ Burial 2 □ Cr	20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)			cemetery	Disposition (I crematory of Wash.	or other pla		Data 6-14-	City or Town, State Maryland				
Depart Import any in	21. Signature of Funeral Service Licensee				22. Name and Address of Facility Loring Byers Fuenral Directors, Inc. 8728 Liberty Road RAndallstwon, MD 21133									
o physician and set the burlat-transit edical Examiner	Sequentially tist condition if any, leading to immed cause. Enter Underlying Cause (Disease or injurthat imitated events	of):												
ettending for use ex		d							23b	. Did tobe	id tobacco use contribute to the cause of deat			
been signed by the should be deteched	Dunigha.	Durighanil Vascular Diserse							1 Yes 2 No			3 Prol	bably 4	J Unkn
9 N Q	Seizure Disorder.							24a.	comc			ere autopsy ailable prio mpletion of death?	r to	
page page										1 🗆 Yas	2. No	10	Yas 2	Z No
certificate rector, page 50	25. Was case referred to	medical						26. Place of	Death (Check	- 11				
his certific il director, To Be			Hospital:	ient 2	FR/Outr	atient 3	DOA Oth				e 6 ∏Oth	ar (Snecif	v)	
octor: After this by the funeral of Ification: T		Pending investigation	28a. Date of Injury (Month, Day Year) 28b. Time of Injury			28c. Inju Wo		28d. Describe how injury occurred						
within 24 hours after deeth. To the Funeral Director: After thi completaly filled in by the funeral Medical Certification: 1	3 ☐ Suicide 6 ſ 4 ☐ Hornicide	Could not be detarmined							281. Location (Street and Number or Rural Route Number, City or Town, State)					
in 24 hours he Funera pletaly fille edical C	29a. Certifier 12 (Check only 2 one)	Certifying Phy Medical Exam	reician: To the best iner: On the basis of and manner s	of axamina	wledge, ition and/	death occurr or investigat	ed at the ti	ma, data and popinion, death	place, and dua to	o tha cau tima, data	se(s) and ma a and place, a	nnar as si and dua to	tated. tha cause	e(s)
To the comp	29b. Signature and title	of certifier					29c. Licens	e number		29d. Data signed (Month, Day, Year)				
11	de	-/-	cere		an.	0	02	908	5	J	une	or .	1999	P
X	30. Name and address of			death (Iter	n 23a) (T	ype, Print)	0 1/) Ce	Unt	Ron	0		2113	3
State Registrar	31. Data filed (Month, Da		32. Regist		5 atura	B.	Som	los co	Unt	Ron	0		2113	1

DHMH 16 Rev 6/95

A 0

colding on the process under

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 3. Time of Death 1. Decedent's Neme (First, Middle, Last) Month 8, 1999 5:35 AM June Ralph Winfred Finney, Sr. 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not Institution, give street and number) 4c. County of Deeth 4409 Belvieu Ave. Baltimore 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dev. Year) 9. Birthplece (State or Foreign Deys 10 M 20 F Months Hours Yrs. 09-13-1921 215-14-0678 Maryland Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No Maryland n/a Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21215 U.S.A. 4409 Belvieu Ave. 12. Was Decedent Ever In U.S. Armed Forces? 12 Armed Forces? 12 Armed Forces? 14 Yes, Give Year or Dates: 1954 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian. Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 No Black Specify: 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Social Security College (1-4or 5+) Elementery/Secondary (0-12) Administration 12 Years 4 Years Administrator 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) James C. Edna L. Waters Finney 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Gertrud E. Finney (Wife) 4409 Belvieu Ave. Baltimore, Maryland 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, State 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 Donetion 5 Other (Specify) MD Veterans Cemetery 6-14-99 Owings Mills, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Loring Byers Funeral Directors, Inc. J. Wayne Osterling8728 Liberty Road Randallstown, Maryland 21133 Approximate List only one cause on each line. Approximate Approximete Intervel Between Onset end Death Immediete Ceuse (Final disease or condition resulting in deeth) 6 month Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 ☐ Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 2 No 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27, Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 28e. Dete of Injury (Month, Day Yeer) 1 DeNatural 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

physician and s tha bunal-transit Division of Vital Records, P.O. Box 68760, the death cartificate be as usa signed by tha a cartificata has b or Attending Physician: this

Examine Physician/Medical by Completed Be To funaral Certification: Aftar aftar death No Funeral Director olataly filled in by th

Physician

/Medical

Examiner

Funeral

Director

r 28a-f show notified at

7 is merked other than "natural", or items 23a or traumatic event, the Medical Examiner must be a

permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mantal Hygiane. Important: If Item 27 is merked other than "natural", or fleme 23, any Injury or other traumatic event, the Madical Examples master.

Physician

/Medical

Examiner

Baltimore, Maryland 21215-0020

Directo

Funeral

þ

Completed

with the Maryland

To the Hosp within 24 hor To the Fune complataly fi

State

edical

30. Name end eddress of person who completed cause of death right 23e) (Type, Print) Of BMC

29c. License number

29d. Date signed (Month, Dey, Year)

p. Charles St. Balts. Md 21208 6701 32. Registrer's Signeture

uno

JUN 1 1 1999 Registrar

4 ☐ Homleide

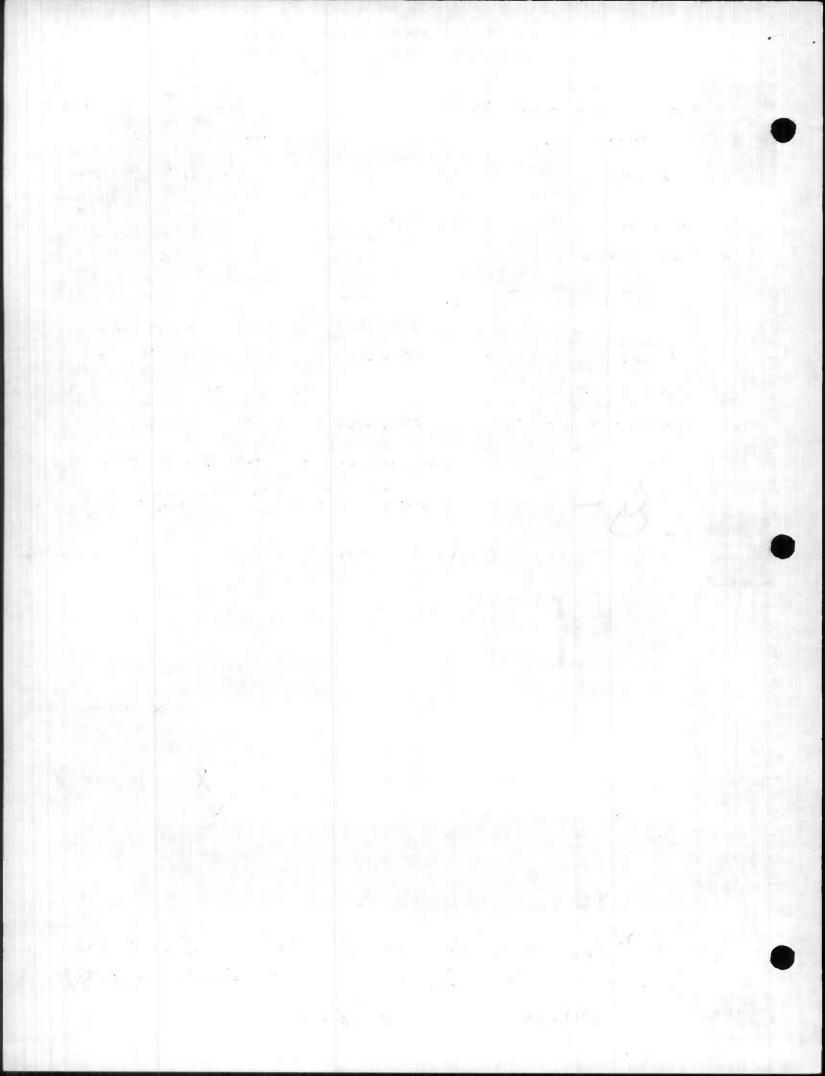
(Check only one)

29b. Signeture and title of pertifier

29a. Certifier

🔀 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and place, end due to the ceuse(s) end manner stated.



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Day Carro June 10, 1999 6:00am 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth St. Agnes Nursing & Rehabilitation Center | E. Ellicott City

If Under 24 Hrs. 8. Dete of Birth
(Month, Dey, Year) Howard 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1⊠M 2□ F Months Days 213-09-6152 Yrs Aug. 22, 1916 Maryland Usual Residence of Decedent 10a. Stete MD 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Baltimore Catonsville 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21228 111 Garden Ridge Road U.S.A. 12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yes ≥ ☐XNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, 11. Maritel Status Black, White, etc. 1 Never Married 2 Married Specify: White 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) Elementary/Secondary (0-12) Funeral Home Maintenance Mechanic 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) Sally A. Lilly Henry J. Gamber 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 6/14/99 Marriottsville, MD Crestlawn 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Witzke Funeral Homes, Inc. 21. Signature of Ednarul Service Lice 1630 Edmondson Avenue, Catonsville, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting in death) 1 year Due to (or as a consequence of): 205 Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or es e consequenca of): 23b. Did tobacco use contribute to the cause of deeth? Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given In Part I. 1 Tes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Wes en eutopsy 1□ Yes 2□No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how injury occurred 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Hatural 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 - Homicide 29a. Certifier (Check only one) 1 Cartifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated.

The law requires that the death certificate be Division of Vital Records, P.O. To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics complately filled in by the funeral director; s

Physician

/Medical

Examiner

Directo

Funeral

by

Completed

Be

Funeral

Director

tha Maryland

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Haalth and Mental Hygiane. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other treumstic evant, the Modical Examinar must be notted.

Physician /Medical

Examiner

attending physician and for usa es the bunel-transit

signed by the a

should

peen page 2 has

certificate

Examiner

an/Medical

þ

Completed

Be

2

Certification:

cai

Baltimore, Maryland 21215-0020

DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Dey, Yeer) JUN 1 1 1999

29b. Signature and title of certifier

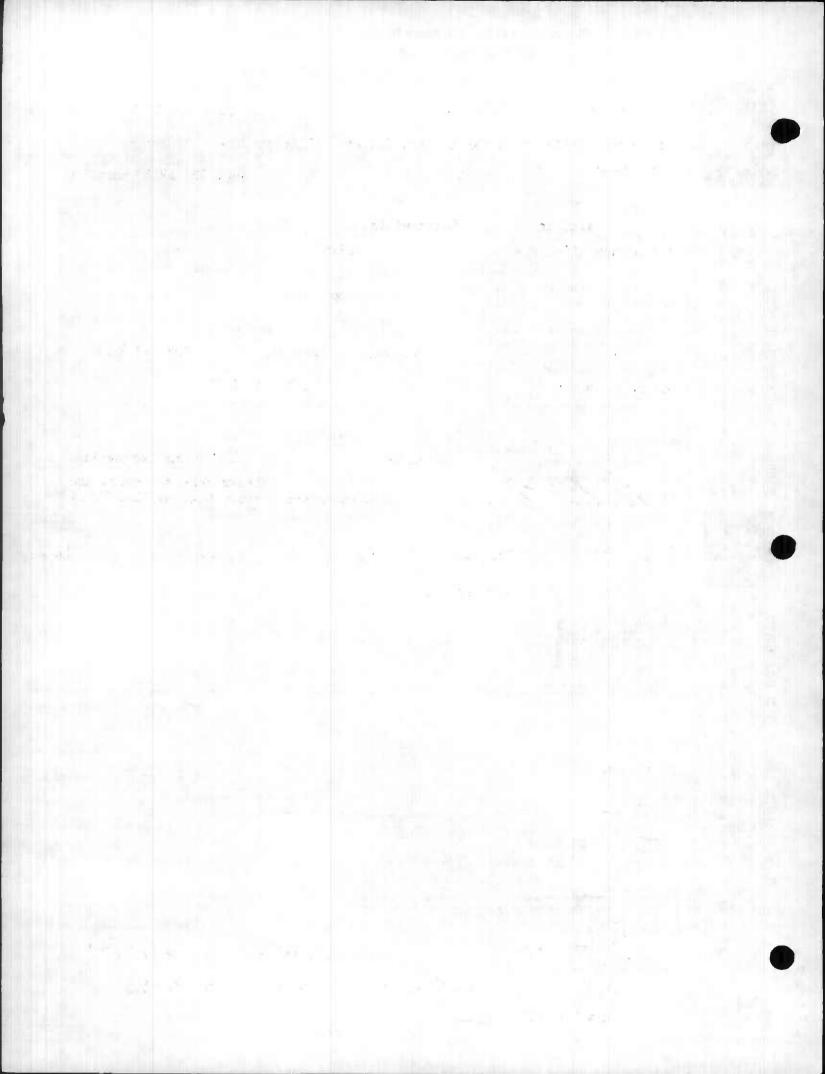
Sandra



30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

29d. Date signed (Month, Dev. Year)

29c. License number



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month (NILLIAM 12:08 PM 999 JUNE 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deat Howard County General Hospital Columbia Howard If Under 1 Year 8. Dete of Birth (Month, Day, Year) June 27, 1934 5. Social Security Number 6 Sex 7. Age (In yrs. last birthday) If Under 24 Hrs. Birthplace (State or Foreign Country) Months Days Hours 1♥M 2□F 64 579-44-6962 Unknown Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Ves 2 No MD Howard Savage 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8536 Storch Wood Drive #1-A 20763 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 1 Never Married 2 Merried 1 Yes 2 No Specify White Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 Unemployed Never Worked 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Unavailable Unavailable 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Betty Balazs/Friend 6301 Forest mill Lane, Laurel, Maryland 20707 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State ¶ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Meadowridge Memorial Prk | 6/14 Elkridge, Maryland 22. Name and Address of Facility 21. Signature of Faneral Service License Fleck Funeral Home, Inc. 23a. Part 1. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximately 1110. Approximately 1110. Approximate Interval Between Onset and Death Immediate Cause (Final Yea disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? Probably 4 Unknown 1 ☐ Yes 2 ☐ No e12vle 24a. Wes an autopsy performed? 24b. Were autopsy lindings evailable prior to completion of cause of death? 1 Yes No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of Injury 28c. Injury at Work? 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 ☐ Could not be 3 Suicide 28l. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, larm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

The lew requires that the death certificate be executed Box 68760. P.O. of Vital Records, Physicien: Division or Attending after deeth. To the Hospital o within 24 hours at To the Funeral Di completaly filled in

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

8

Examiner

Physician/Medicai

Š

Completed

Be

Certification: To

edical

29b. Signature and title of certifie

Name and eddre

page 2 a this certificate hes

funeral

the

filled in by

After

Funeral

Director

with the Meryland

Pages 1 and 2 should be filed within 72 hours after deeth with the Menylan neat of Heelih and Mental Hygiena.
Int: If item 27 is marked other than "natural; or items 23a or 28a-f show with If item 27 is marked other than "natural; or other traumatic event, the Medical Estorics must be notified any or other traumatic event, the Medical Estorics must be notified as

permit. Page Department of Important: if eny injury or page.

Physician /Medical

Examiner

physicien and the buriel-transit

21215-0020

Baitimore, Maryland

State **DHMH 16 Rev 6/95**

Registrar

31. Date filed (Month, Day, Year) 32. Registrar's Signature JUN 11

1999

A

completed ceuse of death (Item 23a) (Type, Print)

O

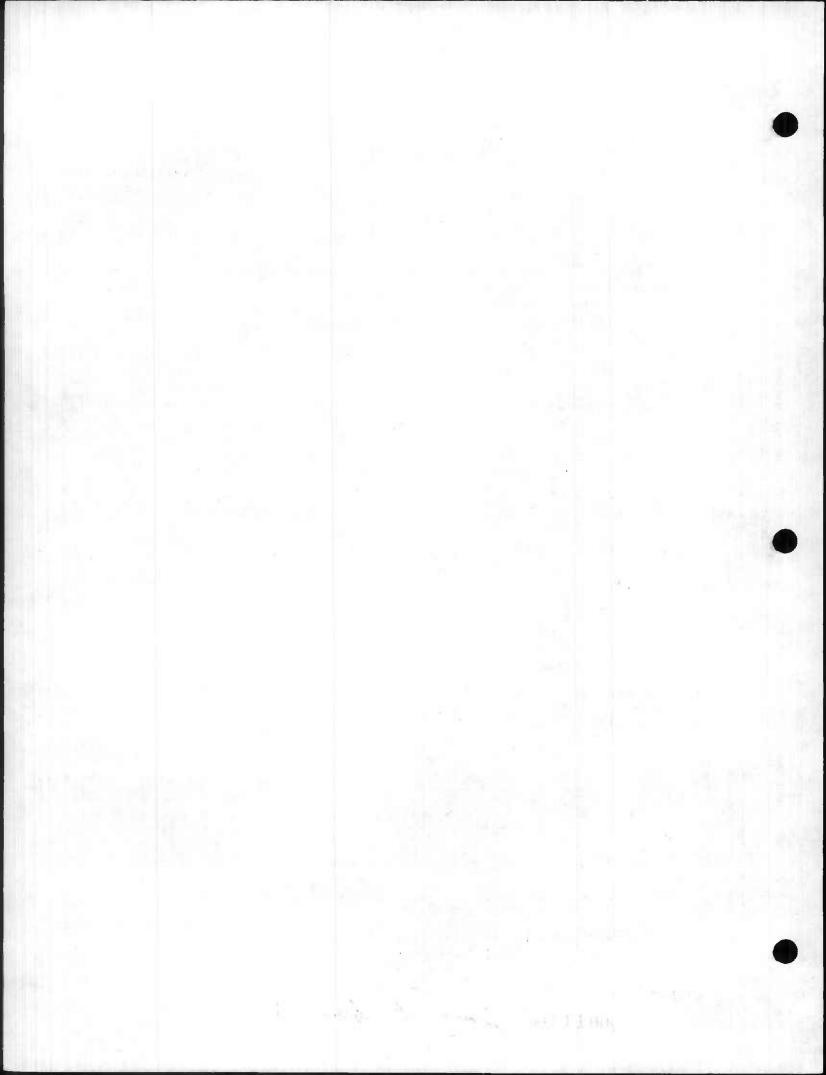
ORIGINAL

29c. License number

KNOLL N.

Coumbio, MO

29d. Date signed (Month, Day, Year)



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) Month G. JUNE : 40 AM fifth 1999 4c. County of Death Samuel 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth Baltimore Hospital Oncology 2 Johns Hopkins If Under 1 Year | If Under 24 Hrs. 6. Sex 1 ☑ M 2 ☐ F 8. Date of Birth (Month, Dey, Year) 01-14-1921 5. Social Security Number 7. Age (In yrs. last birthday) Birthpiece (Stete or Foreign Country) Hours Months Deys Min Yrs. 78 Evanstown, PA 191-01-5193 Usual Rasidence of Deceden 10e, Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2☐ No PA Westmoreland Luxor 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street end Numbe 128 Old School Road. 15662 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Detes: 14. Rece - American Indien Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritai Stetus Bleck, White, etc. White 1 Never Merried 2K Married 1 Yes 2 No Specify 3 ☐ Widowed 4 ☐ Divorced 16a. Dacedent's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elamantary/Secondary (0-12) College (1-4or 5+) Dept, of Defense Quality Control 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Elvin McMahon Samuel G. Godfrey, Sr. 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) 128 Old School Rd. Luxor, PA 15662 Elizabeth Godfrey- Wife 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetlon 5 ☐ Other (Specify) 6/9/99 Greensburg, PA Greensburg Catholic 21. Signeture of Funeral Servica Licensee Sterling Ashton-Schwab Funeral Home Inc. mask. Marsh 736 Edmondson Ave. Catonsville, Md 21228 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or haart failure. List only one cause on each line. Approximete Intervel Between Onsat end Death Immediate Ceuse (Finel diseasa or condition resulting in death) 6 hours bua to (or as e consequance of): Sequentielly list conditions, if eny, laeding to immadiata causa. Entar Undarlying Ceuse (Diseese or Injury thet initioted events resulting in daath) Last Myelod lustic 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No No 3 Probably 4 Unknown 24b. Wera autopsy findings evailable prior to 24a. Wes en eutopsy performad? completion of cause of death? 1 ☐ Yes 2 ☑ No 1 Yes 2 No 25. Wes case referred to medical axaminar? 26. Plece of Deeth (Check only one) Hospital: 1 M Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 28e. Dete of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 27. Manner of Daeth 28c. Injury at Work? 1 XNaturel 5 Panding 1 ☐ Yas 2 ☐ No investigation 2 Accident 6 Could not be 3 ☐ Suicide 28e. Plece of Injury - At home, farm, streat, factory, office building, atc. (Specify) 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end pieca, end due to the ceuse(s) end mannar es stated.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end pieca, and due to the ceuse(s) and menner stated. 29a. Certifier (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of cartifier 29c. License number

ettending physician end for use es the buriel-transit death certificate be executed Box 68760 signed by the e Division of Vital Records, been s The law page 2 certificate has Physician: this funeral : After t To the Hospital or Attending i within 24 hours after death. To the Funeral Director: After filled in by completely

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

hours efter

e filed within 7 Il Hygiene. other than "n

2 should be and Mental I is marked or

permit. Pages 1 and 2 st Department of Health and Important: If Item 27 Ie m any Injury or other traun 2002e.

Physician

/Medical

Examiner

Examin

Physician/Medical

by

Completed

Be

2

Certification:

edical

Direct

Funeral

by

Completed

State
Registrar

DHMH 16 Rev 6/95

31. Dete filed (Month, Day, Yaar)

JUN 1 1 1999

Ella Guran

EUA EVRON

32. Registrer's Signature

MID

30. Nama and addrass of person who completed cause of death (Item 23a) (Type, Print)

B. Sparks

00054145

JUNE

Sixth

Baltimore

Johns Hopkins ancology center GOON wolfe st.

SHORT CONTROL OF STREET

A Partie Constitution of the Constitution of t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent'a Neme (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Anna Gagliardi 9 1999 June 12:30 A.M. /Medical 4a Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Glen Burnie Millennium Health & Rehabilitation Center Anne Arundel If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year)
June 21, 1929 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country)
 Maryland **Funeral** 1□M 219 F Months Days Hours 215 24 6730 69 Director Usual Rasidance of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ahow Maryland Anne Arundel Baltimore 1 Yas 2 No Director 28s-f 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 'natural', or itsms 23s or 5818 Redmond Street 21225 U.S. Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 ☐ Yas 2 🛣 No If Yas, Give Year or Datas: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3X Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 9th College (1-4or 5+) Top Secret Westinghouse 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be nent of Health and Mental is marked Bertha Apple Arthur R. Tilghman 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health: Important: If Item 27 is any injury or other tra gross. Daughter Janice Henson 462 Seward Avenue Baltimore, Maryland 21225 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 Burial 2 □ Cremation 3 □ Ramoval from State Glen Haven Memorial Park 6/12/99 Glen Burnie, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funaral Service Licensee 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 rominou Part1. Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heer failure. List only one cause on each line. Approximate Intervat Between Onset and Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Examiner sician and burial-transit Sequantially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) The lew requires that the death certificate be execu P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Ø Unknown - OF NEMALIZED ARTER OSCIGNOSTI ate hes been signed page 2 should be de Records, þ 24b. Were eutopsy tindings available prior to Be Completed 24a. Was an eutopsy completion of ceuse of death? 2 0 No 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: director. 25. Was case referred to medicet 26. Place of Deeth (Check only one) Other: 4 Sunursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 25 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After 1 Natural 5 Pending To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A 1 Yas 2 No invastigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) completely filled in by

State Registrar

DHMH 16 Rev 6/95

31. Date filed (Month, Day, Year)

4 Homicide

(Check only one)

29b. Signature and title of certifier

29a. Certifier

edical

REIDENH.D 7445 32. Registrar's Signature

H.D

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

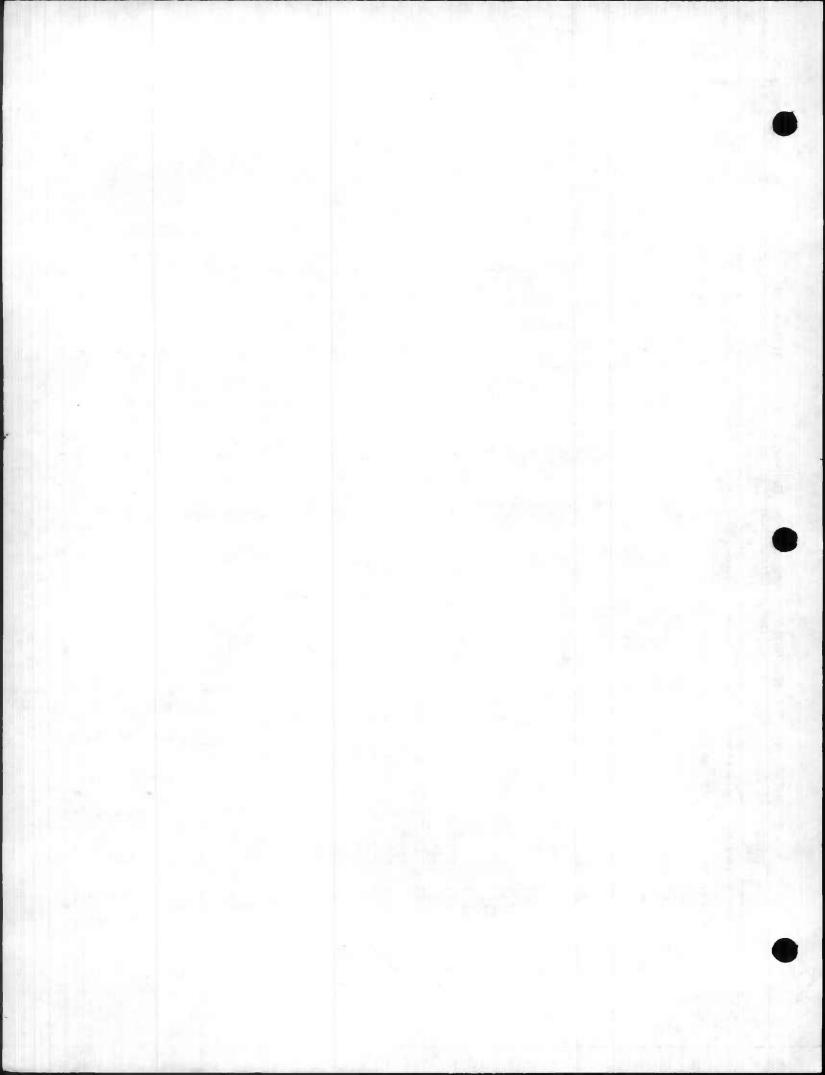
29d. Date signed (Month, Day, Year)

FURNACE BRANCH Rd Glen Burnie Md 21060

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the bests of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

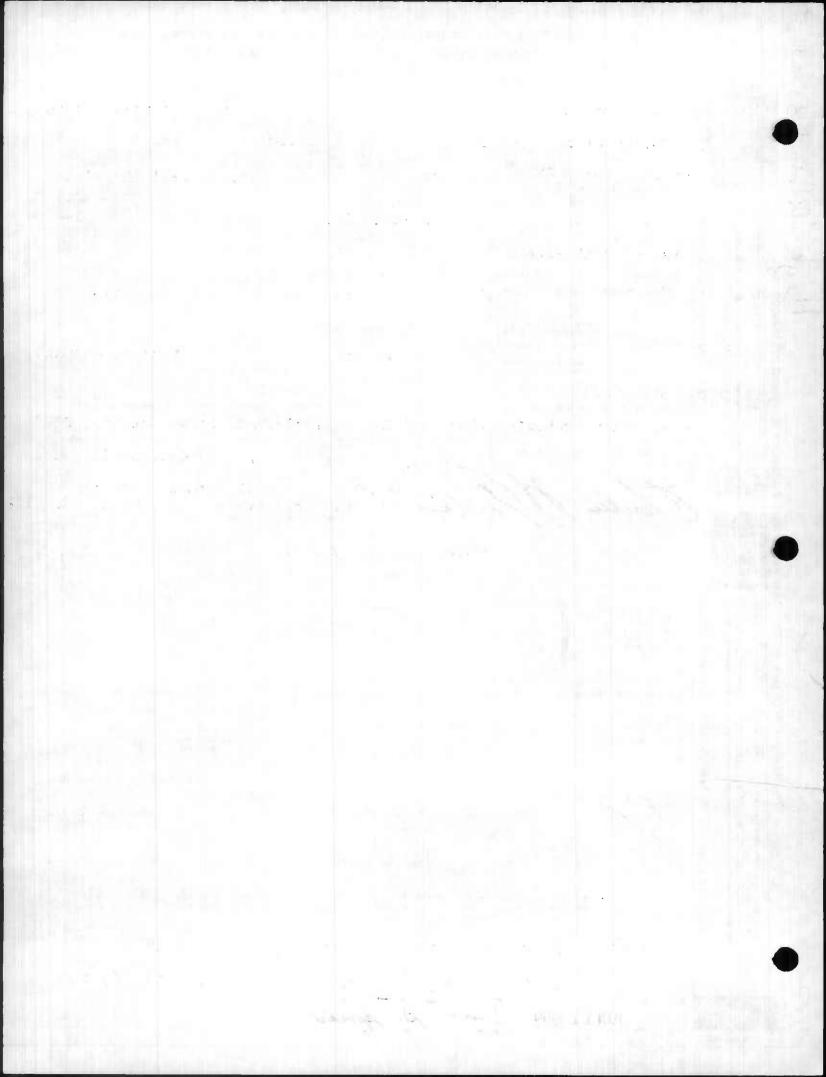


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9 18795

						Ce	rtificat	e of	Death		1	Reg. No.	2	0150	
Dhuelelen	_	. Decedent's Name (First,	Middle, Li	nst)		THE STATE OF		- 11			2. Date of Dec	ath Dev	Year	3. Time of Death	
Physician /Medical		FRANCES A GERHARDT				-					JUNE 8 199			3:41 8	
Examiner	4	a Facility Neme (If not ins	titution, gi	ve street and num	ber)				4b. City, Town	n, or Lo	cation of Death	4c. Cou	inty of Death		
	Н	HAR	BOL H	+OSPITAL	CENTER	2			BALT	IMO	NE		N/A		
Funeral	5	. Social Security Number	6.	Sex	7. Age (In yrs.	last birthdey)	If Unde	r 1 Year Deys	If Under 24 Hours	4 Hrs. Min.	8. Date of Birt (Month, Da)	h v, Year)	9. Birthp	place (State or Fore	
Director		215 30 230	1	1□M 2⊠F	65	Yrs.		,-			March		4 Ma	ryland	
	-	Jsuai Residence of Decede	-		10- 0									0.11.11.00.11	
a or 28a-f show the notified at	10a. Stete 10b. County 10c. City, Town or Location Maryland Anne Arundel Glen Burnie									0d. Inside City Lim 1 ☐ Yes 2 🔯 I					
28a-f notifie		Maryland A	Arundel	G.	len Bui	rnie									
or 2	1	0e. Street and Number		10f. Zip Code				10g. Citizen of What (ntry?				
23a		314 Phelps	Aven	ue			21060						.S.		
ritems 23a or 28a-1 enforcement to the contract of the contrac	1	1. Maritai Status	12. Was Dece Armed For	ces?	,S. 13.	Was Dece If Yes, spe	dent of h	Ilspanic Origi en, Mexican,	in? (Spe Puerto I	cify Yes or No- Rican, etc.)		Raca - Americ Black, White,			
0 24		1 Never Married 2 3 Widowed 4 Div	It Yes, Give	1 ☐ Yes 2 XNo It Yes, Give 1 ☐ Year or Dates:			1 ☐ Yes 2 XNo Specify:				Spe	ocity: W	hite		
ygiene. ygiene. t, the Medical Examine Completed by Ful		15. Dec	ducetion	ucetion 16a, Dece			ecedent's Usual Occupation				16b. Kind o	dustry			
	-	(Specify only Elementary/Secondary (0		de completed) (Give life. I			kind of work done during most of working DO NOT use retired)								
other than vent, the Me		12th	12) College (1-401 54)			Reconcile Clerk					Federal			1 Reserved Ba	
d other		7. Father's Name (First, M)						s Name	me (First, Middle, Maiden Surneme)					
marked o		Frank Grodzicki				i				Gr	ace C.	Kimba.	11		
3305		19a. Intormant's Name/Rel	nt's Name/Relationship (Type, Print) 19b. Mailing Ad					Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Health ar em 27 is other trau		Daniel Gerh	/ Husba	nd	314	Phel	s Av	venue	G	len Bu	rnie,	Maryland 21060			
of Health item 27 r other t	2	0a. Method of Disposition			20b. I	Place of Dispo	sition (Na	me of	cel		Date	20c. Location	on - City or To	own, State	
Department of important: If any injury or poce.		1 XBuriai 2 ☐ Creme 4 ☐ Donation 5 ☐ Ott				ar Hill Cemetery			6	/11/99	Baltimore, Maryla				
Departmentimportant:	2	21. Signature of Funeral Se			_				ess of Facility						
Depa impo any ir		Ruhard E. Davis 4001 Ritchie H									Gonce I y Balt				
12.00	1	23a. Part1. Enter the disea shock, or heart failure	se, or con	nplications that ca	used the deal	th. Do not en	ler the mo	de ot dyi	ng, such es ca	ardiac o	r respiratory e	rrest,	1	Approximate Intervel Between	
hysician													Onset and Death		
/Medical Examiner	- 0	mmediate Cause (Final disease or condition		A	DULT R	ESPIRATO	AY D	STAE	ESS SY	NDLO	ME			2 DAYS	
		resulting in death)		a.		or es e conse								•	
i i				h (APILLAR	Y LEAN	4 DY	IDRO	ME					DAYS	
in end ial-transit Examiner	Sequentially list conditions, Due to (or as a consequence of):														
sian curial		Sequentially list conditions f any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury hat initiated events		HYPOALBO	MINEM	iA							WEEKS		
physicials the burner of the b	1	hat initiated events esulting in death) Lest		0.	Due to (or es a consequence of):										
ding physicia se as the bur Medical			L	MALNUTRITION									WEEKS		
e attendi			10	- 0.											
signed by the attending physician end dbe deteched for use as the bunal-transit by Physician/Medical Examir	P	art II. Other eignificant co	gnificant conditions contributing to death but not resulting in the underlying cause given in Part I.						23b. Did tobacco use contributa to the cause of de						
by the		END STAGE RENAL DISEASE						1 Yee 2 No					io 3 Pro	3 Probably 4 Unknown	
	-	END SHACE ICENAL DISEASE							_						
been sign should be		CHA	CHAONIC PANCLEATITIS						performed? evelleble pri			ere eutopsy tinding elleble prior to			
2 2 5	-		DNIC	PAN OCEH I	1112					ponomica			of	mpletion of ceuse death?	
is certificate had director, pege		02	Lieus.	MAL WAS	WAR D	is mise					10	Yes 2 N	0 11	□Yes 2□ No	
certificate rector, peg	2	5. Was cese referred to m		1040	/ COLL O	I)EHJU			26. Plece of	of Death	(Check only o	one)			
this certific ral director, To Be		examiner?		Hospital:	petient 2	ER/Outpatie	nt 3 D	OA Ot	her: 4 Nurs	sing Hor	me 5 Resi	dence 6 🗆	Other (Special	(y)	
erthis neral di		7. Manner of Death		28a. Date of	t Injury	28b. Time o	f	28c. Inju	ry at	:	28d. Describe	how injury oc	curred		
ath.			Pending nvestigation		(Month, Dey Year) injury Work? 1 ☐ Yes 2 ☐ No 28e. Place of Injury - At home, farm, street, factory, office										
or death. ector: Afte by the fune iffication			Could not bettermined	28e. Place						28f. Location (um <i>ber</i> or Rum	al Route Number,		
rs effer death. al Director: After to led in by the funeral Certification:		- CHOMICIO		Duildir	g, etc. (Speci	77					0.17 01 701	orano,			
within 24 hours eiter death. To the Funeral Director: After thi completely filled in by the funeral Medical Certification: 7		(Check only 2 Me	rtifying Pi	hyaiclen: To the miner: On the ba	sis of examina	owledge, deat	h occurred	at the ti	me, date and opinion, death	place, o	end due to the ed at the time,	ceuse(s) and date and pla	I manner es s	stated. o the cause(s)	
thin 2 mplet		one)		and mann					1911						
To con	2	9b. Signature and title of o	ertifier	1			29	c. Licen:	se number			290. Date si	gned (Month,	Day, Year)	
		Beuro 1	noto	mle m				D29	1296			JUNI	€ 8,1	999	
	3	0. Name and address of po	erson who	completed cause	ot death (Iter	m 23e) (Type,	Print)								
		GENLAND	ML	owner		901	E	AST	FOUT	AU	ENUE	BAL	SMORE	MD 212	
State	3	1. Dete filed (Month, Dey,		1000 32. Re	gishar's Sign		4	1	4						
		III I A	7 7	MAN F	1711-11Apr	~ /	7	4 .							

Annes the S such Market High Parkette Military to record left the property of the property of



Please Type or Print in Black indelible ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 07 ITEM: #26 PER MD G772 6-11-99WR. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** OSEN /Medical 4b. City, Town, or Location of Deeth 4a Fecility Neme (If not institution, give street end number) 4c. County of Death Examiner Frank ford Battmore If Under 24 Hrs. 8. De 5500 Avenue NA If Under 1 Year Birthplace (State or Foreign Country) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** Months Days Hours Min. 100M 20 F Yrs. 42-36-2696 Director Usuel Residence of Decedent 10c. City, Town or Location 10a. Stete 10b. County 10d. Inside City Limits 28a-f show Md Baltimore 1 □Yes 2 □ No NA Director 10f. Zip Code 10g. Citizen of What Country? 10e Street and Number 9 Street 5.A 21218 4 natural', or Itema 23a Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U.S. Armed Forces? 11 Marital Status 1 X Yes 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried 1□ Yes 21 No Specify: adl P 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry the Medical ifiled within 7 I Hygiene. other then "r Corp Manekin Elementery/Secondery (0-12) College (1-4or 5+) FICE 2th grade is marked other 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Health end Mental Jennett Frank Lewis Hargrave 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2/20 0 19e. Intorment's Neme/Reletionship (Type, Print) permit. Pages 1 and 2.
Department of Health elimportant: if item 27 is any injury or other traited. Frank Ba Himore, me 5500 Avenue - Daughter Panette rosier 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Date 20c. Location - City or Town, Stete 1 Surial 2 Cremetion 3 Removel from State
Contaction 5 Other (Specify) Forest et -99 21. Signeture of Funerel Service Licenses Name end Address of Facility F, H. C Sime Avenue 300 140 Wapasi Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediate Gause (Finel disease or condition resulting in deeth) /Medical 98 Pancreatic Cancer Examiner Examiner physicien end the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or es a consequence of): Physician/Medical Due to (or es e consequence of): signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No þ 24b. Were autopsy tindings eveilable prior to 24a. Was en eutopsy performed? Completed completion of cause of death? Hospital or Attending Physician: The I 24 hours after death.
 Funeral Director: After this certificate his letely filled in by the funerel director, page 1 ☐ Yes 2 No 1 ☐ Yes 2 No 25. Wes case reterred to medical examiner? Be 26. Place of Deeth (Check only one) DAUGHTER'S Other: 4 Nursing Home 5 Nesidence 6XNOther (Specify) HOUSE 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28d. Describe how injury occurred 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28h Time of 28c. Injury at Work? 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

lew requires that the death certificate be executed Box 68760 P.O. Records, Division of Vital

72 hours after

Pages 1 and 2 should be

Baltimore, Maryland 21215-0020

Medical To the Fune completely fi To the I State

Registrar

29b. Signature end title of certifie

29c. License number D-50917

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end manner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) end menner stated. 29d. Date signed (Month, Dey, Year) 99

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

BALTIMORE, MD RnN3W62 SOUTH GREENE ST.

31. Date filed (Month, Dey, Year) JUN 1 1 1999

4 Homicide

(Check only one)

29e. Certifier

32. Registrer's Signeture

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dev Month **Physician** HARDY HARL UTTE MAY 1999 /Medical 4b, City, Town, or Location of Deeth acility Neme (If not institution, give street end number, 4c. County of Deeth Examiner Haplans Dospita If Under 1 Year al Security Number (In vrs. lest birthday) 9. Birthplace (State or Foreign 6. Sex **Funeral** Deys Hours 10 M 20 F Months Director the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Magical Examiner must be notified at 1 Pres 2 □ No Director 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with Funeral death Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, 12. Was Decedent Ever in U.S. 11. Meritel Stetus Black White etc. permit. Peges 1 and 2 should be filled within 72 hours efter of Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or item 1 ☐ Yes 2 PNo 1 Never Married 2 Merried 1□ Yes 2₽No Baltimore, Maryland 21215-0020 Specify: þ 3 Widowed 4 □ Divorced Year or Dates: Leck Hygiene. other than "natural", Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry ACLIT Elementary/Secondary (0-12) College (1-4or 5+) 18. Mother's Neme (First, Middle, Meiden Surneme, 17-Kather's Neme (First, Middle, Last) Be rola Treeme 6) wes Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) other 1 20b. Place of Disposition (Name of cametery, crematory or other p 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 Cremation 3 ☐Removel from State Injury or 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee services iny ICSG N. Brackuray Balto. Management of disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest feiture. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final day disease or condition resulting in death) Examiner Due to (or es e consequenca of): Examiner CIrrhosis physicien end s the bunel-tren Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of) certificate be exer 20 Years Division of Vital Records, P.O. Box 68760, alcoholism Physician/Medical Due to (or as e consequence of). 88 USB Po Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? the signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peen has page 2 1 ☐ Yes 2 ☐ No 1 Yes 2 No certificete funeral director, 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 2 ER/Outpetient 3 DOA 1 Inpatient this 27. Menner of Deeth 28d. Describe how Injury occurred 28e. Dete of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: 5 Pending investigation Attending 1 Hatural 1 Yes 2 No deeth. 2 Accident ofter deeth Director: 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 | Homicide ŏ Hospital 24 hours e 29a. Certifier 1 🖯 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner as steted. Medical (Check only one) 2 Medical Examinar: On the basis of examinetion end/or Investigetion, In my opinion, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end manner stated. within 2 the 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 0 NE3000 1999 MU MAY dummer

Street

Walt

Baltimore

Maryland

State · Registrar

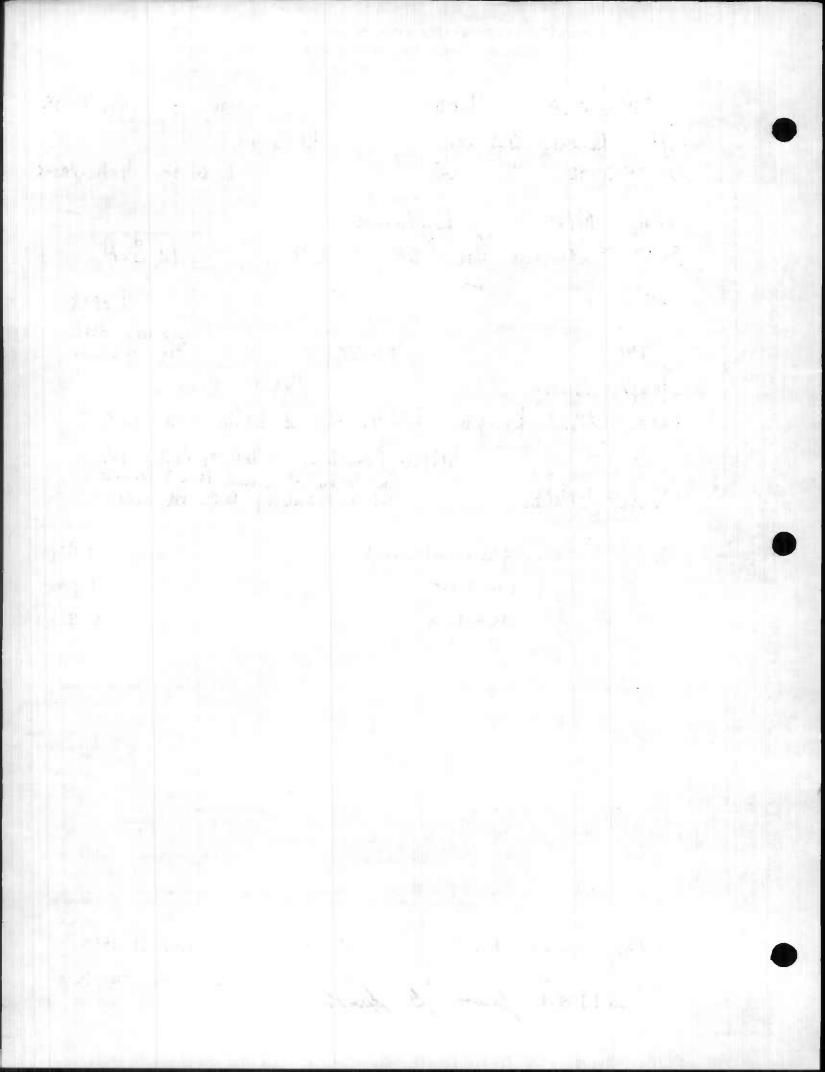
Ross

31. Dete filed Mary, Dly, Tea 1999

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

600

Summer



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

rtment of Health and Mental Hy	ygiene	G	R	7	9	(
tificate of Dooth	and and	2	U	1	M.	e
tificate of Death	Reg. No.					

OTT Hawkin	5		Certific	ate of Death		Reg. No.	10123					
	1. Decedent's Neme (First, Middle, L	ast)	1000	11 9 17	2. Dete of De Month		3. Time of Death					
Physicia /Medica	3// 0 / /	WARR	EN H	AWKINS		09, 1999	11:12 A.M					
Examine	de Casility Name // not institution of				n, or Location of Deat	4c. County of						
	University of M	laryland, Shock	Trauma	Balti		N/A						
Funeral Director	5. Social Security Number 6. 313 - 80 - 7067	Sex 7. Age (In yrs. 1) M 2□ F	Hast birthday) If U Mon	nder 1 Year If Under 24 ths Days Hours	Hrs. 8. Date of Bir (Month, Da MARCH	th ly, Year) 27, 1966	Birthplace (Stele or Foreign Country) MARVLAND					
pu .	Usuel Residence of Decedent 10a. State 10b. County	10c C	ty, Town or Location			/	10d. Inside City Limits					
with the Maryland a or 28a-f ahow be notified at	& MARYLAND A	1A	BA	LTIMORE	= CITY		1 No Yes 2 No					
with a	10a. St/eet and Number	In STREET	101	Zip Code	20	10g. Citizen of Who						
death w	11. Maritel Status	12. Wes Decedent Ever in U	IS 13 Wes D	acedent of Hispanic Origin	n? (Specify Yes or No	U.S.	American Indian,					
hours after dea	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces?		scedent of Hispanic Origins specify Cuban, Mexican, I as 2 No Specify:	Puerto Rican, etc.)	Specify:	White, etc.					
215-0020 thin 72 hours al e. en "natural", or		Education	16a. Decedent's	Isual Occupation		16b. Kind of Busin	ness/Industry					
215	15. Decedent's (Specify only highest g	College (1-4or 5+)	life. DO NO	work done during most of Tuse retired)								
212 od within glene. or then	12 THGRADE	2 yrs	TRU	ICK DRI	VER	U.S. Pos	STAL SERVICE					
nd 2	17. Fether's Neme (First, Middle, Las	11)		18. Mother's	s Name (First, Middle		11					
Maryland 42 should be flich h and Mentel Hy 7 is marked oth traumatic avant	WARREN	<i>F</i>	KHODE.	5 CYN	ITHIA		HAWKINS					
and and and and and and and and and and	19e. Informent's Neme/Reletionship	(Type, Print)		ress (Street and Number	or Rural Route Numb	er, City or Town, St	ete, Zip Code)					
4 2 2 2	LYD (A HAWK 20a. Method of Disposition		Hace of Disposition cemetery, cremetory	Name of	TREET BA	PLTIMORE, 20c. Location - Cit	MD. 21229 ty or Town, State					
Saltimore emit. Pages 1 t Pepartment of He mportant: If Itam ny Injury or othe	1 Burial 2 Cremetion 3 4 Donation 5 Other (Spec	LI Removal from State	ETON OPE	MATRON	106-15-99	BALTIMO	DRE, MARYLAND					
Baitim	21. Signiflure of Flyneral Service Da		22. Nam	e and Address of Facility		EUAL	RAL HOME RE, HO. 21217					
0 88558	P(M)	1.10m	1300	ON FULT	ROWN	BATTHE	DE HA 21217					
	23a. Pert1. Enter the disease, or co shock, or heart leiture. List only	mplications thet caused the dea	th. Do not enter the	mode of dying, such as ca	ardiac or respiretory	rrest,	Approximete					
Physician	SHOCK, OF HEART IERUTE. LIST OF	y one cause on eech line.					Intervel Between Onset end Death					
/Medical	Immediete Cause (Finel disease or condition	mediete Cause (Finel										
Examiner	resulting in death)	e. 1 WO 9UNS	NOT WOL	on left	lee wi	th and	1					
	immediate Cause (Fine) disease or condition resulting in death) a. Two gunshot wounds to the Chest and Due to (or as e consequence of): Left leg with Complications											
68760, tificate be associted g physicien and as the burial-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	0.	or as a consequence									
o axe lan a lan a unial-	if any, leading to immediate cause. Enter Underlying	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury c.										
68760, filtrate be as a physician as the burian	U thet initiated events	Cause (Disease of Injury C. Due to (or as a consequence of): resulting in death) Last Due to (or as a consequence of):										
		d				10						
BOX eath ce attendia	Part II. Other significant conditions		for the state of t	Death	con pid	1-h	 bute to the cause of death?					
o the	Part II. Other significant conditions	contributing to death but not res	suiting at the underly	ng cause given in Pert I.			□ Probably 4 □ Unknown					
that the ned by the detach						105 22 NO 3						
Records, P.O. Box he law requires that the death cel e has been signed by the attendit age 2 should be deteched for use						en eutopsy ormed?	24b. Were eutopsy lindings available prior to completion of cause					
0 % 50					.~	Ves all u	of deeth?					
icate ilicate		1				Yes 2□No	1 Øves 2 □ No					
Of Vital Physician: The this certificate ral director, pe	a examiner?	Hospital:		Other	of Death (Check only							
Phys ral di	Yes 2 No	1 Xinpatient 2L	ER/Outpatient 3E 28b. Time of	ALI NUIS	ing Home 5 Resi	dence 6 LOther how injury occurred	(Specify)					
After fune	1 □Netural 5 □ Pending	28a. Date of Injury (Month, Day Year)	Injury	28c. Injury at Work? 1 ☐ Yes 2 ☑ No		111-111-111						
VISION Attending or death. ector: After by the fune	2 Accident investigati 3 Suicide 6 Could not	be 300 Plans of lainer AAb	10113		SUDJECI	Street and Number						
Division or Attending after death. Director: After din by the fune	4DHomicide determine	building, etc. (Speci	(y)	ory, onlos			or Rural Route Number.					
Porter Porter		hysician: To the best of my kno	ar	red at the time, date and		77	Maryland					
Division of Vital Re To the Hospital or Attanding Physician: The it within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page		iminer: On the basis of examina and manner steted.	ation and/or investiga	tion, in my opinion, deeth	occurred et the time,	date end place, end	d due to the cause(s)					
ithin on the	29b. Signeture and title of certifier	and marrier storeg.		29c. License number		29d. Date signed (Month, Day, Year)					
F 3 F 8	1 1 1 11	1 11 11	1=	O.C.M.	E.	June 10,						
	sup!	A Viao	MP	O.C.PI.		Juic 10,	200					
10	30. Neme and address of person who	completed cause of death (Iter		Penn Street,	Baltimor	e. Marvla	nd 21201					
10	31. Dete filed (Month, Day, Year)	12 ddent Z				_,	THE DESIGNATION OF THE PERSON					
* State	111. 2	1 1000 b	w H.	Sports								
DHMH 16 Rev 6/05	10N T	1 1999	/									

Registrar DHMH 16 Rev 6/95

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

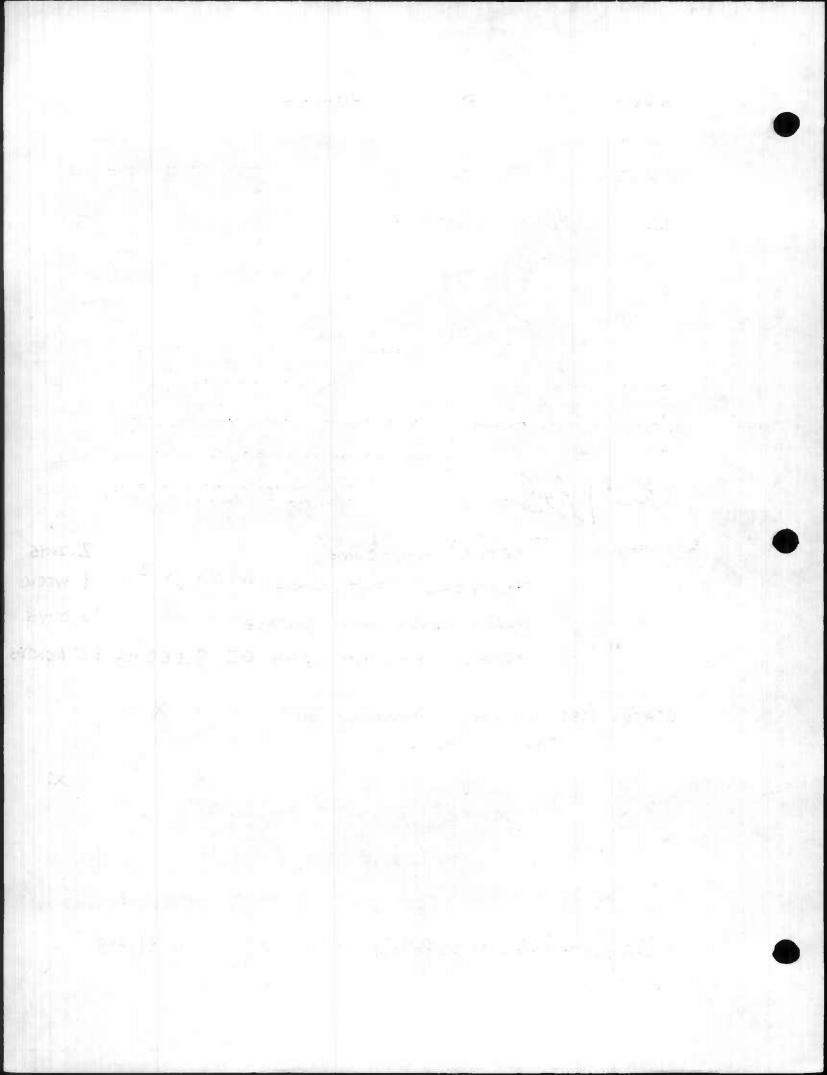
Certificate of Death

18800

		1. Decedent's Name (First, Middle, L.				2. Date of D	eath		3. Time of Death			
Physician /Medical Examiner		MARY	P	PH			Month	JUNE 8, 19		12:52 PM		
		4a Facility Name (If not Institution, gi			4b. City, Town, o				12.52 111			
1	LAAIIIIIE	THE JOHNS HOPE			E CITY	alla						
	Funeral		Sex 7. Age (In yrs.	last birthday)	If Under 1 Year		S. 8 Date of B	irth	9. Birthpla	ace (State or Foreign		
	Director	227-11-6794 Usuel Residence of Decedent	1□M 2□F 38	Yrs.	Months Days	Hours Mir	Feb, 5	1961	Mary	land		
Mend Mend	wor #	10a. Stete 10b. County	-		10	Od. Inside City Limits						
	Mary to	MD. N				1 Ves 2 No						
	vith the Mai	10e. Street and Number	Da.	ltimore	10f. Zip Code			10g. Citizen of V	Vhat Count	ry?		
	3a o	5408 Hamlet A	***	101	2121	4			USA			
	r items 23	11. Maritel Status	12. Was Decedent Ever in U.	S. 13. W	as Decedent of	Hispanic Origin? (Specify Yes or N	lo- 14. Race	e - America			
0	Fu Fu	1 Never Married 2 Married	Armed Forces?			ban, Mexican, Pue	nto Hican, etc.)	Black, White, etc.				
02	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	11.	Yes 2只No	Specify:		Specify	te			
21215-0020	led within 72 hours after deeth with the Maryland yglena. In than "natural", or items 23a or 28a-f show it, the Maderill Emphre marker mother and Completed by Funeral Director	15. Decedent's E (Specify only highest gr		16a. Deceder	nt's Usual Occu	pation during most of w	orkina	16b. Kind of Bu	siness/Inde	ustry		
2	ng.	Elementary/Secondary (0-12)	College (1-4or 5+)	life. DC	NOT use retire	9d)						
	should be filed within ad Mental Hygiena. marked other than imrafte event, the M		+4	Music	ian	1		Music				
aryland	H la H doth	17. Father's Neme (First, Middle, Las	0			0.000		e, Maiden Sumam				
X	should be and Mental marked of umartic ev	Joseph Matthe	w Hughes			Doris	Laughli	.n				
Var	2 4 9 4	19a. Informant's Name/Reletionship	(Type, Print)					ber, City or Town,		Code)		
2,	1 and Health em 27 wher tr	Mr. Joseph M. Hug				t. Fairf	ax City,	y, VA. 22030				
Ore	ges 1 and t of Health if Item 27 or other to	20a. Method of Disposition 1 ➡ Burial 2 ☐ Cremation 3 [Bernoval from State	Place of Disposit cometery, crema	tory or other pla	,	Date	e 20c. Location - City		wn, State		
altimore,	Pages ant: If It ury or o	4 Donation 5 Other (Speci		Cathed	ral Cem	etery	6-12-99	Baltimo	re, M	1D.		
a	pemit. Pag Department Important: I eny Injury o	21. Signature of Funeral Service Liga	nsee /	22. 1	Neme end Addr							
m	89F 2 8	1 KM	25					Home, I				
		23a. Part1. Enter the disasse or come shock, or heart feilure. List only	pplications that caused the deat	h. Do not enter						Approximate Intervel Between		
	Physician		one sause on saux mis.							Onset and Death		
	/Medical	Immediate Cause (Final disease or condition	SEPSIS	SYNI	ROME				-	2 DAYS		
Н	Examiner	resulting in death)				1						
	D = 0		BILATERA	1	PNEU	MONIA				1 MEEK		
	physician and sthe burial-transit	Sequentially list conditions,	Due to (o	or as a conseque	ence of):					2 01		
90,	clan clan ourfall	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	GRAFT VE	RSUS	HOST	DISEA	SE			10 DAYS		
68760,	sate the the dica	thet initieted events resulting in death) Last		r es e conseque								
Box 6	leath certificate be assecuted attending physician and if for use as the burial-transit claryMedical Examir		d RENAL	FAIL	ure	AND	GI	Breedi	NG	1,5 MONT)		
	8 E C 7											
0.	gned by the all be detached it by Physic	STATUS POST	NA ATOMES	HAIDEL	ATEN	RAT	10	Yes 20(10	3 Prob	ably 4 Unknown		
	gned be de	JIMINS (05)	MATCHED	MINKEL	4 ICD	BMT						
of Vital Records,	The law requires that the decate has been signed by the it, page 2 should be detached.		tor MDs	SIAM			24a. Wa per	s an autopsy formed?	ava	re eutopsy findings ilable prior to npletion of cause leath?		
He	The law page 2						10	Kyes 2□No		Yes 2000		
<u>ra</u>	certificate rector, pag Be Co	25. Was case referred to medicat				26 Place of D	eeth (Check only			165 25010		
5	hystolen: The kins certificate has all director, page	examiner?	Hospital:	ER/Outpatient	3 DOA O	thor			er (Specify	•)		
o no	tal or Attending Phyrics after death. al Director: After this led in by the funeral Certification: T	27. Manner of Death 1 Netural 5 Pending investigation	28a. Date of Injury (Month, Day Year) 28b. Time of Injury at Work?									
Division	Attended of the py the	2 Accident investigation M 1 Yes 2 No 3 Suicide 6 Could not be determined by the solution of t								Route Number,		
á	din din	4 Homicide	building, etc. (Specif)	y)			City or To	own, State)				
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific complataly filled in by the funeral director, Medical Certification: To Be (29a. Certifier 1 Certifying Pl (Check only one) 2 Medical Example	nysician: To the best of my know miner: On the basis of examinat and manner stated.	wledge, deeth o tion and/or inves	ccurred at the testigation, in my	ime, date and plac opinion, death occ	e, and due to the curred at the time	cause(s) and ma	nner as sta	Med. the cause(s)		
	ithin o the ompl	29b. Signeture end title of certifier	and market blacks.		29c. Licen	se number		29d. Date signed	d (Month, E	Day, Year)		
	F 3 F 8	1 Gian	linel M N	ek M.D. Fellow RE			10	29d. Date signed (Month, Day, Year)				
	10	20 Name and address of acres				0(9191	ردد			
		30. Name and addres of person who GORGUN AKPEK, M.	D., JOHNS HOPK			BALTIMOR	E, MARY	LAND 21	1287			
	State Registrar	31. Date filed (Month, Day, Year) JUN 1 1 199.	9 32. Registrar's Signa	lture	1	,						

DHMH 16 Rev 6/95

Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Day MARTE IORIO JUNE 8, 1999 2107 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva street and number) ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL If Under 1 Year If Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 9. Birthplace (State or Foraign 1 M 2 F Months Days Hours Min Yrs. NEW YORK 63 AUG. 14, 1935 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas XX No ANNE ARUNDEL GLEN BURNIE 10f. Zip Code 10g. Citizan of What Country? 7765 OVERHILL ROAD 21060 U.S.A. 14. Race - Americen Indian, Black, Whita, etc. 12. Was Decadant Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puerto Ricen, atc.) 1 Yes XXNo If Yes, Give Year or Datas: 1 Never Marriad 2 Married 1 Yes No Specify: Specify: WHITE 3€ Widowad 4 Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) HOMEMAKER OWN HOME 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) D'ANGELO LUCIA GENTALE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOHN J. IORIO, JR. 1941 CEDAR ROAD, PASADENA, MARYLAND 21122 (SON) 20b. Placa of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Ramoval from State 6/11/99 4 ☐ Donation 5 ☐ Other (Specify) MARYLAND VETERANS CEMETERY CROWNSVILLE, MD. SINGLETON FUNERAL HOME, P.A., Signature of Funeral Service Licensee 22. Name and Address of Facility 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 tagan 23a. Part1. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intarval Between Onset and Death > lucek thrombo Due to (or as a consequence of): Due to (or as a consequence of): heart End d Stage Rencel
Due to (or as a consaquance of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of cause of death? 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Examiner certificeta be

sicien and buriel-transit Box 68760. physicien tha 98 US9 Pol signed by the a Division of Vital Records, P.O. page 2 195 certificata this funarel Aftart or Attending efter daeth. 24 hours Hospital

Physician

/Medical

Examiner

Funeral

Director

the Meryland

Pages 1 and 2 should be filed within 72 hours efter death with the Merylan nant of Hatilh and Martiel hygiene.
Int: if Nem 27 is marked other than "naturel", or items 23s or 28s-f show may or other traumatic event, its Nex and Exertine may be notified.

parmit. Page Department of Important: If any Injury or pnce.

Physician /Medical

altimore, Maryland 21215-0020

5. Social Security Number

072-28-6690

MARYLAND

11. Marital Status

10e. Street and Number

11

VINCENT

20a. Method of Disposition

lan

Immediate Cause (Final disease or condition resulting in death)

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last

1 Yes 2 No

27. Manner of Death

1 SNatural

2 Accident

3 Suicide

29a. Certifier

4 Homicide

(Check only one)

29b. Signature and title of certifier

10a State

Directo

Funeral

by

Completed

Be

P

Examin

Physician/Medical

by

Completed

Be

To

Certification:

Medical

Usual Residence of Decedent

plataly To the I

Registrar

JUN 1 1 1999



MD who completed ceuse of death (Item 23a) (Type, Print)

12 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and menner es stated.

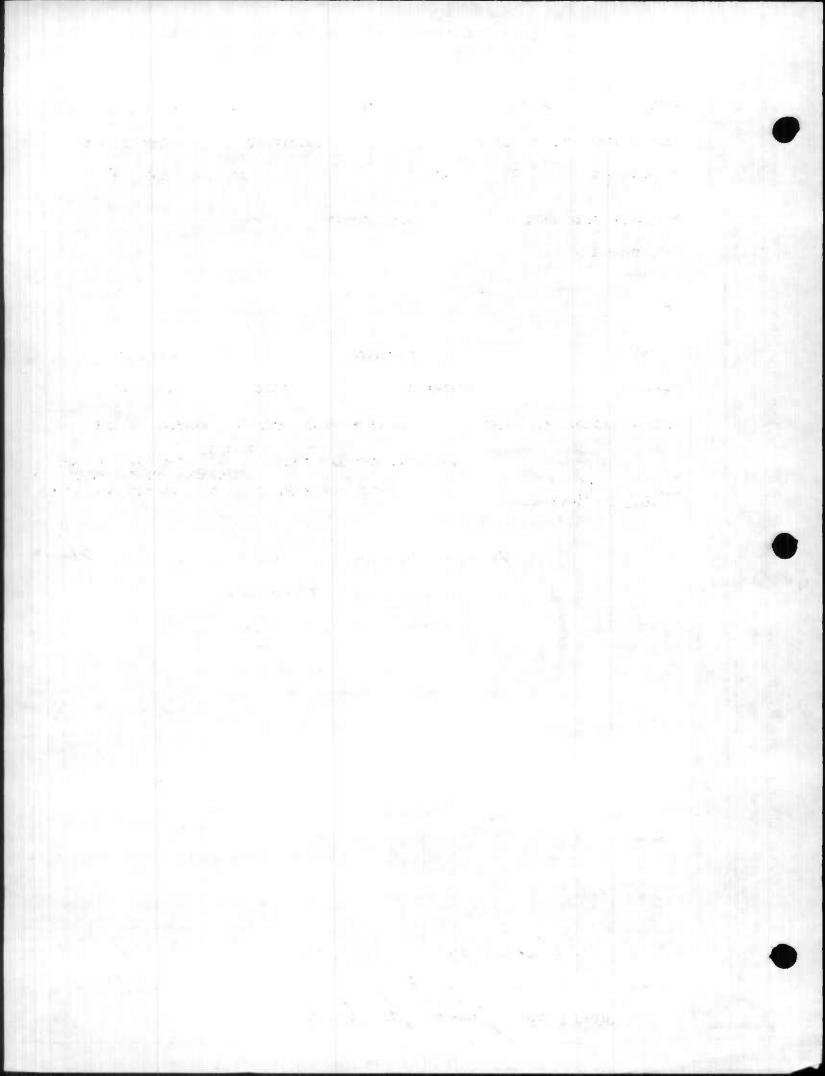
2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

024804

Annaply Mel 21401

29d. Data signed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Tima of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month Yaar **Physician** Villiam 1999 10:55AM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva street and number) Examiner Hospita Baltimore Baltimore Baltimore SIMAI If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth Month, Day 6. Sax 9. Birthplaca (Stata or Foraign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 219-30-1179 16 M 2□ F 63 Yrs Maryland Director Usual Rasidenca of Dacedant Killiam J 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show item 27 is marked other than "natural", or items 23a or 28a-f sho other traumatic event, the Medical Examiner must be nottled at 1 ¥ Yas 2 No Directo laRyland Half more 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Coda U.S.A. 21215 Homer HVENLUE Funeral 14. Race - Amarican Indian 12. Was Decedant Evar in U,S. Armad Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Status Black, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married "naturel", or 1 ☐ Yas 2 No Specify Black þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Spacify only highast grada complated) 4. Known as n end Mental Hygiena. Is marked other than Elamentery/Secondery (0-12) Collage (1-4or 5+) Main tenance Maintenance 18. Mothar's Name (First, Middla, Maidan Surnama) 17. Fathar's Nama (First, Middla, Last) 2 should be end Mental B William zabeth IRC 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) Baltmore, Maryland 21215 of Health LORRaine. 20b. Place of Disposition (Nema of camatary, cramatory or other place 20d. Location - Lity or Town, Stata 20a. Mathod of Disposition Important: If it any injury or contact o 1 Burial 2 □ Cramation 3 □ Ramoval from State ARbutus Memorral Pack permit. Page Department Baltimore Co. Maryland 6/14/99 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licenses

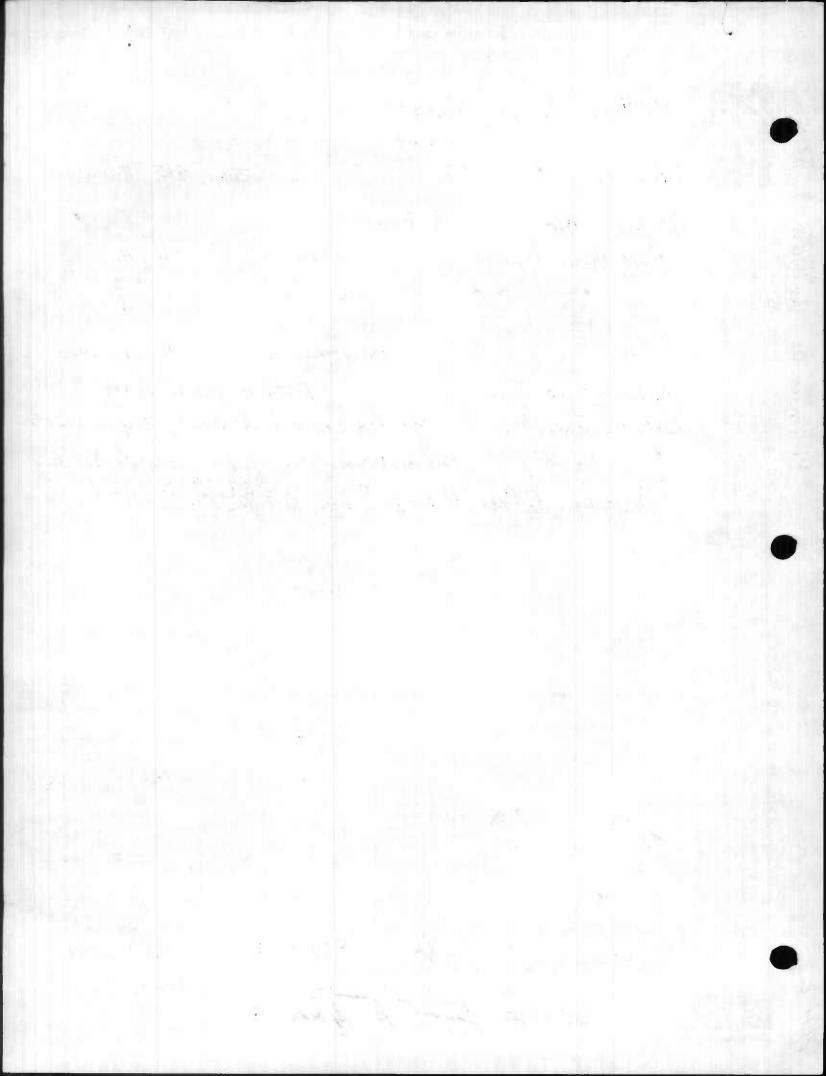
22. Nama and Address of Facility Maggalean & Impre Helvson,

Moch Care 5346 Ressectored Road

23a. Part. Enter 18 disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast,

Approximate

Approximate Approximata Intervel Between Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition resulting in death) Examiner Physician/Medical Examiner attanding physician and for use as the bunel-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury Dua to (or as a consequence of) Box 68760 The law requires that the death certificete be that initiated avants rasulting in death) Last Dua to (or as a consequance of) signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 4 Unknown 1 Yes 2 No 3 Probably by Division of Vital Records, 24b. Wera eutopsy tindings available prior to Completed 24a. Was an autopsy should peen completion of causa of daath? page 2 has 2 NO 1 Yes certificate or Attending Physician: funerel director, 25. Wes case refarred to medical axaminar? Be 26. Plece of Death (Chack only ona) 1 Yas 2 No Othar; 4☐ Nursing Homa 5☐ Rasidance 6☐ Othar (Specify) 1º 1 Inpatiant 2 ER/Outpatient 3 DOA this Data of Injury (Month, Day Yaar) 28d. Dascribe how injury occurred 28c. Injury at Work? Certification: 27. Manner of Death 28b. Tima of : After I 5 Pending invastigation 1 Neturel 2 Accidant 1 Yas 2 🗆 No deeth within 24 hours after deet To the Funeral Director: Could not be datarmined 3 ☐ Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) filled in by 4 Homicide edical 29a. Cartifiar 🔀 Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, and due to tha ceuse(s) end manner es steted (Check only 2 Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. the 29c. Licensa number 29d. Data signad (Month, Day, Year) 29b. Signatura and titla of certifian 30. Nama and address of person who complated causa of death (Item 23e) (Type, Print) Bultimore, MD 21215 Melle 2401 Accorde 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State JUN 11 Registrar **DHMH 16 Rev 6/95**



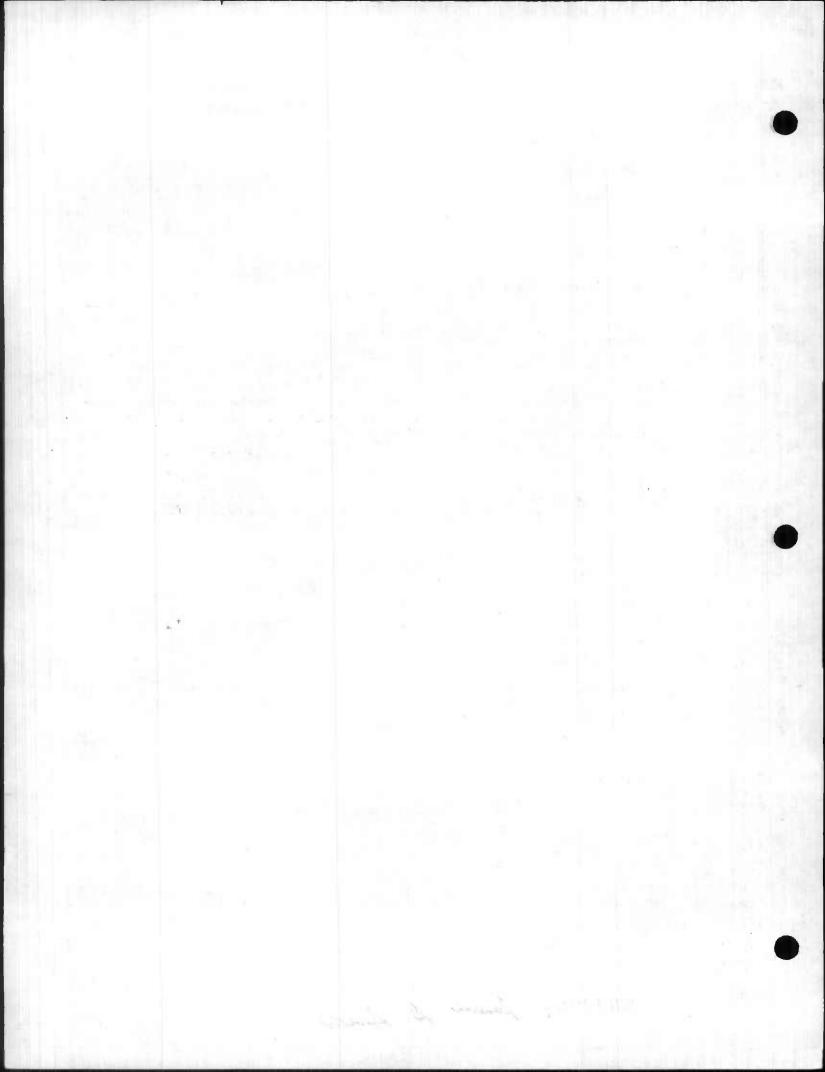
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death Month Day **Physician** 13:30 WILLIE JONES MAF JUNE 1999 03 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE HOSPITAL THE JOHNS HOPKING If Under 1 Year | If Under 24 Hrs. | 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** Days Months Hours 1 M 2 F 250-62-1945 Director 12-29-29 SC Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits NA XXYes 2 No MD Baltimore Director 28a-f 10e. Street and Number 10f. Zio Code 10g. Citizen of What Country? 23a or 2427 East Federal Street 21213 USA Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S Armed Forces? 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No
If Yes, Give
Year or Dates: altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: 3 Widowed 4 Divorced Black 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Disabled 8th_grade Days work 17. Father's Name (First, Middle, Last) 18. Molher's Name (First, Middle, Maiden Surname) Be Pages 1 and 2 should be fill ment of Health and Mental H ant: If Item 27 is marked off lury or other traumatic even Thomas J. Mvers Ida Washington 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2427 East Federal Street Baltimore, Maryland Melvin В. Johnson 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Kings Mem. Pk. Cem.06-09-99 Randallstown, MD 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Facility Baltimore, Maryland 21202 21. Signature of Funeral Service License WM.C.March FH 1101 E. North Avenue 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical ONE WEEK Examiner Examiner S'YSTEMIG LUPUS ERYTHEMATOSUS TEN YEARS or Attanding Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last INTERSTITIAL LUNG P.O. Box 68760, Physician/Medicai Due to (or es e consequence of) RENAL TWO WEEKS Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did lobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DIABETES MELLITUS Division of Vital Records, Completed by 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? SET ZURES 1 ☐ Yes 212 No DEMENTIA 2 No 25. Was case referred to medical examiner? Be 26. Placa of Death (Check only one) 1 Yes 2 No Hospital: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To this 27. Menner of Death 28b. Time of 26d. Describe how injury occurred 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? After 1 Neturel 5 Pending investigation 1 Yes 2 No 24 hours after death.

Funeral Director: A 2 Accident 6 ☐ Could not be determined 3 ☐ Suicide Location (Street and Number or Rural Route Number, City or Town, State) Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated 29a. Certifier (Check only one) completely 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Property of 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) aurmal MD MEDICINE RESIDENT 05617 JUNE 03, 1999 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MARILYN LAWRENCE GOO WORTH WOLFE STREET, TOWER 110, BALTIMORE, MARYLAND, 21287

State Registrar Month Day, Year) 1999 32. Registrar's Signature

B. Sparks



Months

10f. Zip Code

SHIFT SUPERVISOR

20b. Plece of Disposition (Name of cemetery, cremetory or other plece)

INDIAN MISSION CEMETERY

1 Yes 2 No Specify:

18e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

19966

13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

22. Name and Address of Fecility
WATSON FUNERAL HOME, INC.

SEPT 24, 1911 PENNSYLVANIA

10g. Citizen of What Country?

14. Race - American Indien,

WHITE

Black, White, etc.

U.S.A.

Specify:

18. Mother's Neme (First, Middle, Maiden Sumeme)

MABEL ELIZABETH LOCKE

6/7/99

211 WASHINGTON STREET, MILLSBORO, DELAWARE 19966

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)

R.D. 4 BOX 127, MILLSBORO, DELAWARE 19966

16b. Kind of Business/Industry

ELECTRIC UTILITY

20c. Location - City or Town, Stete

MILLSBORO, DELAWARE

Approximate Intervel Between Onset end Death

10d. Inside City Limits 1 Yes 2 X No

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month Physician L. JONES JUNE 2, 1999 8:00 P.M. /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner SUNRISE NURSING HOME ELKTON CECII. If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In vrs. last birthday) If Under 1 Year Birthplece (State or Foreign Country) Days

10c. City, Town or Location

MILLSBORO

87

12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:

College (1-4or 5+)

10 M 2 F

Funeral Director

164-07-6555

10a State

DELAWARE

R.D. 4

11. Merital Status

10e. Street and Number

Usual Residence of Decedent

1 Never Married 2 Married

3X Widowed 4 ☐ Divorced

Elementery/Secondary (0-12)

JAMES ARTHUR

20a. Method of Disposition

17. Father's Name (First Middle Last)

19a. Informant's Neme/Reletionship (Type, Print)

ROY L. JONES / SELF

4 ☐ Donetion 5 ☐ Other (Specify)

21. Signeture of Funeral Service Licensee

10b County

SUSSEX

BOX 127

15. Decedent's Education (Specify only highest grade completed)

1 Burial 2 ☐ Cremetion 3 ☐ Removel from State

JONES

1. Watson

28a-f therris 23s or "natural", or

Director

Funeral

à

Completed

Be

after Hygiens. permit. Pages 1 and 2 should be flied w
Department of Health and Mental Hygien
Important: if hem 27 is marked other tha
any Injury or other traumation other tha

Baltimore, Maryland 21215-0020

Examiner physician and the burial-transit requires that the death certificate be axecuted signed by t Attending Physician: this After after des.

I Director: Aftr ò

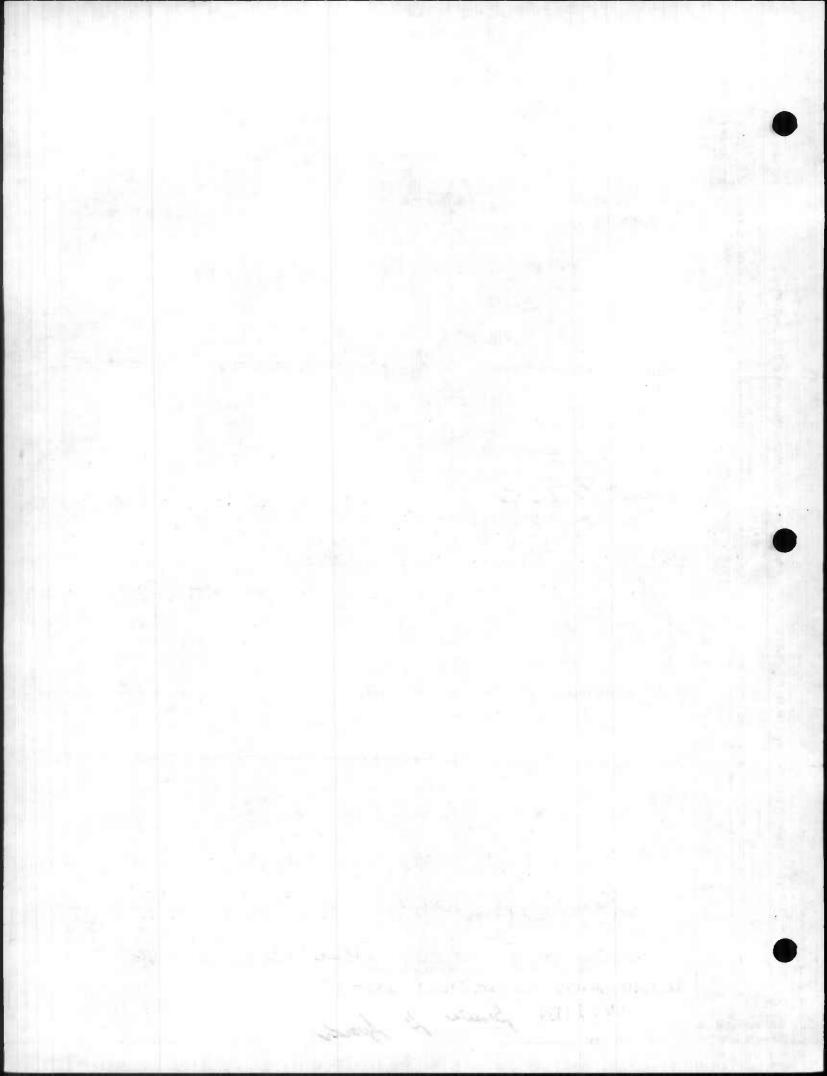
Box 68760. PO Records. Division of Vital in 24 hours Dir.

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events could be a continued or in the country of Physician/Medical that initieted events resulting in death) Last Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. þ Completed 1 Yes 8 25. Wes case referred to medicat examiner? 26. Place of Deeth (Check only one) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Naturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide edical 29a. Certifier (Check only one) To the Within 2 To the 29b. Signature end title of certifie 29c. License number

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Wes en eutopsy parformed? Were autopsy findings eveileble prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No Other: Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year) 30. Name end address of parson who completed cause of death (ttem 23a) (Type, Print) DR. MADHU SACHDEN 322 E.Cecil Ave. North East, MD V 1 1 1999 32. Registrer's Signeture

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Physician Jarzynski Joseph 6:45 AV June 81 /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore Baltimore Rohabilitation + Extended Care N/A 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs.

76 Yrs Months Days Hours Min. 6. Sex 1 XM 2 ☐ F Birthplace (State or Foreign Country) **Funeral** 76 Yrs. Director MD Usual Residence of Decadent permit. Peges 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental hygiene. Important: If item 27 is marked other than "natural", or items 23e or 28a-f show any figure of the traumatic event, the Medical Examinet must be notified at each 10b. County Baltimore 10c. City, Town or Location 10d. Inside City Limits Rosedale **Funeral Director** 1 ☐ Yes 2 No 10f. Zip Code 21237 10e. Street and Number 1315 Chesaco Ave. Apt.223 10g. Citizen of What Country? USA 11. Maritel Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 TYes 2 No If Yes, Give WW Year or Dates: WW Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 by 1 ☐ Yes 2 ☐ No Specify Specify: 3 ☐ Widowed 4 ☐ Divorcad white Completed 15. Decadent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Disabled N/A 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Frank P. Jarzynski Frances Szczesniak 2 19a. Informant's Name/Relationship (Type, Print)
Dolores Soltyz / sister 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code)
1315 Chesaco Ave. Apt. 223, Rosedale, MD 21237 20b. Placa of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Holy Rosary 6-11-99 Dundalk, Md 21. Signature of Foceral Service Licenses 22. Name and Address of Facility Cvach/Rosedale Funeral Home 23a. Part 1. Enter the disease, or complications that caused the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Part 1. Enter the disease, or complications that caused the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Part 1. Enter the disease, or complications that caused the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Part 1. Enter the disease, or complications that caused the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Part 23a. Part 3. Enter the disease, or complications that caused the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Part 3. Enter the disease, or complications that caused the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Part 3. Enter the disease, or complications that caused the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Part 3. Enter the disease, or complications that caused the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Part 3. Enter the disease, or complications that caused the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Enter the disease of the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Enter the disease of the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Enter the disease of the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Enter the disease of the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Enter the disease of the death of not enter the mode of dying, such as cardiac or respiratory arrest,

April 23a. Enter the disease of the death of the death of the death of the death of the death of the death of the death of the deat Approximate Interval Batween Onset and Death Physician Immediate Ceuse (Final disease or condition resulting in death) /Medical Heart Failure **Examiner** Examiner ettending physician end for use es the buriel-transit or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? mellitus, Hyperkusion 1 TVss 2 No 3 Probably 4 Unknown ģ To Be Completed 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? 24a. Was an autopsy performed? 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yes 210 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 1 Dentural Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28d. Describe how injury occurred : After t 5 Pending investigation To the Hospital or Attending within 24 hours efter death.
To the Funeral Director: Afte completely filled in by the fune 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. Medical (Check only 29b. Signature and title of cartifig 29c. License number 29d. Date signed (Month, Dey, Year)

Registrar

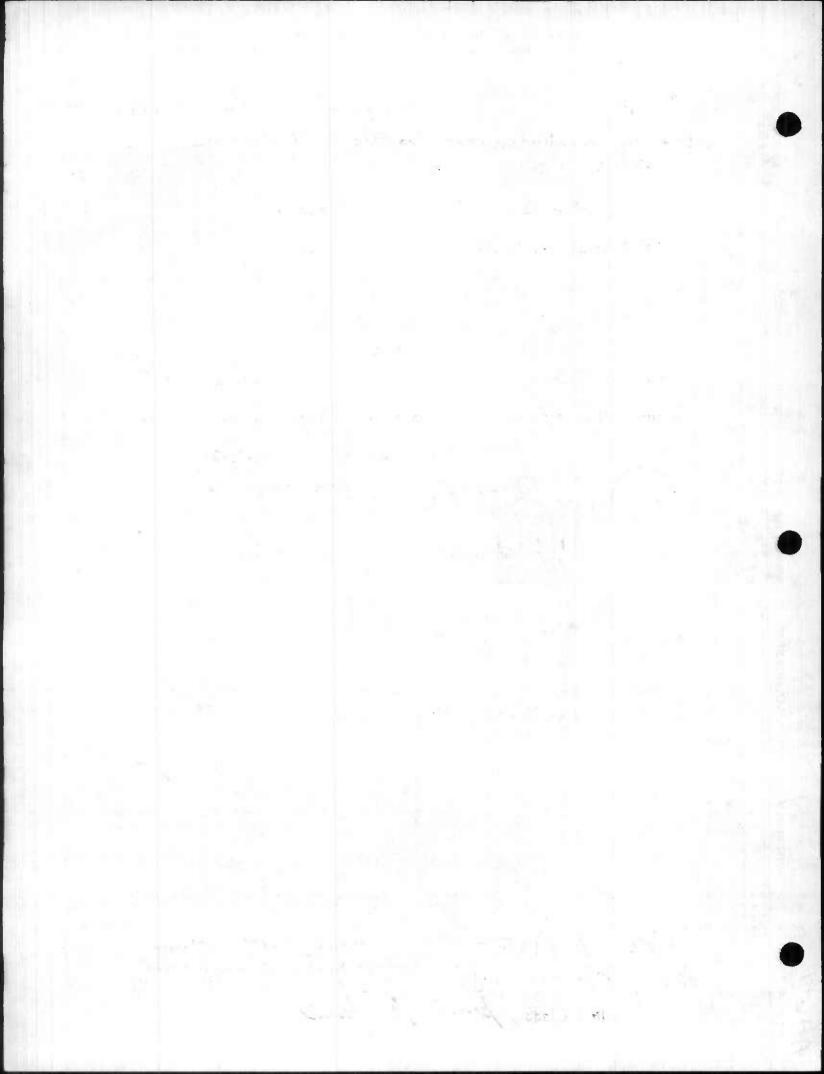
31. Date filed (Month, Day, Year)

OLVIN MI 32. Regis ar's Signature

Baltimore

es of person who completed cause of deeth (Item 23a) (Type, Print) 10 North Greene

00032548



If Under 1 Year

Months

Days

Hours

2. Data of Death

May

8. Dete of Birth (Month, Day, Year)

4b. City, Town, or Location of Death

BALTIMORE COUNTY

Min.

3. Tima of Death

Birthplece (State or Foreign Country)

10d. Inside City Limits

Approximete Interval Between Onset end Deeth

24b. Were eutopsy tindings available prior to completion of causa of death?

1 ☐ Yas 2 ☐ No

24a. Was en autopsy performed?

Other: 4 Nursing Homa 5 Residence 6 Other (Specify)

26. Place of Deeth (Check only one)

altimore

1 Yas 2 No

28d. Describe how injury occurred

MO 2123

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d. Date signed (Month, Day, Year)

Months

1 ☐ Yes 2 No

1:50 AM

1999

BALTIMORE

4c. County of Death

Mar. 9, 1906 Maryland

21

7. Age (In yrs. last birthday)

93

Yrs.

JONES 68760, Z P.0. Elizabeth of Vital

Division Attending deeth. e Funeral Olrections after Cartesian Property filled in by 6 Hospital

Pas **e**6ed

certificate

this

Affer

Director: /

To the within 2.

Completed

Be

Certification: To

edical

31. Dete filed (Month, Day, Year) JUN 1 1 1999

29b. Signature and jittle of certifier

25. Wes case referred to medical examiner?

5 Pending investigation

6 Could not be

1 Yes 2 No

27. Manner of Deeth

1 Neturel
2 Accident

3 ☐ Suicida

4 ☐ Homicide

(Check only one)

1. Decedent's Nema (First, Middla, Last)

5. Social Security Number

212-14-9447

ELIZABETH M. JONES

4e Fecility Neme (If not institution, give street and number)

10 M 20 F

MANOR CARE-ROSSVILLE

Physician

/Medical

Examiner

Funeral

Director

tontena 32. Registrar's Signature

Neme and address of person who completed cause of death (Item 23a) (Type, Print)

28a. Date of Injury (Month, Day Year)

Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

[cre

28c. Injury at Work?

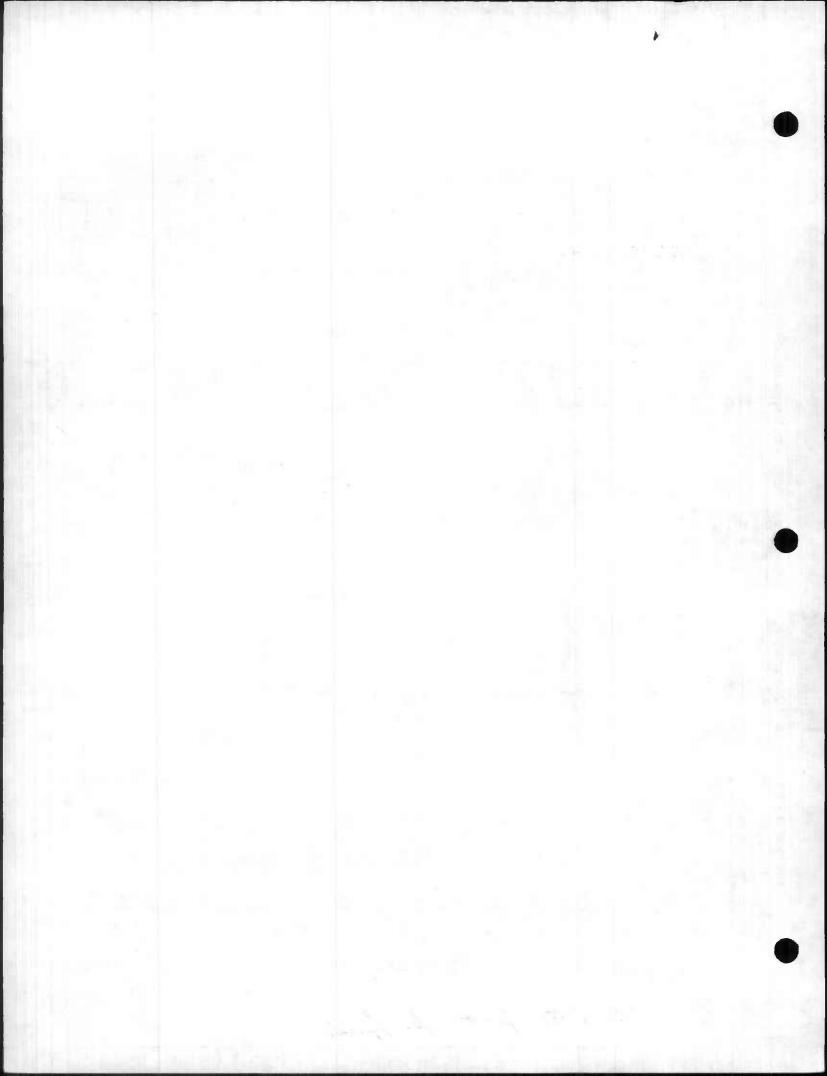
1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as steled.
2 Medical Examiner. On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end manner stated.

29c. License number

1 Yes 2 No

ORIGINAL

State Registrar **DHMH 16 Rev 6/95**



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

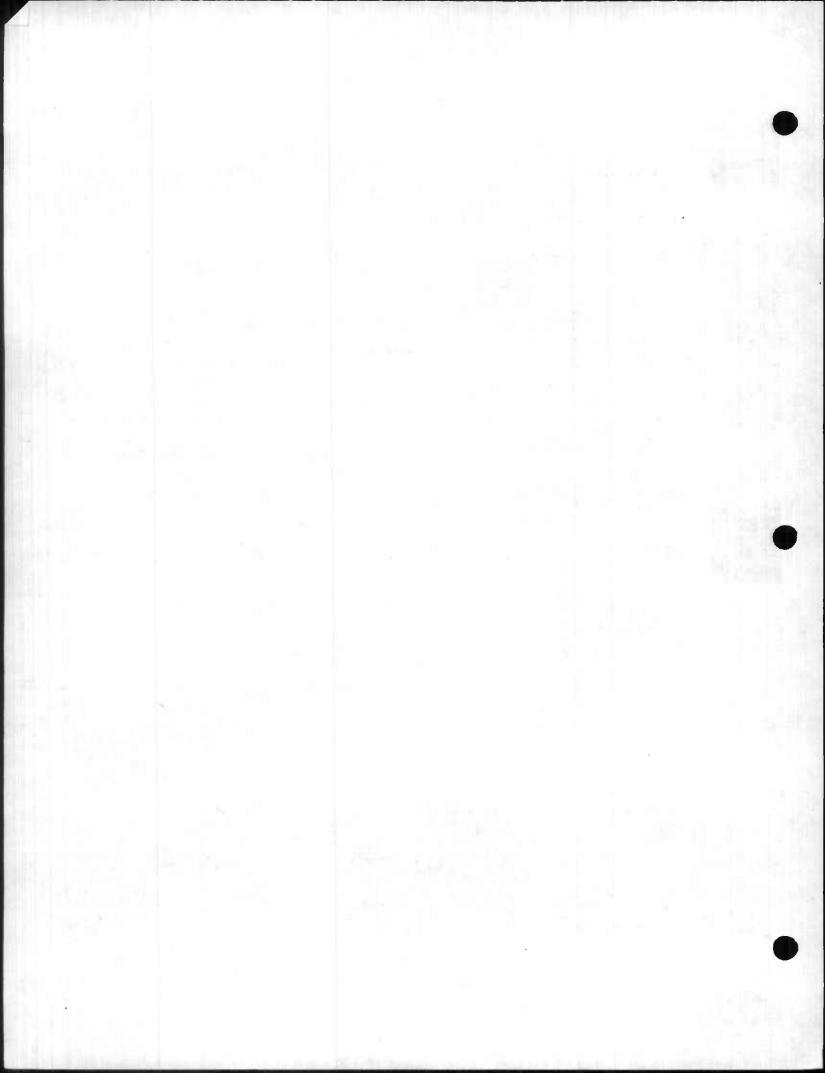
						Certificate o	f Death		Reg	. No.	2	1881	1
	B		1. Decedent's Name (First, Middla, La	st)	15-11-12				Data of Death Month	Day	Year	3. Tima of Dea	ith
R	Physicia /Medica		DORIS LUYC	LLE		KNICK			UNE 10		1001	12:50 A	M
	Examine		4a Facility Name (If not institution, give	a street and number)			4b. City, Tov	wn, or Locatio	on of Death	4c. County of	of Death		
			6815 E. BROOK AVE	NUE			BALI	IMORE		N	/A		
	Funeral Director		219-30-9753	ex 7. Age	(In yrs. last birth	nday) If Under 1 Ye Months Day		Min.	Data of Birth Month, Day, Y AN. 29,		Cour	lace (State or For try) YLAND	raign
	pue *	-	Usual Rasidence of Dacedant 10a. Stata 10b. County		10c. City, Town	or Location					1	0d. Inside City Lir	mits
	Meryl H aho		MARYLAND N/A			BALTIMORE						1 □ Yas 2 🖔	
	r 28	× -	10e. Street and Number			10f. Zip Code			100	. Citizen of W	hat Cour	itry?	
	h wit		6815 E. BROOK AVE	NUE			21224				U.S.	Α.	
020	w 0 =	by runeral	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant E Armed Forcas? 1 Yas 2 N If Yas, Giva Year or Dates:		13. Was Decedent of If Yes, specify C		gin? (Specify , Puarto Rica	Yas or No- in, atc.)	Black	- Amaric c, Whita, WHIT		
0	'natural',	0	15. Decedent's E	ducation	16a. E	Decedent's Usual Occ	cupation		16	6b. Kind of Bu	siness/în	dustry	
215		Completed	(Specify only highast gra Elementary/Secondary (0-12)	de complated) Cottege (1-4or 5	(Give kind of work doi life. DO NOT use ret	na during most ired)	of working					
2	d withir giene. rr than	E	8	Couldys (1 401 5		ACHINIST				воок	BIND	ERY	
bu	e filed other vent, p	e n	17. Father's Nama (First, Middle, Last,				18. Motha	r's Nama (Fir	rst, Middle, Ma	iden Sumami	1)		
/lai	should be nd Mentel marked o	0	RAYMOND MIG	GS	BUCK		DORI	IS		S	CHWI	NK	
Maryland 21215-0020	2 sh end ie m		19a. Informant's Name/Ralationship (OMAR LEE KNICK	Type, Print) (HUSBAND)		Mailing Address (Streets 15 E. BRO							
ore,	of Her	1	20a. Method of Disposition	D	20b. Place of I	Disposition (Nama of cremetory or other p	olece)	t Di	ate 20	c. Location - (City or To	wn, Stata	
Ĕ	Peges nent of unt: If ite		1 Buriat 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specif		EPIPHAN	Y EPISCOP	AL CHUR	RCH 6/1	2/99 0	DENTON	, MD		
Baltimore,	permit. Peges 1 and Department of Health Important: If Item 27 any injury or other tr any injury or other tr		21 Signature of Funaral Sarvice Licer			22. Nama and Add	dress of Fecility	SINGLE	ETON FU	NERAL BURNIE	HOME	, P.A.,	
		+	23a. Part 1. Entar tha disaasa, or dom shock, or heart tailura. List only		tha death. Do no						,	Approximate Interval Between	
	Physician /Medical Examiner		Immediata Causa (Final disease or condition rasulting in death)	. Melas		Lung					1	Onset and Death	
ς 68760,	5 000	Dipau	Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants resulting in daath) Last	c	Oua to (or es a co								
Вох	tendi or us	28		d							1		
0.	e dee	1	Part II. Other significant conditions c	ontributing to death bu	t not rasulting in	tha undarlying causa	given in Part I.		23b. Dld tob	acco uss con	tributs to	the cause of de	ath?
P.0.	detecl	Dy Priysiciany							1 1/00	2 □ No	3 ☐ Pro	bably 4 Unk	nown
Division of Vital Records,	been s	Completed by							24a. Was en performe	autopsy ed?	SV CC	ere autopsy findin eilable prior to mpletion of causs death?	
ď	The le	5							1 Yas	2 PNo	1[Yas 2 No	
ita	stan: artifica sctor, p		25. Was casa rafarrad to medical				26. Place	of Death (Ch	heck only ona)				
>	Physician: this certific ral director,	5	axaminer? 1 ☐ Yes 2 ☑ No	Hospitat:	nt 2 ER/Out	patient 3 DOA	Other		5 Pasiden		r (Specil	(v)	
0 0	Ing Phy Uneral	. 2	27. Manner of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Injur (Month, Day	Year) 28b. Tie		njury at Vork?	28d.	Dascribe how				
ivisio	To the Hospital or Attanding Physician: The law within 24 hours after deeth. To the Fureral Director: After this certificate has completely filled in by the funeral director, page 2.	Certification.	2 Accidant invastigation 3 Suicida 6 Could not be datamined		ry - At home, fam	M 1	Yas 2 1	28f. I	Location (Stre City or Town,		er or Run	I Routa Number,	
0	is a position of the same of t												
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	COLCA	29a. Certifiar (Check only one) 1 ☐ Certifying Ph 2 ☐ Medical Exam	ysician: To the best of niner: On the besis of and manner state	axamination end/	death occurred at tha or investigation, in m	tima, data and y opinion, deat	d place, and o th occurred at	dua to tha cau t tha time, dat	sa(s) and mai e end ptace, e	nnar as s ind due to	tated. the cause(s)	
	To the Com	E :	29b. Signatura and titla of certifier	1 to 1	. 1		ense number	- 0	290	I. Date signed	(Month,	Day, Year)	
			Jarry a	Jahilu	Tin.		955		(0/10/	11		
	10	3	30. Name and address of person who LARRY WATERB	complated cause of de	ath (Item 23a) (T	iype, Print) 1940 EA	STERM	J Au	E. B	ell.	hd.	21224	-
	State Registra	;	31. Data filed (Month, Day, Year) JUN 1 1 1999		r's Signature	back			,				

6/3/ 1/5/80

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 99 18808

					Cei	rtificate	e of l	Death		Reg. No.		
	Physician /Medical	Decedent's Nama (First, Middle		ne F. Ko	ppec	-41			2. Deta of D Month June	Day	Year 1999	3. Tima of Death 6:15 P.M.
	Examiner	4e Facility Nema (If not institution		umber)			4	b. City, Town, G	or Location of Dea	_	of Death	
	Funeral Director	505 Jeffrey 5. Social Security Number 216 60 9385	6. Sax 1□M 2⊠F	7. Age (In yrs 84	. last birthday) Yrs.	If Under Months	1 Yaer Days	If Under 24 H	rs. 8. Data of B in. (Month, D		9. Birthpl Count	ace (State or Foreign ry) yland
	pu *	Usual Rasidence of Decedant 10a. Stata 10b. County		10c. C	ity, Town or Lo	cation					10	Od. Inside City Limits
	vith the Maryli or 28a-f sho be notified at Director	Maryland N/	'A		Baltin	nore						1⊠ Yas 2□ No
	3a or 2	10e. Street end Number 505 Jeffrey St	treet			10f. Zip	2122	.5		10g. Citizen of U • S		try?
020	n 72 hours after death with the Maryland "natural", or Hems 23a or 28a-f ahow calcal Eversines must be notified at leted by Funeral Director	11. Meritel Stetus 1 Nevar Married 2 Marr 3 Widowed 4 Divorced	12. Was De Armed F	2 X No Sive		Was Deced if Yes, spec		ispanic Origin? In, Mexican, Pu Specify:	(Specify Yes or N arto Rican, atc.)	14. Rad Bla Specif	ce - Amarica ck, Whita, a y: Wh	
Maryland 21215-0020	c * # -	15. Deceden (Specify only higher Elementary/Secondary (0-12)	's Education it grade completed		(Giva	dent's Usua kind of wor DO NOT us nemake	rk doné d se retired	ation during most of v	vorking	16b. Kind of B	usiness/Ind	ustry
land 2	d 2 should be filed within and Mentel Hygiene. 7 is marked other than traumatic avent, the M	17. Fether's Name (First, Middle,	Last) John Da	vid					lama (First, Middle Lucille		na)	
B, Mary		19a. Informant's Name/Ralations Adele Kopec	hip <i>(Type, Print)</i> / Daught		505	Jeffr	ey S	and Number or Street	1	nore, Mai	ryland	21225
altimore,	O = O	20a. Mathod of Disposition 1 Surial 2 Cremetion 4 Donation 5 Other (S)	pecify)	n Stata	Place of Dispo cematery, cree oly Cro	ss Ce	ther place mete	ery	6/14/99		nore,	Maryland
Bai	permit. Per Department Important: any injury and E.	21. Signalate of Funeral Service	Bran	inou				ss of Facility ie High	Gonce way Bal	Funeral timore,		
	Physician	23d. Pert1. Enter the disease, or shock, or heart failure. List										Approximeta Intarvat Between Onset and Deeth
M(s)	/Medical Examiner	Immediata Cause (Final disaasa or condition resulting in death)	a,		or as a consec		1	ANC	REAS		1	1 YEAR
0,	ficate be assocuted physician and is the burial-transit edical Examiner	Sequentially list conditions, if any, laading to immediata cause. Enter Underlying	b	Dua to (or as a consec	quence of):						
ox 68760,	ding ding	Cause (Disease or Injury that initiated evants resulting in death) Last	d	Due to (or as e conseq	uence of):						
0	death e atter ad for a	Part II. Other significant condition	ns contributing to	death but not ra	sulting in the u	nderlying c	ausa giv	en in Part I.	23b. Did	d tobacco use co	entribute to	the cause of death?
, P.O	requires that the death of the sten signed by the atten hould be detached for u atted by Physician								10	Yes 2 No	3 Prob	ably 4 Unknown
Records,	aw requires to been a 2 should pleted					4			24a. Wa per	s an autopsy formed?	eve	re autopsy findings allable prior to appletion of cause death?
<u> </u>	The law sate has b page 2 s	(A.C.) (4)							1□	Yas 2 No	10	Yas 2□ No
Vita	certificate rector, pag	25. Was case rafarred to medical examiner?	Hospital:				Oth		Death (Check only	one)		
Division of Vitai	A SE P	1 Yas 2 No 27. Manner of Death 1 Natural 5 Pendin 2 Accident invastig	28a. Data (Mo	Inpatient 2 [a of Injury ofth, Day Year)	28b. Tima of Injury		8c. Injur Wor	4 LI NUISIN	Homa 5 Res	sidence 6 GOtte how injury occu)
Divisi	the Hospital or Attending P this 2 hours side death. the Funeral Director, After mpietely filled in by the funeral Medical Certification:	3 Suicida 6 Could r 4 Homicide determ	ot be 28a. Plac	ce of Injury - At I ding, atc. (Spec	noma, farm, str	reet, factory	, office		28f. Location City or To	(Street and Num own, State)	ber or Rura	l Routa Number,
	To the Hospital of within 24 hours at To the Funeral D completely filled i		g Physician: To th Examiner: On the l and ma									
	Vithii To th	29b. Signeture end titla of certifier	0	0.				e number		29d. Date signe	ed (Month, I	Dey, Year)
		much and		- M	D			5238.		6/10	199	
		30. Nema and address of person of MVKVL KIJAA	DELVAL	MD	-	S. H	An	OVER	BA	CTIMO	RE, M	no 21225
	State	31. Data filed (Month, Day, Year)	Sanar	Registrer's Sign	T.	my/s	/					



Please Type or Print in Black indelible ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 10 1999 4:30 AM CONCETTA KARN JUNE 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE 109 BLOOMSBERRY STREET If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Days Hours 10 M &F 60 216-36-8215 March 24 1939 Maryland Usual Residence of Decede 10s. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Md. n/a Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 109 Bloomsberry Street USA 21230 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. 1 Yes 2 No If Yes, Give X Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: Specity: white 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Sales Clerk Eastern Standards 12 0 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Frank DiBlasi Concetta Brace 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret Pippin (Daughter) 109 Bloomsberry Street, Baltimore, Md. 21230 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 6/14/99 Brooklyn Park, Md. Cedar Hill Cemetery 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility McCully-Polyniak Funeral Home P.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Interval Between Onset and Death Helto Endometrial caruning 7 months Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of) Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

Physician /Medical Examiner

iclan and burlal-transit

phys

US.

signed by the e

has

certificate

this funeral

Affer

the

à

filled in

completely

within 24 hours after death. To the Funeral Director: Al

Hospital

2

8

Certification: To

Medical

The law requires that the death certificate be executed

Box 68760.

P.O.

Records,

Division of Vital or Attending Physicien: Physician

/Medical

Examiner

Director

Funeral

à

Completed

B

Funeral

Director

the Menyland

d 2 should be filed within 72 hours efter death with the Marylan and Mental hygiene.
7 le marked other than "natural", or flama 23a or 28a-1 show traumatic event, the Mellan and traumatic event, the Mellan and the market by notified at

Pages 1 and 2 should be in nent of Heeith and Mental I int: if item 27 te marked or

Item 2

pemilt. Page Department of Important: if any injury or once. = 6

21215-0020

Baitimore, Maryland

Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical Completed by

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24b. Were autopsy tindings available prior to 24a. Was an autopsy performed? completion of cause of death? 1 ☐ Yes 20 No 1 Yes 2 No 25. Was case referred to medical axaminer? 26. Place of Death (Check only one) Other: 4 ☐ Nursing Homa 5 ☑ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28b. Time of Injury 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 5 Pending investigation 1 Natural 2 ☐ Accident 1 Yes 2 No 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

State Registrar

31. Date filed (Month, Day, Year) JUN 1 1 1999

29b. Signature and title of certifier

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Harbor Hospital

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Harbor Hospital

Solution Statement Sta 3001 S. 32. Pegistrar's Signeture

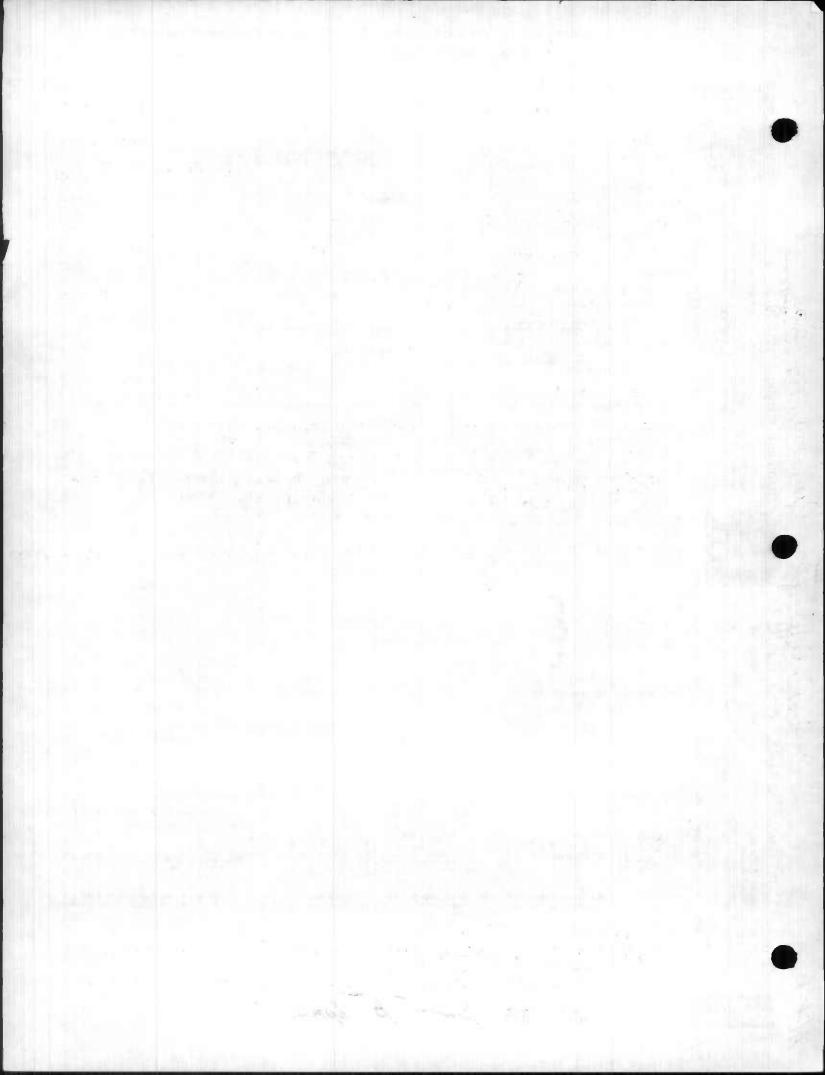
Harove

39041

29d. Date signed (Month, Day, Year)

29c. License number

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Daath 1. Dacedent's Nama (First, Middle, Last) 3. Tima of Death **Physician** 10, 1999 Jeffrey C. Loker JUNE 8:33 AM /Medical 4a Facility Nama (If not institution, giva street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner Gilchrist Center Towson Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number If Undar 1 Year 7. Aga (In vrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral №** 20 F Months Days Yrs. 510-40-7055 56 JULY 17, 1942 Missouri **Director** Usual Rasidence of Decadent 10c. City, Town or Location 10a Stata 10b. County 10d. Inside City Limits 1 ☐ Yes 2 No Directo Anne Arundel Crownsville 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 7 is marked other than "natural", or items 23s or traumatic event, the Medical Examiner must be a 1208 Fairfield Lane 21032 USA 12. Was Dacedant Ever in U,S. Armed Forcas? 16 Yes, 2 □ No 1959 / If Yes, Give Yaar or Datas: 1963 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puarto Ricen, atc.) 14 Raca - Amarican Indian, 11 Marital Status 1 Navar Married 2 Married 1 ☐ Yas 2 ☐ No Specify: White 3 ☐ Widowad 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retirad) 15. Decedant's Education (Specify only highast grade complated) 16b Kind of Business/Industry Hygiona. ther than College (1-4or 5+) Elamantery/Secondery (0-12) Consultant Computer 5+ une 10,1999 18. Mothar's Nama (First, Middle, Maiden Sumama) 17. Fathar's Nema (First, Middle, Last) h and Mental I Raymond Loker Christine Calhoun 19a. Informant's Name/Ratationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, State, Zip Code) 1208 Fairfield In. Crownsville, MD 21032
ce of Disposition (Nama of Date 20c. Location - City or Town, Stata Appartment of Health Hipportant: If Nem 27 Kathryn Simpson/daughter 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Pages 1 1 ☐ Burial 2X Cremation 3 ☐ Ramoval from Stata Metro Crematory, Inc. 06/11/99 Baltimore, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensea Cremation Society of Maryland, Inc. Edward A. 299 Frederick Rd. Baltimore, MD 21228 Greborchik 23a. Part1. Enter the disaasa, or complications that causad the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata tntarval Batween Onsat and Death **Physician** Lio blastoma multiforme Immediata Causa (Final disaasa or condition rasulting in death) **Aviedical** Examiner Due to (or es a consequence of): Examiner ettending physician end for use as the bunal-transit Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Ceusa (Disaese or Injury that initiated avents rasulting in daath) Last Dua to (or as a consequence of): certificate be Physician/Medicai Due to (or as a consequenca of): 23b. Did tobacco use contribute to the ceuse of deeth? Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. the signed by 1 Yes 2 No 3 Probably 4 Unknown by Records. 24b. Ware eutopsy findings available prior to complation of cause of daath? 24a. Was an autopsy performed? Completed certificate has 1 Yes 2 NO 1 ☐ Yas 2 ☐ No Division of Vital Physician; 25. Was cesa refarrad to medicel examinar? Be 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Hospice 2 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA this After thi funeral 28d. Describe how injury occurred 27. Manner of Deeth 28a. Data of Injury (Month, Day Year) 28b. Time of Injury Certification: or Attending 5 Pending invastigation 1 Natural 1 Yes 2 No death. 2 Accidant Director 6 Could not be determined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) within 24 hours effer d To the Funeral Direct completely filled in by 4 Homicida edical 29a. Certifia 1 Cortifying Physicien: To tha best of my knowledge, daath occurred at tha tima, data and place, and due to the causa(s) and mannar es stetad. (Check only 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature and titla of certifie 29d. Data signed (Month, Day, Year) June 10, 1999 Ou D 30. Nama and addrass of person who completed ceusa of dualing mam 23a) (Typa, Print) N. Charles St. Balto. ms 21204 16Bmc 6701 31. Data filed (Month, Day, Year, 32. Registrar's Signatura Registrar



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) **Physician** 4.55 Am 1999 June 0 Mary Gertrude Leidy /Medical 4c. County of Death 4a Facility Neme (If not Institution, give street and number) 4b. City. Town, or Location of Death Examiner 18-OCOTAL CHEN BURNIE NORTH ARUNDEL Bringe Assumper if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) if Under 1 Year 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** Months Days 1 M 2 SEF 78 Yrs. Director 196-24-2651 PA Usual Residence of Decedent the Maryland 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or flema 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 1 ☐ Yes 2€ No MD Anne Arundel Millersville Directo 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code with 21108 4 Bojan Court USA Funeral filed within 72 hours after death 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 14. Race - American Indian, 11. Meritel Status Black, White, etc. 1 ☐ Yes 2 ☐ No 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White þ 44-46 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Hygiena. Nursing Nurse 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Pages 1 and 2 should be and Mental Elizabeth Freeh Kresbh Frank 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Important: If item 27 any injury or other Health 4 Bojan Court Millersville MD 21108 27 Paul K. Leidy / Husband 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 6/10/99 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State Stevensville, MD 4 ☐ Donation 5 ☐ Other (Specify) Chesapeake Cremation Center, LLC. 22. Name and Address of Facility Singleton Funeral Home, P.A. 21. Signature of Funeral rvice Licensee 1 Second Ave. S.W., Glen Burnie, MD. 21061 implications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, only one cause on each line. **Physician** CERPRIO VASCULATE THROMBOSIS /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Due to (or es e consequence of): Examine and I-transit that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): physician ar s the burial-t Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): attending ph for use as t signed by the a 23b. Did tobacco usa contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Onknown à 24b. Were autopsy findings available prior to completion of cause of death? been si 24a. Was en eutopsy Completed is certificate has diractor, page 2 1 Yes 2 No 1 TYPS 2 NO Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Impatient 2 ER/Outpatient 3 DOA this funeral 28d. Describe how injury occurred 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28h Time of Certification: 28c. Injury at Work? After 1 Naturai 5 Pending investigation 1 Tyes 2 No To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Al completely filled in by the fu death. 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide 29a. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner steted. 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number MU 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) BRINE GLEN BURNIE MS 21061

State Registra

31. Date filed (Month, Day, Year) JUN 11

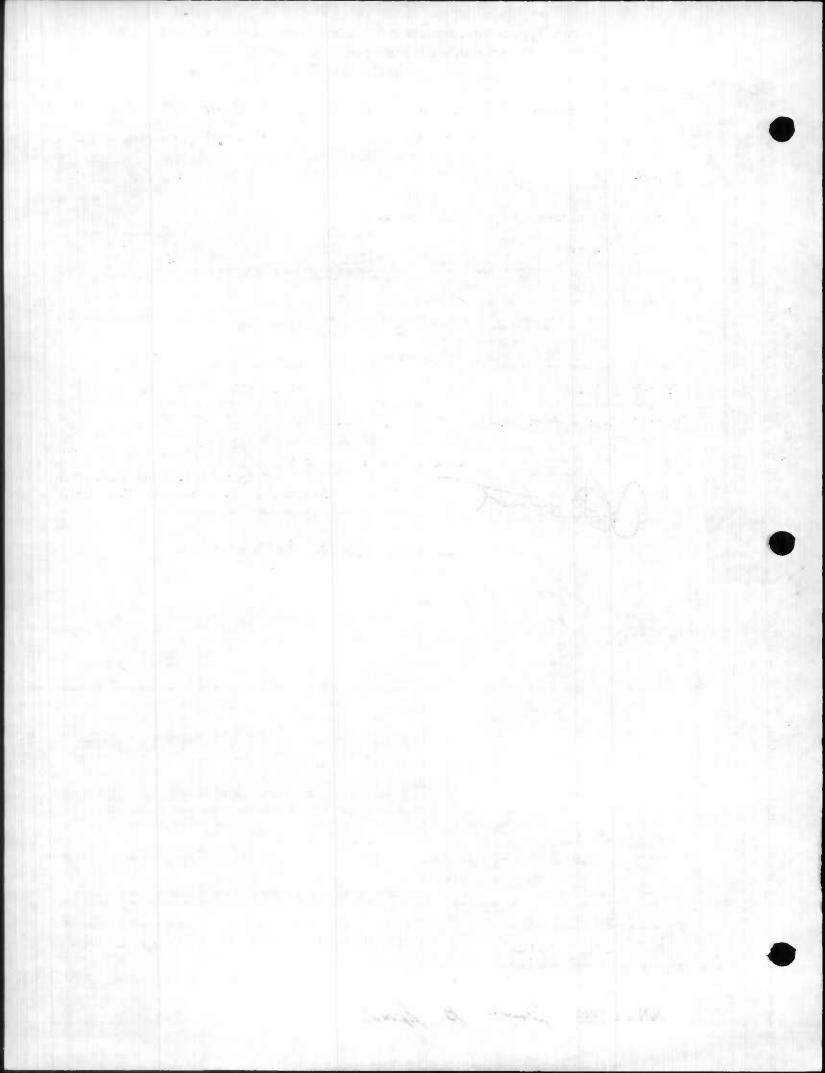
) NABALO

32. Registrer's Signature

HATERITAL

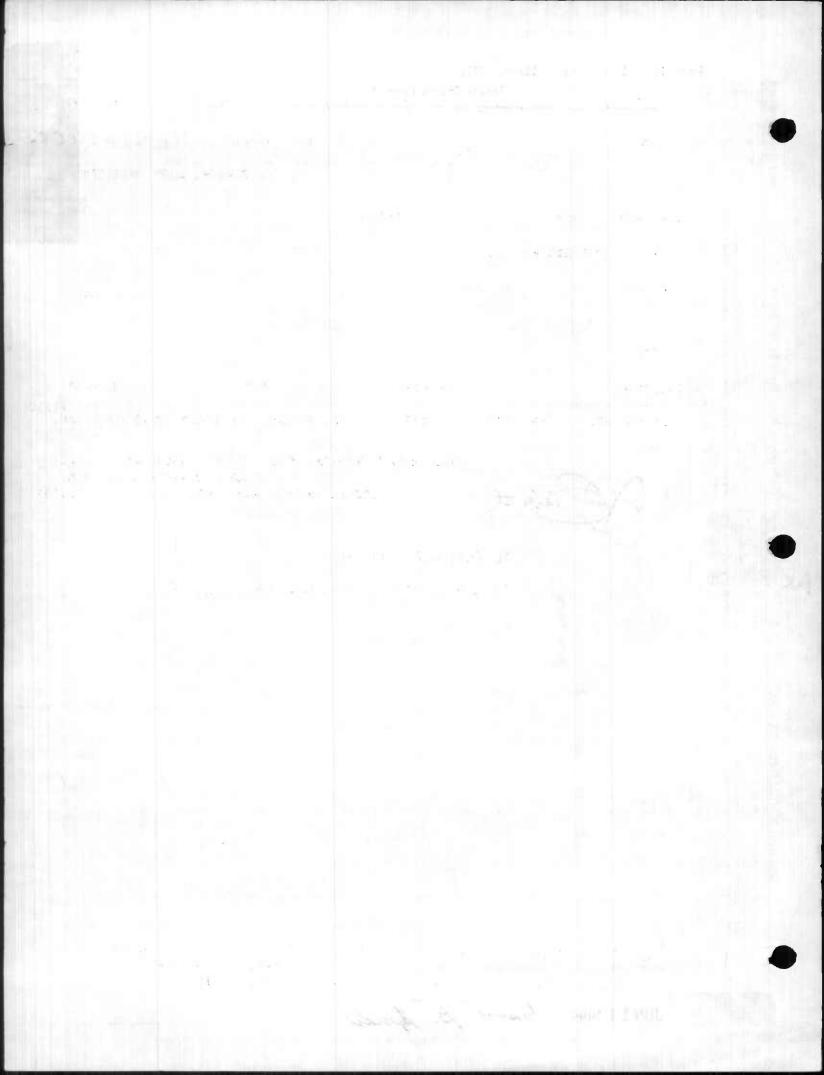
301

Mary Leid



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	1. Decedent's Nar	me (First, Midd	dle, Last)	Ta	akoma T	homa	s Lamber	^t			2. Data of Da		Yaar	3. Tima of Deat
an		DALAS		TAI	COM	1	LA	MBER	-		Month O G	Day 05	99	01.29
al er	4a Facility Name	(If not institution	on, give s	street and n	umber)	•			4b. City, Tow	n, or Lo	cation of Deal	th 4c. Coun	ty of Death	
CI	UMA	15							BAL	TIM	ORE	BA	MITIN	ORECIT
	5. Social Security		6. Sex	x	7. Aga (In	yrs. las		If Undar 1 Yaar	If Undar 2	4 Hrs.	8. Data of Bi	rth		placa (Stata or Fore
	N/A Usual Rasidanca	of Decedent	1X]M 2□F		N/A		Months Days		Min. 38	JUNE 4		MARY	
-	10a. Stata	10b. Count	ty		100	c. City, 1	Town or Locat	tion						10d. Insida City Lim
Director	MARYLAND	N,	/A		- 1	1	BALTIM	ORE						1 Yes 2□
5	10e. Street and No	umber						10f. Zip Coda				10g. Citizan o	f What Cou	ntry?
2	1131 W.	CROSS S	STRE	ET, 21	ND FLO	OR			21230			U.S	S.A.	
Dy Lancia	11. Marital Status 1 X Navar Mar 3 ☐ Widowed	rriad 2□ Ma	rried	12. Was Dar Armed F 1 Yas If Yas, G Yaar or	cadant Evar Forcas? 2 1 No Giva Datas:	in U,S.		as Decadant of as, specify Cul		in? (Spi Puarto	ecify Yes or No Rican, atc.)	В	aca - Amari lack, Whita, cify: INI	atc.
ſ	(Spe	15. Deceda	nt's Educ	cation	1)		16a. Decadan	nt's Usual Occu	pation during most	of work	ina	16b. Kind of	Businass/In	ndustry
ŀ	Etamantary/Sec				(1-4or 5+)		lifa. DO	nd of work done NOT usa ratin	ed)					
	N/A						N/A					N,	/A	
	17. Fathar's Name	a (First, Middla	a, Last)						18. Mothar	's Nama	a (First, Middle	, Maidan Sum	ama)	
	(UNKNOWN	1)			(UNK	NOWN)			LOI	S		LA	MBERT
	19a. Informant's	Nama/Ralation	ship (Ty)	rpa, Print)			19b. Mailing	Addrass (Stree	t and Number	or Run	al Routa Numb	oar, City or Tow	vn, Stata, Zij	p Code) 2123
	LOIS LAM	BERT	(MOTHE	R)		1131 W	. CROSS	STREE	Т,	2ND FLC	OR, BAI	LTIMOF	RE, MD.
ı	20a. Mathod of Di	sposition			2	Ob. Plac	ca of Dispositi	ion (Name of tory or other pla	aca)		Data	20c. Location	n - City or T	own, Stata
		2 ☐ Cramation 5 ☐ Other (TP K	/0 /00	CT ENT I	OTTONET	e MD
-						LEN		MEMOR]				GLEN I		
1	21. Signature of F	-uneral samo	Zense	1	1			Nama and Addr						
	1	VA	10	feet	-		1	SECOND	AVENUE	, S	.W., GI	LEN BURI	NIE, M	MD. 21061
	Immediata Ca III a disaasa or condit rasulting In daath	i (Final	or compa	e causa on	each lina.	АТО	RY F	AILURI		ardiac	or raspiratory a	arrast,		Approximata Intarval Batween Onset and Death
	Immediata Caul a disaasa or conditi rasulting In daath; Sequantially list c if any, leading to causa. Entar Unc	a (Final ion) conditions, immadiata darlying or injury		a RE	SPIR Dua	ATO to (or a TEV to (or a	RY F is a consaqua ESIS is a consequa	AILURI ance of): IMP ance of):	5		or raspiratory			Intarval Batween
	Immediata Caul a disaasa or condit rasulting In daath, Sequantially list of any, leading to causa. Enter Unc Causa (Disaasa othat initiated avan rasulting in daath)	(Final ion) conditions, immediate darlying or injury ats		a. RE	Dua STED (Dua	A TO to (or a to (or a to (or a to	RY Fas a consequence of	FAILURI ance of): IMP ance of): inca of):	ERFEC		, тур	E IL		Iritarval Batween Onset and Death
	Immediata Caula disease or condition resulting In death, Sequentially list of if any, leading to cause. Enter Unc Cause (Disease that initiated aven	(Final ion) conditions, immediate darlying or injury ats		a. RE	Dua STED (Dua	A TO to (or a to (or a to (or a to	RY Fas a consequence of	FAILURI ance of): IMP ance of): inca of):	ERFEC		, TYP	E IL		Intarval Batween
	Immediata Caul a disaasa or condit rasulting In daath, Sequantially list of any, leading to causa. Enter Unc Causa (Disaasa othat initiated avan rasulting in daath)	(Final ion) conditions, immediate darlying or injury ats		a. RE	Dua STED (Dua	A TO to (or a to (or a to (or a to	RY Fas a consequence of	FAILURI ance of): IMP ance of): inca of):	ERFEC		23b. Did	E TL	3 □ Pro	Interval Batween Onset and Death
and a management of a	Immediata Caul a disaasa or condit rasulting In daath, Sequantially list of any, leading to causa. Enter Unc Causa (Disaasa othat initiated avan rasulting in daath)	(Final ion) conditions, immediate darlying or injury ats		a. RE	Dua STED (Dua	A TO to (or a to (or a to (or a to	RY Fas a consequence of	FAILURI ance of): IMP ance of): inca of):	ERFEC		23b. Did	I tobacco uae	3 Pro	Interval Batween Onset and Death to the cause of decobably 4 Unkn
completed by rifysicialymedical	Immediata Caulla disaasa or condit rasulting In daath; Sequentially list of any, leading to causa. Entar Unc Causa (Disaasa othat initiated avan rasulting in daath) Part II. Other elgna	(Final ion) conditions, immadiate dartying or injury the state of th	a b c c d d	a. RE	Dua STED (Dua	A TO to (or a to (or a to (or a to	RY Fas a consequence of	FAILURI ance of): IMP ance of): inca of):	EKFEC	TA	23b. Did	I tobacco uae e l Yes 2 No	3 Pro	to the cause of decobably 4 Unknown valiable prior to omplation of cause of death?
be completed by Physician/Medical	Immediata Caul a disaasa or condit rasulting In daath, Sequantially list of any, leading to causa. Enter Unc Causa (Disaasa othat initiated avan rasulting in daath) Part II. Other elgn	(Final ion) conditions, immadiate dartying or injury the state of th	a a b c c d d	a. RE	ESPIR Dua STED C Dua Dua death but no	A TO to (or a to (or a to (or a trasulti	RY Fus a consequence of the cons	ALURI ance of): IMP ance of): ance of): erlying causa g	ivan in Part I.	of Daat	23b. Did 1 24a. War peri	I tobacco uae e l Yes 2 No	24b. W	to the causa of decobably 4 Unknowlable prior to completion of causa dath?
	Immediata Caul a disaasa or condit rasulting In daath. Sequantially list c if any, leading to cause. Enter Unc Cause (Disaasa of that initiated avan rasulting in daath.) Part II. Other sign. 25. Was casa rafe examiner? 1	a (Final ion) conditions, immadiate darrying or injury its injury its injury its injury its injury its injury its injury its injury its injury its injury its injury its injury	a a b c c d d d d d d d d d d d d d d d d d	d. Hospital: 1	Dua Dua Dua death but no	A TO to (or a to (or	RY Fus a consequence of the cons	AILURI ance of): IMP ance of): ance of): erlying causa g	ivan in Part I. 26. Placa	of Daat	23b. Did 1 24a. Wa: peri	tobacco uae o Yes 2 No s an autopsy ormad? Yas 2 No ona)	24b. Was control of 1	to the causa of decobably 4 Unknowlable prior to completion of causa dath?
	Immediata Caul a disaasa or condit rasulting In daath; Sequantially list or if any, leading to cause. Enter Unc Causa (Disaasa or that initiated avan rasulting in daath) Part II. Other sign 25. Was casa rafe examiner? 1 Yas 2 2	conditions, immediate darriving or injury its) Last	a a b c c d d d d d d d d d d d d d d d d d	d. Hospital: 1	Dua STED C Dua Dua Dua death but no	A TO to (or a to (or	RY Fus a consequence of the cons	AILURI ance of): IMP ance of): erlying causa g 3 □ DOA 0 28c. Inj	ivan in Part I. 26. Placa	of Daat	23b. Did 1	I tobacco uae Yes 2 No ona) iidanca 6 0 how injury occ	24b. Was control of 1	to the causa of decobably 4 Unknowlable prior to completion of causa dath?
	Immediata Caul a disaasa or condit rasulting In daath. Sequantially list c if any, leading to cause. Enter Unc Cause (Disaasa of that initiated avan rasulting in daath.) Part II. Other sign. 25. Was casa rafe examiner? 1	a (Final ion) conditions, immadiate darlying or injury its) Last arred to madical investing	a a b d d d d d d d d d d d d d d d d d	d. Hospital: 1 28a. Date (Mo	Dua Dua Dua Dua Dua Dua Dua Dua	A TO to (or a to (or a to (or a trasulti	RY Fus a consequence of the cons	AILURI ance of): IMP ance of): erlying causa g 3 □ DOA 0 28c. Inj	ivan in Part I. 26. Placa thar: 4 Nur. ury at ork? Yas 2 N	of Daat	23b. Did 1 24a. Wa: peri h (Check only) me 5	I tobacco uae Yes 2 No s an autopsy ormad? Yas 2 No ona) idanca 6 □ Co how injury occ	24b. Washington of the Control of th	to the causa of decobably 4 Unknowlable prior to completion of causa dath?
	Immediata Caul a disaasa or conditi rasulting In daath; Sequantially list of any, leading to causa. Enter Unc Causa (Disaasa othat initiated avan rasulting in daath) Part II. Other elgn 25. Was casa rafe examiner? 1	a (Final ion) conditions, immadiate dartying or injury its injury its injury its injury its injury its injury its injury its injury its injury its injury its injury inj	al Holing Stigation of not be rmined	d	Dua STED C Dua Dua Dua Dua death but no	A TO to (or a to (or	RY F is a consequa is a consequa is a consequa is a consequa ing in the unde	ance of): IMP ance of): erlying causa g 3 DOA 28c. Inji W M 1[ivan in Part I. 26. Placa thar: 4 Nur ury at ork? Yas 2 N	of Daat of Daat	23b. Did 1 24a. War peri 1 1 Ras 28d. Dascribe N/A 28f. Location City or To	I tobacco use of the san autopsy ormad? Yes 2 No ona) iidanca 6 Chow injury occurrence (Streat and Number, Stata)	24b. Wan con of of of of of of of of of of of of of	to the causa of decorate and Death to the causa of decorate and Death to the causa of decorate and Death Vara eutopsy finding valiable prior to omplation of causa of death? Yas 2 No
	Immediata Caulla disaasa or conditi rasulting In daath; Sequantially list of if any, leading to cause. Enter Unc Cause (Disaasa of that initiated avan rasulting in daath). Part II. Other elgnaria of Data (Disaasa of that initiated avan rasulting in daath). Part II. Other elgnaria of Data (Disaasa of that initiated avan rasulting in daath). 25. Was casa rafe examiner? 1	a (Final ion) conditions, immadiate darlying or injury IIs IIs Last arred to madical invest II Certifyt II Certifyt II Certifyt II Medical III Certifyt III Certifyt III Certifyt III Certifyt III Certifyt IIII Certif	al Holing tigation d not be rmined ing Physial Examin	d	Dua STED C Dua Dua Dua Dua Dua Dua Dua Du	A TO to (or a to (or	RY F is a consequa is a consequa is a consequa is a consequa ing in the unde	AILURI ance of): IMP ance of): erlying causa g 28c. Inj W M 1 [tt, factory, office accurred at that stigation, In my	ivan in Part I. 26. Placa thar: 4 Nur ury at ork? Yas 2 N	of Daat of Daat	23b. Did 1 24a. War peri 1 1 Ras 28d. Dascribe N/A 28f. Location City or To	I tobacco use of the san autopsy ormad? Yes 2 No ona) iidanca 6 Chow injury occurrence (Streat and Number, Stata)	24b. Was a construction of the construction of	to the cause of deal obselve and Death to the cause of deal obselve 4 Unkn Vara eutopsy finding valiable prior to ompletion of cause of death? Yas 2 No ify) val Route Number, stated. to the cause(s)
	Immediata Caul a disaasa or condit rasulting In daath; Sequantially list of if any, leading to causa. Enter Unc Causa (Disaasa ot that initialed avan rasulting in daath) Part II. Other eign 25. Was casa rafe examiner? 1	a (Final ion) conditions, immadiate dartying or injury it is Last arred to madical injury it is Last arred to madical injury it is Last arred to madical injury it is Last arred to madical injury it is Last arred to madical injury inj	al Hons conditions conditions conditions conditions conditions conditions all Examinations and the conditions are conditions and the conditions are conditions and conditions are conditions and conditions are conditionally conditions.	d	Dua STED C Dua Dua Dua Dua Dua Dua Dua Du	A TO to (or a to (or	RY F is a consequa is a consequa is a consequa is a consequa ing in the unde	AILURI ance of): IMP ance of): erlying causa g Book of the control of the cont	ivan in Part I. 26. Placa thar: 4 Nur ury at ork? Yas 2 Nur ury at opinion, daath	of Daat	23b. Did 1 24a. War peri 1 1 Ras 28d. Dascribe N/A 28f. Location City or To	I tobacco uae of the san autopsy ormad? Yes 2 No ona) idanca 6 O ona)	24b. Wan condition of the control of	to the cause of deal obselve and Death to the cause of deal obselve 4 Unkn Vara eutopsy finding valiable prior to ompletion of cause of death? Yas 2 No ify) val Route Number, stated. to the cause(s)
	Immediata Caulla disaasa or conditi rasulting In daath; Sequantially list of any, leading to causa. Entar Unc Causa (Disaasa of that initiated avan rasulting in daath) Part II. Other elgn 25. Was casa rafe examiner? 1	a (Final ion) conditions, immediate dearlying or injury its) Last arred to madical invest of Could datard 12 Certify 2 Medical dittle of certific Many	al Hons conditions conditions conditions conditions all Examinations are seen as a see	d	Dua STED C Dua Dua Dua Dua death but no death but no dinpatiant a of Injury onth, Day Yea ce of Injury basis of exainner stated.	A TO to (or a to (or	RY Fis a consequal sea consequence sea con	AILURI ance of): IMP ance of): ance of):	ivan in Part I. 26. Placa thar: 4 Nur vat ork? Yas 2 N ima, date and opinion, death	of Daat sing Ho	23b. Did 1 24a. Wa. perl 24a. Wa. perl 28d. Dascribe N/A 28f. Location City or To	I tobacco uae of Yes 25 No ona) Is an autopsy ormad? Yas 2 No ona) Iidanca 6 C how injury occ how injury occ (Streat and Num, Stata) I causa(s) and data and place 29d. Date sig	24b. Wand of of of of of of of of of of of of of	to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa observed to the c
Medical Certification: To Be Completed by Physician/Medic	Immediata Caul a disaasa or condit rasulting In daath; Sequantially list of if any, leading to causa. Enter Unc Causa (Disaasa ot that initialed avan rasulting in daath) Part II. Other eign 25. Was casa rafe examiner? 1	a (Final ion) conditions, immadiate dartying or injury it is a start injury it is a start injury it is a start injury it is a start injury it is a start injury it is a start injury injury it is a start injury i	al ling tigation d not be mined ling Physial Examiration who co	d	Dua STED C Dua Dua Dua Dua Dua Dua Dua Du	A TO to (or a to (or	RY Fis a consequal set a consequal set a consequal set a consequal set a consequal set a consequal set a consequal set a consequal set a consequal set a consequal set a consequal set a consequal set a consequal set a consequal set a consequal set a consequence set	AILURI ance of): IMP ance of): ance of):	ivan in Part I. 26. Placa thar: 4 Nur up at ima, data and opinion, daatr ise number SHS	of Daat	23b. Did 1 24a. War peri 1 1 A Check only me 5 Ras 28d. Describe // A 28f. Location City or To and dua to the rad at the time	I tobacco uae of the san autopsy ormad? Yes 2 No ona) idanca 6 O ona)	24b. Wand of of of of of of of of of of of of of	to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa of dead observed to the causa observed to the c



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Daath 3. Tima of Death 1. Decadant's Nama (First, Middla, Last) June 5:55 A.M. LOWE 4a Facility Nama (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Death Glen Burnie tospital thne NORTH Arundel Arundel If Under 1 Year 8. Data of Birth (Month, Day, JUNE 5, 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplace (Steta or Foraign 10 M 20 F Days WEST Yrs. VIRGINIA 234-10-7843 87 Usual Rasidence of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits GLEN BURNIE ANNE ARUNDEL 1 Yas 2 No MARYLAND 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? U.S.A. 1416 ISTED ROAD 21060 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas ≥ ☐ No If Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, etc.) 14. Race - Amarican Indian. 11. Marital Status Black, Whita, etc. 1 Nevar Marriad 2 Married 1 ☐ Yas XX No Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry 15. Decedant's Education (Spacify only highast grade complated) INDEPENDENT Elementery/Secondary (0-12) College (1-4or 5+) ELECTRICIAN CONTRACTOR 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) PENNINGTON HOSLER LOWE LOLA ROBERT E. 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1416 ISTED ROAD, GLEN BURNIE, MD. 21060 RUTH C. LOWE (WIFE) 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 6/10/99 1 ☐ Burial 2 又 Cremation 3 ☐ Ramoval from State 4 Donation 5 Other (Specify) CHESAPEAKE CREMATION CENTER, LLC. STEVENSVILLE, MD. 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility SINGLETON FUNERAL HOME, P.A., 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Intarval Batween Onsat and Death Immadiata Causa (Final disease or condition rasulting in death) LYMPHOMA Dua to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avents resulting in death) Last Dua to (or as a consequanca of): Dua to (or as a consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably Winknown CHRONIC DESTRUCTIVE 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? complation of ceuse of deeth? 1 Yes 2 No 1 Yas 2 No 25. Was casa rafarred to medical axaminer? 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No Inpatient 2 ER/Outpatient 3 DOA 27. Mannes of Death Netural Accident 28a. Date of Injury (Month, Day Yaar) 28d. Describe how injury occurred 28b. Time of 28c. tnjury et Work? 5 Panding

end I-trensit that the death certificate be executed physician en Box 68760, ettending pl the signed by the Records, s certificate has l Division of Vital Physician: director, this

Examine Physician/Medical þ Completed Be To Certification: p

Physician

/Medical

Examiner

Funeral

Director

"natural", or items 23a or 28a-f sho

the Medical

7 is marked other traumatic event,

Department of Important: If any injury or other.

Physician /Medical

Examiner

Pages 1 and 2 should be filed within nert of Health and Mentel Hygiene.

Baltimore,

Health em 27

Directo

Funeral

by

Completed

with the Marylend

of or Attending Parties of the deeth. 24 hours To the Hosp within 24 ho To the Fune

> State Registrar

edical

invastigation 6 Could not be detarmined

3 Suicide

29a. Certifier

4 Homicida

(Check only one)

29b. Signatura and titla of cartifier

28a. Place of Injury - At homa, farm, straet, factory, offica building, atc. (Spacify)

29c. License number

1 Yas 2 No

Burne,

McCortifying Physicien: To the best of my knowledge, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar es stated.

2 Medical Examiner: On tha basis of examination and/or invastigetion, in my opinion, daath occurred et the time, date end place, end due to tha cause(s) and manner stated. 29d. Data signad (Month, Day, Year) Jane

Location (Straat and Number or Rural Routa Number, City or Town, Stata)

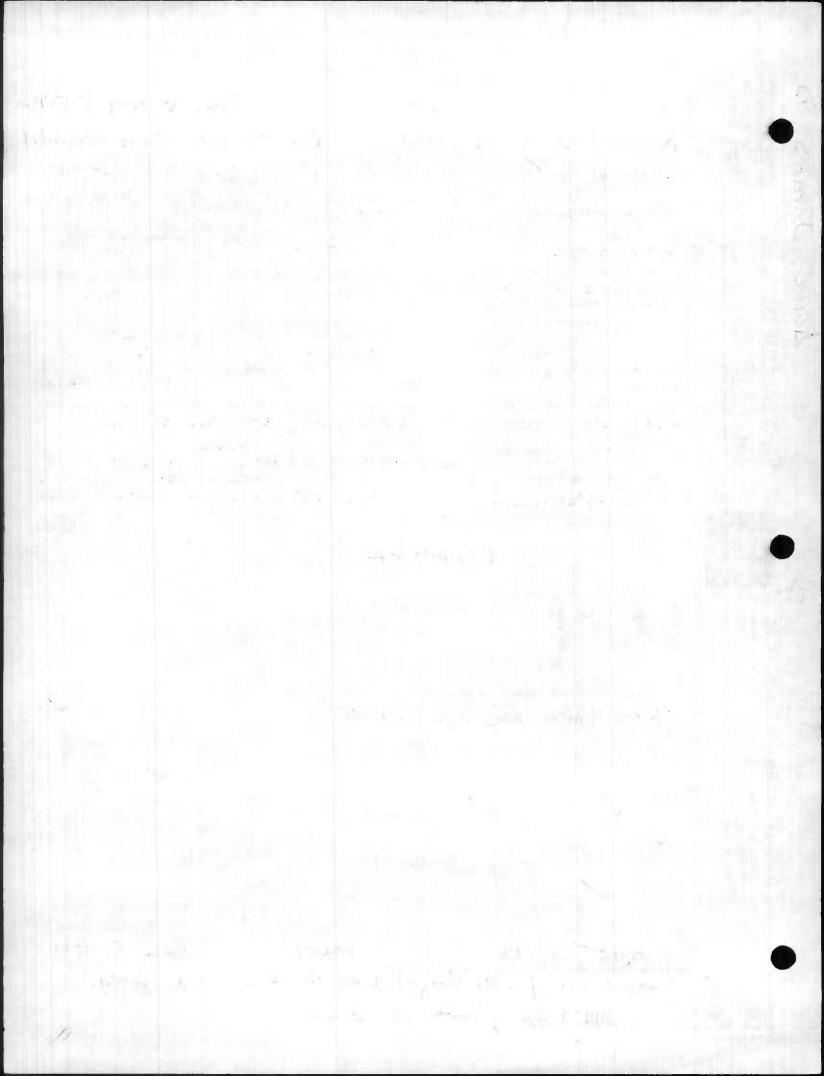
30. Nama an orass of person who complated causa of death (Item 23a) (Type, Print)

301 Honora Overun 31. Date filed (Month, Day, Yaar)

32. Ragistara Signatura JUN 1 1 1999

DHMH 16 Rev 6/95

2 3



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 99 88 14

		1. Decedent's Neme (First, Middle, Last)						2. Dete of De			3. Time of De	eath
Physicia		Edith A	1-90	4				Month	Day 17, 19	Yeer 199	4:10	
/Medic Examin	- 11	4e. Feclity Neme (If not institution, give		-0		41	. City, Town, or L	-				E
Lamin	CI		View Roa	d			nnapolis		Ame		ide1	
Funeral Director		5. Social Security Number 6. Sex 018-32-3415	7. Age (In y		Month:	ler 1 Yeer	If Under 24 Hrs. Hours Min.		h v Year)		aca (Stete or F	oreign
pue **		Usuel Residence of Decedent 10e. Stete 10b. County	10c.	City, Town	or Location					10	d. tnside City I	Limits
72 hours effer death with the Maryland natural", or items 23s or 28s-f show steal Examinate must be notified a	10										1 ☐ Yes 2	
28a	rec	Maryland Anne Art 10e. Street end Number	ilide1 A	nnapo	1	Zip Code			10g. Citizen of	Whet Count	ry?	
3a or	I D	1537 Shipsview Roa	ad		21	401			U.S.			
liene. r then "netural", or itema 23a or 28a-f show the Medical Examinar man be inclified at	by Funeral Director	11. Maritel Status 1 ☐ Never Married 2⊠ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:	U,S.	13. Was Dec		penic Origin? (Specify:	pecify Yes or No o Rican, etc.)		ca - America ck, White, e	tc.	T
ical		15. Decedent's Edu	cation	16e. E	ecedent's Us	uel Occupa	tion uring most of wor	trina	16b. Kind of B	usiness/Indi	ustry	
ene. than *r	Completed	(Specify only highest grede Elementery/Secondery (0-12)	College (1-4or 5+)	- 1	life. DO NOT	use retired)	inng most or wor	king				
Hygien ther th	S	12	2	P1	anner					ncial		
d d	Be	17. Fether's Neme (First, Middle, Last) Edwin H. Russell					18. Mother's Nan					
marked marked matic e	10			401		10:		e Isabel				
selth end Mer n 27 la marke er traumatic		19a. Informent's Name/Reletionship (Ty					nd Number or Ru					
nt of Heelth end Mer If item 27 la marke or other traumatic		Richard Ladd/spous 20e. Method of Disposition		. Piece of I	Disposition (N	leme of	w Road,	Annapo	20c. Location	2140 City or Toy		
Depertment of Important: If it any injury or conce.		1 ☐ Burial 2 ☐ Cremation 3 ☐ R 4 🏝 Donetion 5 ☐ Other (Specify)	emovai from State	cemetery	cremetory or	r other plece	i			o., o		
Deperment Important: any injury once.		21. Signeture of Funeral Servica Licanse Ronald S	Hade Dire	ctor	State	end Address Anato more,	my Boar		V. Balti	imore	Street	
/sician ledicai		23a, Part. Enter the disease, or compliance, or heert feilure. List only or									Approximate Intervel Betwee Onset end Dec	eth
kaminer		Immediete Ceuse (Final disease or condition resulting in deeth)	Metas				r to	Brain	7		3 mon	ins
	Jer		Due to		nsequence of					3	3 mon	the
ensit	Examiner	Sequentially list conditions	. LVIG		ncevence of							-/3
an en	EX	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events	0	(5, 55, 5		.,.				1		
ig physician end as the burief-trensit	edical	Ceuse (Diseese or injury thet initieted events resulting in deeth) Lest	Due to	(or es e co	nsequence of	f):						
ding pl	100		I							1		
o to n	clar	Death Oherston Western Hall	1. No. 45 - 4 - 4 - 4 - 4					201 514				
ed by the detached	y Physician/N	Pert II. Other significant conditions con	tributing to death but not r	esulting in t	he underlying	g cause give	n in Pert I.	1 X	tobacco use co Yes 2□ No	3 Prob		
s been signed by the ettendin should be detached for use	Completed by								en eutopsy rmed?	evei	re eutopsy find ileble prior to apletion of cause eeth?	
age 2	E							10	res 2XXNo		Yes 2□ No	n
certificate hes lirector, page 2 s	BeC	25. Wes case referred to medical					26. Piece of Dee					
direc	ToB	exeminer?	lospital: 1 Inpatient 2	☐ ER/Outp	etient 3 🗆 [DOA Other		V	dence 6 □Oth	ner (Specify))	
r: After the funeral		27. Manner of Death 1-2 Naturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Day Yeer)	28b. Tir Inj	ne of ury M	28c. tnjury Work 1 □ Y	et		now injury occur	red		
if Director	Certification:	3 Suicide 6 Could not be determined	28e. Pieca of Injury - Albuilding, etc. (Spe	home, ferr	n, street, facto	ory, office		28f. Location (S City or Tov	Street end Numi vn, Stete)	ber or Rurei	Route Number	ν,
To the Funeral Director: After this certifical completely filled in by the funeral director,	edical (29a. Certifier (Check only one) Certifying Physical Examtro	lclan: To the best of my k ner: On the basis of exami end menner steted.	nowledge, netion end/	deeth occurre or Investigation	ed et the time on, in my opi	e, date end place nion, deeth occu	, end due to the rred et the time,	ceuse(s) end medete end place,	enner es ste end due to	eted. the cause(s)	
Toth	M	29b. Signature end title of certifier				9c. License			29d. Date signe			
		Janine	where	i, mi	0	2005	2830		Mayl	9,199	9	
		30. Neme end eddress of person who co	mpleted cause of deeth (II	em 23e) (T	ype, Print)		2830			-	,	
		Jeanine werner	MD 900	Bes	tente	Rose	ad Su	H 300	Anna	11/10	MM 216	101
		31. Dete filed (Month, Dey, Year)	32. Registrer's Sig	1200	7416	,	-1/	7 () - 0	71719	VIO IV	1001	

The same of the same

		ried	se Type or State			Depar	rtment	of H			fental Hy		99	18815
Physicia		1. Decedent's Nama (First, Middle	Richa	ard F	Edward	l Ma	cklir	1			2. Date of De Month 6	Day	Year 999	3. Time of Death 8:20 a.m
/Medica Examine	_	4a Fecility Neme (If not institution Stella Maris			_awar c	1110	CKIII	1	ib. City, To		ocation of Deat	h 4c. Cour	timor	
Funeral Director	- 1	5. Social Security Number 212-46-0535	6. Sax 1 M 2 □ F		in yrs. last b	virthday)	If Under		If Under Hours		8. Date of Bir (Month, De	th		oplaca (Stata or Foreig intry) Md
show all at		Usual Residence of Decedant 10a. Stata 10b. County Md N/A	1	1	oc. City, Tov		ation							10d. Inside City Limit
with the M	5	10e. Street and Number			oa i t i ii	iore	10f. Zip (10g. Citizen o		
72 hours after death with the Marya natural, or here 23a or 25a-f aho dical Examines must be notified at	by Fur	5702 Radecke Av 11. Marital Status 1 Never Merried 2 Marr 3 Widowed 4 Divorced	12. Wes De	Forcas?	er in U,S.		212 as Decede Yes, speci	ent of H	ispanic Ori In, Mexicar Specify:	gin? (Sp i, Puerto	ecify Yes or No Rican, etc.)		ace - Amer lack, Whita	ican Indian, , atc. ack
d 2 should be filed within 72 hours at the and Mental Hygiere. 7 is marked other than 'netural', or treumetic event, the Medical Exam	Be Completed	15. Deceden (Specify only highes Elementery/Secondary (0-12) 10th grade	collega N/A	(1-4or 5+)	160		nt's Usual ind of work O NOT use O WOY	k done d e retired	during mos			16b. Kind of B. W.	Ι.	ndustry
should be fill nd Mental H marked oth umatic even	To Be	17. Father's Name (First, Middla, Henry T. Mackli	n						Laur	a L.	e (First, Middle Brown			
C 25 14 F		19a. Informant's Name/Ralations Willie Macklin-			5	702 F	Radec	ke .	Avenu		al Route Numb	re, Md	21206	
ormit. Pages 1 si Nepartment of Hea mportant: If Hem iny Injury or othe RIGS.		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 4 ☐ Donetion 5 ☐ Othar (S)		n State	20b. Pleca camate King	of Disposi ery, creme Memo				6	Date 5-14-99	Randa1	- 1	
permit. Pa Departmen Important any Injury 905a.		21. Signatura of Funeral Service	Licensee	710	M)	1	March	F/	ss of Facilit	y t	e Bali			
Physician /Medical Examiner		23a. Part): Enter the diseesa, or shock, or haart failura. List Immediata Cause (Final disease or condition resulting in death)		ICREA'	TTC CA	NCER		of dyin	g, such as	cardiac	or respiratory a	irrest,		Approximata Intarval Between Onset and Death
burgin pe		Sequentielly list conditions, if any, laading to immadieta cause. Enter Undarlying Causa (Disaase or injury that initiated evants	b		a to (or as a									
death certificate be a attending physicia of for use as the bu	VMedic	resulting in death) Last	d	Du	e to (or as a	conseque	enca of):							
d by the detached	Ž	Part II. Other algorificant condition	na contributing to	death but r	not resulting	in tha und	lerlying ca	use giv	en in Part I					to the cause of deat
aw requi	Completed by											an autopsy ormed?	8	Vara autopsy findings vailable prior to completion of cause of death?
		25. Was casa rafarred to medical							26. Place	of Deet	1 ☐	Yes 2X No	1	☐Yes 2☐No
hy hy	2	axaminer? 1	28a. Dete (Mo	Inpatient of Injury oth, Day Y	2 ☐ ER/O (ear) 28b.	Putpatient Tima of Injury	3 DO/	c. Injun	er: 4 🗆 Nu	ersing Ho		idence 6X10		HOSPICE
pital or Attending Pours after death. orel Director: After filled in by the funers.	erillica	2 Accident Invastig 3 Suicide 6 Could r 4 Homicide datarm	ot be	ca of Injury ding, etc. (- At home, 1 Specify)	arm, stree					28f. Location (City or To	(Street and Nu wn, State)	mber or Ru	ral Routa Number,
2 3 2 E	_	29a. Certifier 1 X Certifyin (Check only one) 1 Medical I	Physician: To the Examiner: On the and ma	a best of m basis of ax nnar steteo	amination a	a, deeth o	occurred a stigation, i	t the tin	na, data an pinion, dea	d place, th occur	and dua to the red at the time,	cause(s) and data and place	mannar as e, and due	stated. to the cause(s)
To the Hos within 24 ho To the Fun completely	-	29b. Signatura and titla of contifier	17-					_	number	_		29d. Data sig	ned (Mont!	Day, Year)

State Registrar

DR. TARIQ MAHMOOD

31. Date filed (Month, Day, Year)

JUN 1 1 1999

2300 DULANEY VALLEY RD.
32. Registrar's Signetura

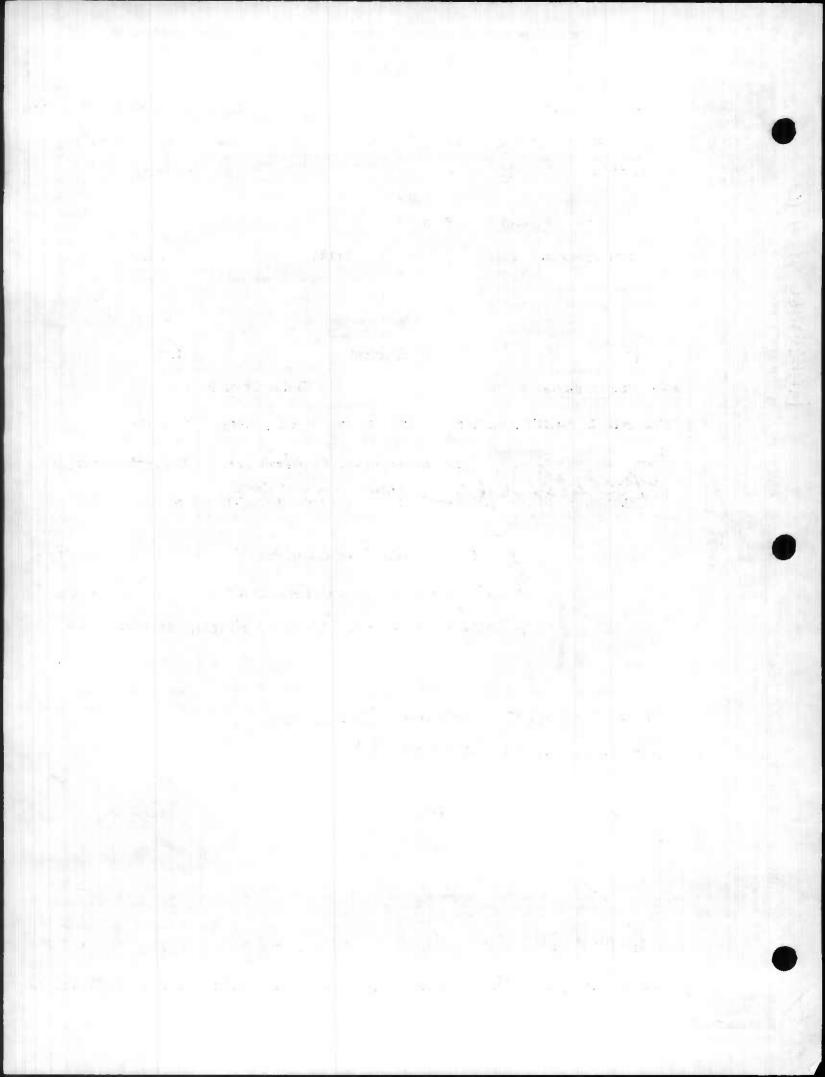
30. Name end address of person who complated causa of death (Item 23a) (Type, Print)

TIMONIUM, MD 21093

1.18.19.19.00 See I deed

	1. Decedant's Nama (First, Middla, Last)	2. Date of De	Reg. No.	3. Tima of Death
Physician		Month	Day O	5:07PM
/Medical Examiner		or Location of Daa	th 4c. County	of Death
	NORTH ARUNDEL HOSPITAL GIEN	-	11	OUNTY
uneral rector	049-36-2750 15 M 25 X 87 Yrs.	Hrs. 8. Data of Bi (Month, D Dec.	31 1911	Birthplaca (Stata or Foreign Country) PA
nd an	Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location			10d. Insida City Limits
ral Director	MD Anne Arundel Riva			1 ☐ Yas 2 No
Director	10e. Street and Number 10f. Zip Coda		10g. Citizan of W	hat Country?
			USA	
by Funeral	3 ☐ Widowed 4 M Divorced if Yas, Giva 1 ☐ Yas 2 M No Specify:	? (Specify Yas or N uarto Rican, atc.)	Black	- Amarican Indian, K, Whita, atc. White
Completed	15. Decedant's Education 16a. Dacedant's Usual Occupation (Specify only highast grads complated) (Give kind of work done during most of	working	16b. Kind of Bu	sinass/Industry
mpidm	(Specify only highest grade completed) (Give kind of work done during most of life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+)			
ပိ	12 2 Clerical 17. Fathar's Nama (First, Middla, Last) 18. Mothar's	Nama (First, Middle	Law -	a)
To Be		Brendle		
or other traumatic event, the To Be Corr	19a. fnformant's Name/Relationship (Typa, Print) 19b. Mailing Address (Street end Number of	r Rural Routa Numi	ber, City or Town,	Stata, Zip Coda)
	Elizabeth Marshall/daughter 109 Parchment Ct.	, Cary, I	NC 27511	
5	20a. Method of Disposition 1 ■ Burial 2 □ Cramation 3 □ Ramoval from Stata 20b. Placa of Disposition (Nama of camatary, crametory or other place)	Data	20c. Location - 0	City or Town, Stata
Č.	4 Domition 5 Other (Specify) Schaefferstown Cemetery	6/10/99	Schaeff	erstown, PA
eny injury	21. Signature Funeral Survice Domina 22. Nama and Address of Facility Lemmon Funeral	Home		
. e a	Michael J. Flagle 10 W. Padonia Ro	I., Timon	ium, MD	21093
	23a. Part1. Enter the disease, or complications that can sed the death. Do not enter the mode of dying, such as can shock, or heart failure. List only one cause on our hine.	rdiac or raspiratory	arrast,	Approximata Interval Between Onsat and Death
cian ical	Immediata Causa (Final disaesa or condition resultion in death) a. VENTRICULAR FIBRILLA+	1007		I I I I I I I I I I I I I I I I I I I
ner	1 asouting in death)	1010		MINUTES
ē III	Dua to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a consequence of):	ntion		Murran
Examiner	Sequentially list conditions, Dua to (or as a consaquanca of):	CHICKS		MINUTES
<u>0</u>	Sequentially list conditions, if any, leading to immediate cause. Enter Undertyling Causa (Disaasa or Injury causa (Disaa	Y ARTER	y DISECT	se yes
dical	rasulting In death) Last Due to (or as a consequence of):			
γMe ας	d			
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23h Die	I tobacco use con	tribute to the cause of death?
be detached for use es by Physician/Me	Tollows And March 12 3			3 Probably 4 2 Onknown
by B	DEMENTIA, ACUTE BRONCHIHS, DEPRESSION		-	
octor, page 2 should Be Completed	Cerebro VASCULAR DISEASE	24a. Wa per	s an autopsy lomed?	24b. Wara autopsy findings available prior to
npie	Corono or searing of the coron			complation of causa of death?
Co		1 🗆	Yas 2 No	1 □ Yas 2 2 No
Be	25. Was casa rafarrad to medical axaminar? Hospital: The street of the control o	Daath (Chack only	ona)	
٦.	1 I inpatiant 2 I Provide a 1 I inpatiant 2 I Provide a 1 I inpatiant 2 I Provide a 1 I inpatiant 2 I Provide a 1 I inpatiant 2 I Provide a 1 I inpatiant 2 I Provide a 1 I inpatiant 2 I inpatiant 2 I inpatiant 2	ng Homa 5 ☐ Res 28d, Dascribe	how Injury occurre	
fune	27. Mannar of Death 1 to Netural 5 Panding (Month, Dey Yeer) 2 Accident Investigation 28a. Data of Injury 28b. Tima of Injury 4 Work? 1 To Year 2 No		,,	
by the	3 Sulcida 6 Could not be datarmined 28e. Plece of fnjury - At home, ferm, streat, factory, office	28f. Location	(Street and Number	er or Rural Routa Number,
Cert	4 Homicide building, atc. (Specify)	City or 10	own, Stata)	
completely filled in by the funeral director, page 2 Medical Certification: To Be Comp	29a. Certifier (Check only one) 12 Certifying Physicfan: To the best of my knowledge, deeth occurred et the time, dete end processing the control of the basis of axamination and/or invastigation, in my opinion, death of and manner stated.	lace, end due to the occurred at the time	e ceuse(s) end mei , date and place, e	nner as stated. and dua to the cause(s)
winn 2-4 hours are to ear. Winn 2-4 hours are to breedor: After this completely filled in by the funeral dimension of th	29b. Signature and title of certifiar 29c. Licansa number	200	29d. Data signed	(Month, Dey, Year)
	D0054	288	June	5, 1999
	30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print)	101	1	md21000
		L GIENI	DUKNE	11000
State Registrar	JUN 1 1 1999 Server G. Sparler			
	JOH I I TOOL IS TO THE TOTAL OF THE PARTY OF			

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** :06 DM **GLADYS** MARKLINE SUIX /Medical 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOSPIALT GENERAL 1ARYLAND N/A5. Social Security Number Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dev. **Funeral** 1 ☐ M 2 🗓 F Days 212-07-6335 1901 Maryland 97 Director Usual Residence of Decedent the Marylenc 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "naturel", or items 23e or 28e-f show other traumatic event, the Modical Exeminar must be notified at 1 Yes 2 □ No N/A Baltimore City Maryland Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2211 W. Rogers Avenue USA 21211 Funeral (ADYS MARKLING 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White λq 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decadant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b Kind of Business/Industry permit. Pages 1 and 2 should be filed within a Department of Health and Mentel Hygiene. Important: if Item 27 is marked other than "re eny injury or other traumatic event. Elamantary/Secondary (0-12) College (1-4or 5+) 2 yrs Chemical Manufacturing Secretary 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Phillip Markline Margaret King 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Coda) (Nephew in-Law) 3410 Chapman Road, Randallstown, MD 21133 Charles F. Hoffmaster 20b. Placa of Disposition (Nema of cametary, cramatory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 6/11/99 White Hall, Maryland Vernon Meth Ch Cem. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility awson Mitchell-Wiedefeld Funeral Home, Inc. Dewson 6500 York Road, Baltimore, Maryland 21212 enter the mode of dying, such as cardiac or respiratory arrast, Approxi 23a. Part1. Enter the disease, or complications that caused the death. Do not enter shock, or heart failure. List only one cause on each line. Approximate Intarval Batween Onset and Death **Physician** /Medical Immediata Cause (Final disease or condition rasulting In daath) Examiner Due to (or as a consequence of) Examiner ettending physician and for use es the burlel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequenca of): Box 68760 Physician/Medicai Due to (or as a consequence of): the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contribute to the cause of peath? signed by t 1 Yes 2 No 3 Probably 4 Vunknown Records. p 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to Completed Deen completion of cause of death? hes 2 0 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No 10 1 Yes 2 ER/Outpatient 3 DOA 27. Manuer of Death 28a. Date of Injury (Month, Dey Year) Iuneral 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? After 5 Pending Investigation death. 1 Yes 2 No 2 Accident or Attend efter death Director: 6 Could not be datermined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, offica building, etc. (Specify) 6 4 Homicida To the Hospital within 24 hours To the Funeral I 29a. Cartifier Certifying Physician: To tha best of my knowledga, death occurred at tha tima, date and place, and dua to tha causa(s) and mannar as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier 29d. Data signad (Morth, Day, Year) 30. Name and address of parson who completed cause of death (Item 23a) (Type, Print) MARYIAND GENERA'I Registrar

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

99-3251-510

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

WT	T.T.	IAM	
447	-	77 77	

)	1	0	0	7	0
)		Ö	U		

MOORE AMEND	****** #00 DADT * DED	State of Maryland / L	•			23	18818
MENE AMENE	ITEMS: #23 PART I, PER 1. Decedant's Nama (First, Middla, Last,	MEU G//5 9-9-99 WK.	Certificate of		Reg. No Data of Death	0.	3. Tima of Death
Physician	William R.	Moore.			Month Do		4:44P.M.
/Medical Examiner	4a Facility Nama (If not institution, giva			4b. City, Town, or Locati		c. County of Death	
	JOHNS HOPKINS HOSE	PITAL		BALTIMORE			
Funeral Director	5. Social Security Number 6. Sa. 219-66-5022	4.000	thday) If Under 1 Year Months Days	If Under 24 Hrs. 8. Hours Min.	Data of Birth (Month, Day, Year	9. Birthe	place (State or Foreign http)
show of all	10a. Stata 10b. County	10c. City, Tow	n or Location			1	Od. Inside City Limits
the Maryla 28s-f sho notified at	Md. NIA	Bal	timore			1337	1 1 Yes 2 □ No
vith the Ma or 28a-f s be notified	10e. Street and Number	01	10f. Zip Code		10g. C	itizen of What Cour	ntry?
death with the Maryland rms 23s or 28s-f show creat be notified at neral Director	1821 M. Mas	hington It	. 212	213		U)H	an today
or he	11. Marital Status 1 ☑ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:	13. Was Decedent of H If Yas, specify Cube	tispanic Origin? (Specify an, Mexican, Puerto Ric Specify:	an, etc.)	14. Race - Americ Black, Whita, Specify:	
15-0020 72 hours at natural, or	15. Decedent's Edu (Specify only highast grad		Decedent's Usual Occup (Giva kind of work done	pation		Kind of Business/In	dustry
od within 72 ho ygiene. The transmitting the transmitting the transmitting the transmitting the transmitting the transmitting the transmitting the transmitting the transmitting the transmittent transm	Elamantary/Secondary (0-12)	Coilega (1-4or 5+)	lifa. DO NOT use retired	1)	Car	rry Hol	Tall
d 2.	17. Fathar's Nama (First, Middla, Last)	<u> </u>	antenance	18. Mother's Nama (F	irst Middle Maide	on Sumama)	Lne.
Maryland 2 d 2 should be filled a th and Mentel Hygie traumatic svent, tt To Be Co	1.\ 11. A M M.	DO CE	. Mailing Addrass (Street	Evelyn	Willi	ams	Codel
M dd 2	Evelun Moore	No than 1	821 Washi	ates St.	Bolton	Md. 21	213
es 1 and of Heelth I Hem 27	20a. Mathod or Disposition	20b. Place o	f Disposition (Nama of ry, cramatory or other place	ce)	Data 20c. I	Location - City or To	own, Stata
Pages nant of mr: if its ury or o	1 ☑ Surial 2 ☐ Cramation 3 ☐ P 4 ☐ Donation 5 ☐ Othar (Specify)	amoval from Stata	11 1 +		15.99 BC	Ita. Mo	,
Baltimore, permit. Pages 1 ar popartimant of Hea important: If Nem; any Injury or other once.	21. Signature of Funeral Service License		22 Name and Addre		rol Home	E Service	24
m 80559	Jess Wil	les	1639 Brow	edwar Bel	to. Md.	21213	
	23a Part Enter de saasa, or compi shock, or han Libitura. List only or	cations that caused the death. Do a cause on each line.	not antar tha rhoda of dyir	ng, such as cardiac or re	spiratory arrest,		Approximata interval Between Onset and Death
Physician /Medical	Immediata Causa (Finai					8 5	Onset and Dodai
Examiner	disaasa or condition rasulting in death)	CARDIAC ARRHYTHMIA	DURING AGITATI consequence of):	ON AND RESTRA	INT	1	
ě		MENINGOENCEPHALITIS					
60, be executed lotan and burial-transit	Sequentially list conditions, if any, laading to immadiata	•	consequence of):				
68760, cata be execuply side but al-trained in the but al-trained	causa. Enter Underlying Cause (Disease or Injury					1	
68760, licata be ex physician is the burial edical E	that initiated evants rasulting in death) Last	Dua to (or as a	consequence of):				
O. Bo be death the atter hed for u	Part il. Other significant conditions cor	tributing to death but not resulting i	n tha underlying causa giv	ven in Part I.	23b. Did tobacc	o use contribute t	o the cause of death?
, to you th					1 Yes	2 No 3 Pro	bably 42 Unknown
S, es the se the bed bed by						1 0 11 11	
Il Records, The law requires to take hes been signe, page 2 should be. Completed by					24a. Was an aut performed?	a\ cc	ere autopsy findings vailable prior to empletion of cause
Rec law law law law law law law law law law							death?
= F # a 0	25. Was casa rafarred to medical			26. Place of Deeth (C		2 No 1	□ Yas 2□ No
of Vital Physicien: The this cardification per rail director, per rail	avaminar?	ospital:	utpatient 3 DOA Oth	ner: 4 Nursing Home		6 Other (Speci	fy)
0 5 5 5	27. Menner of Death 1 □ Netural 5 □ Pending	28a. Date of Injury 28b.	Time of P 28c. tnjur	ry at rk?	. Describe how inj	ury occurred	
Vision Attending of daath. ector: Atta by the funs	2 ☐ Accidant invastigation 3 ☐ Suicida 6 ☐ Could not be	6-8-99 3:	25 M 1 🗆	Yes 2 No	UNKNOWN		
Division of the or Attending P is effer death. The Director: After the fundre led in by the fundre Certification:	4 ☐ Homicida datermined	28e. Piece of Injury - At home, fabuilding, etc. (Specify)			City or Town, Sta		
Hospital Runeral I Rely filled	29a, Certifiar 1☐ Certifying Phys	BALTIMORE CITY CO					ALTIMORE MD.
Division To the Hospital or Attend within 24 hours eiter death To the Funeral Director: complately filled in by the		er: On the basis of axamination an and mannar stated.	d/or invastigation, in my o	ppinion, death occurred	at the time, date a	nd place, and due t	o the cause(s)
To the Withir Comp	29b. Signa and titia of certifiar	· Oc 00 11	29c. Licens	se number	29d. D	ata signed (Month,	Day, Year)
	Mayorte A	religion de) o.c.	.M.E.	JUI	NE 9,1999	
	30. Nama and addrass of person who co	mplated cause of daath (ttam 23a)					
	31. Data filed (Month Day, Year)	32/Registrar's Signatura		n Street, B	altimore	, Marylan	d 21201
State Registrar	JUN 1 1 1999	Service State of the service of the	9. sports				

						ificate of	Death		Reg. No.	, ,	0010
Physicia	an	1. Decedent's Neme (First, Middle, Last)		,				2. Date of Dea Month	Dey	Year	3. Time of Death
/Medic		Elizabeth Mae	Matran	gola				JUNE		999	7:30pm
Examin	er	4e Fecility Neme (If not institution, give s					4b. City, Town, or				
		2 BALDWIN COURT -					CATONSVI		BALTI		
Funeral Director		214 20 7143		(fn yrs. la:	st birthday) Yrs.	Months Deys		8. Dete of Birt (Month, De Februar	y 28, 1926	9. Birthpl Coun	ece (Stete or Foreign Maryland
inyland		Usuel Residence of Decedent 10e. Stete 10b. County			Town or Loca					10	Od. Inside City Limits
o M	cto	Maryland Baltimor	e	Ca	tonsv	ille					1 Yes 2 No
death with the Maryland ms 23a or 28a-f show create be notified at	Funeral Director	10e. Street and Number 2 Baldwin Court -	Apt-A			10f. Zip Code 2	1228		10g. Citizen of W United		
death	Je .	11. Maritel Status	12. Wes Decedent E	ver in U,S.	. 13. W	as Decedent of	Hispanic Origin? (S ban, Mexican, Puer	pecify Yes or No	14. Race		an Indien,
72 hours after dea natural, or flems	by Fu	1 Never Merried 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	0		Yes, specify Cu		o rican, etc.)	Specify:	(, White, (hite
72 hours		15. Decedent's Educ	eation		16a. Decede	ent's Usual Occi	upation		16b. Kind of Bus	siness/ind	lustry
ic n	Completed	(Specify only highest grade	College (1-4or 5-	,	(Give k	ind of work don O NOT use retir	upation e during most of wo ed)	rking			
d with	E O	Clementery/Secondary (0-12)	2yr	,	Clair	ms Exam	iner		Social	Secu	rity Admin
d 2 should be filed with and Mental Hygien 7 Is marked other the	Bec	17. Father's Neme (First, Middle, Last)					18. Mother's Na	ne (First, Middle,	Maiden Sumeme)	
should by od Menta	0	George M. Sm	ith				Martha	С.	Park	er	
should and Men marke		19e. Informent's Name/Reletionship (Typ	oe, Print)		19b. Meiling	Address (Street	et and Number or Re	ural Route Numbe	er, City or Town,	Stete, Zip	Code)
and 2 leaith m 27 le		George H. Smith/Br	other		2526 1	Marbour	ne Avenue	Balti	more, Ma	ryla	nd 21230
		20e. Method of Disposition		20b. Ple	nee of Dispos	ition (Neme of story or other pi	ece)	Date	20c. Location - (City or To	wn, Stete
y trag		1 Buriel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	emovel from State			rk Ceme		6/7/99	Baltimor	e, M	laryland
교 원원을 .		21. Signeture of Furnial Service License	0//			Name and Add					
Depa limpo		Dunb : 11	1 han	1A			UNERAL HO			DSZT A 7	NTD 21220
		23e. Part Enter the disease, or complication, or heart feiture. List only on	cetions thet caused I	the deeth.	Do not enter	the mode of th	ENS AVENU	c or respiretory e	rest,	KILA	Approximete
Physician /Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	Rereb	ror	loseu	Mar	neerd	uit.		1	Intervel Between Onset end Deeth
D is	liner	_ b	Hyper	Lue to (or	es e consequ	auti	heweler Des	whie		16	fears.
icate be executed physician and s the bunal-transit	I Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	laudi	ue to (or e	es e consequ	ence of):	Den	eon			
15 CO 61	edical	that initiated events resulting in deeth) Last	D	ue to (or e	es a consequ	ence of):				1	
anding usa	2	d								<u> </u>	
death of for	Ca	Pert II. Other algnificant conditions conf	tribution to death but	not result	ing in the un	deriving cause r	iven in Pert I	23b. Did	tobacco use con	tribute to	the cause of death?
that the ed by the detache	by Physician/M		in both g to both but			outlying outlier i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes 2 No		bably 4 Unknown
The law requires that the death certificate has been signed by the attending page 2 should be detached for use a	Completed by								en eutopsy med?	ave co	ore autopsy findings eilable prior to mpletion of cause death?
The Ite ha	Mo							10	res 2 ANO	1[Yes 2□No
Physician: The lav	Bec	25. Wes case referred to medical					26. Place of De	eth (Check only o	ne)		
s cer	0	examiner?	ospitel:	t 2 E	R/Outpatient	3 DOA	Whan	lome 5 A Resid		r (Specifi	y)
er this	n: T	27. Menner of Death	28a. Dete of Injury (Month, Day	/ 2	28b. Time of	28c. Inj			now injury occurr	-	
o fun	at lo	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day	rear)	Injury		Yes 2 No				
or Atta after des Director	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injurbuilding, etc.		ne, farm, stre	et, fectory, office	9	28f. Location (: City or Tox	Street and Number vn, Stale)	er or Rura	l Route Number,
To the Hospital or Attanding Physician: The law within 24 hours after death. To the Funeral Director: After this certificate has completaly filled in by the funeral director, page 2	edical C	29a. Certifier (Check only one) 1 ☐ Certifying Physical Examination (Check only one)		examinetio							
of the of the omple	Me	29b. Signeture end title of certifier		-		29c. Lice	nse number		29d. Date signed	(Month,	Day, Year)
F 3 F 5		Mundo	Sugie	P)	20	8780		Aune	4,	1999
					22a) (T C		- 0 0	(/	'/	
10		DR. ALEJANDRO MEJ					SUITE 100	- CATON	SVILLE,	MD 2	1228
Sta	te	31. Dete filed (Month, Dey, Year)	32. Registra			-	- , .				

(30,00

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month 945 AM JUNE 10 RENA M. MILLS 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death BROOKLYN PARK GENISIS HAMMONDS LANE NURSING ANNE ARUNDEL If Under 24 Hrs. If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) Hours Months Days 1□ M 200 F 410-54-6310 AUG 12,1915 TENNESSEE Usual Residence of Decedent 10c. City, Town or Location 10a. Stete 10d. Inside City Limits 10b. County 1 ☐ Yes 2 ▼No MARYLAND BALTIMORE BALTIMORE 10e. Street end Number 10f Zin Code 10g. Citizen of What Country? U.S.A. 14. Race - American Indian, Black, White, etc. 915 LEEDS AVENUE 21229 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Was Decedent Ever in U,S. Armed Forces? 11. Marital Status 1 Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: WHITE 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) Coltege (1-4or 5+) 8TH GRADE OWNER GROCERY STORE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) CHARLIE CURTIS McDANIEL NANCY JANE GREENE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 915 LEEDS AVENUE - BALTIMORE, MARYLAND 21229 ALPHIA J. FLOWERS (DAUGHTER) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 X Burial 2 Cremation 3 Removal from State Don tion 5 Other (Specify) CRESTLAWN MEMORIAL GARDEN 6/12/99 MARRIOTTSVILLE, MD ural Service 22. Name and Address of Facility HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE-BALTIMORE, MARYLAND 21229 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death CEREBROVASCULAR ACCIDENT Immediate Cause (Finat 2 WEERS disease or condition resulting in death) Due to (or es e consequence of): HYPERTE NSION Due to (or es e consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Wiknown DIRBETES 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medicat examiner? 26. Ptece of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred

physician and the buriel-transit the death certificate be executed esn ed by the a signed by t been sig ils certificate has b director, page 2 s this

After thi death. ne Hospital or Attandi n 24 hours effer death. The Funeral Director: A pletely filled in by the fo

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or Items 23s or 28s-f show the Medical Examiner must be notified at

Director

Funeral

à

Completed

Be

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

1 ENaturel

2 Accident

3 Suicide

29a. Certifier

4 Homicide

(Check only one)

the Meryland

with

deeth

filed within 72 hours efter

Hygiene.

marked other

Pages 1 and 2 should be fit ment of Health and Mental Hant I flem 27 is marked oth lury or other traumatic even th and Mental F

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

Division of Vital Records, or Attanding Physician:

within 2

Registrar

29b. Signature and title of certifier Necess

5 Pending

6 Could not be determined

JUN 1 1 1999

investigation

29c. License number MI

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

21776

1 Yes 2 No

29d. Date signed (Month, Day, Year) JUNE 11

28f. Location (Street and Number or Rural Route Number, City or Town, State)

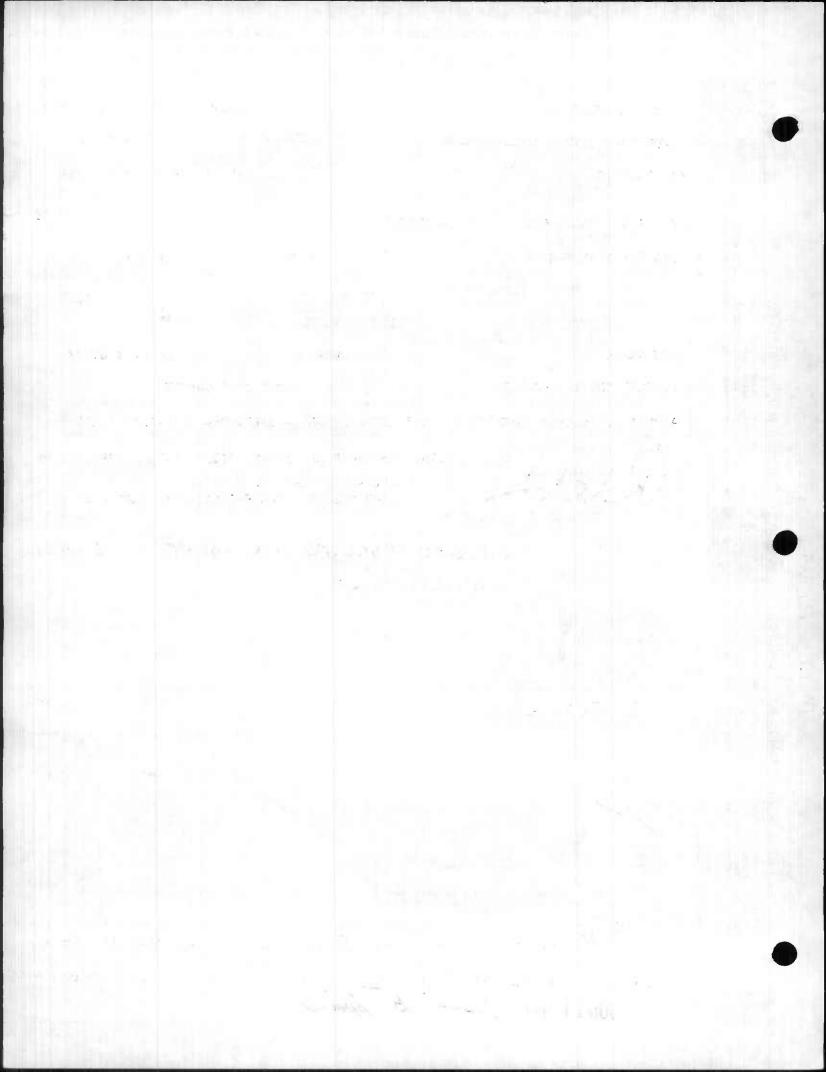
30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) end manner es steted.

2 Medical Examinar: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

S HANOVER ST BOTTMORE 2122

mo MUNDRA 3001 31. Date filed (Month, Day, Year) 32. Redistrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death AMENDED ITEM #18 PER FH G773 7/23/99 AH 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** anornec ames clune /Medical 4a Fecility Neme (If not institution, give street end number) Ab City, Town, or Location of Deeth 4c. County of Death Examiner Bulhmore Saltimore Johns Hopkins
5. Social Security Number Hoserta If Under 1 Year If Under 24 Hrs. 8. Date of Birth Month, Day y Dec . 13 Birthplace (State or Foreign
 Country) 7. Age (In yrs. lest birthday) 3^{Year)}1950 **Funeral** Months Days Hours Min 10 M 2□ F 214-56-3756 MD 48 Yrs. Dec. Director Usual Rasidance of Daceden the Maryland 10e State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinat must be notified as 1 ☐ Yes 2 No Director Baltimore Randallstown 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 37 Ojibway Road 21133 U.S.A. Funerai 72 hours after death 12. Was Decedent Ever in U.S. Armed Forces? 1 ☑ Yes 2 □ No If Yes, Give Yeer or Dates: Vietnam 14. Race - American Indien, Black, White, etc. 11. Maritel Status 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 Yes 2 XNo Specify: Specify: White þ 3 ☐ Widowed 4 M Divorced Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highest grede completed) permit. Pages 1 end 2 should be filed within 1 Department of Health end Mentel Hygiene. Important: If item 27 Is marked other than "r any Injury or other traumatic event, the Med Maryland State Chief Property Manager College (1-4or 5+) Elementary/Secondary (0-12) Dept. of Transportation 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Last) Bernard Mahorney Donna Sage GLADYS MARIE SAGE 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Steta, Zip Coda) 827 Joppa Farm Road, Joppatowne, MD 21085 Bernard Mahorney (Father) 20b. Placa of Disposition (Neme of cemetery, cremetery or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 6/14/99 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State Balto. Washington Crematory 4 ☐ Donation 5 ☐ Other (Specify) Laurel, Maryland 22. Name and Address of Facility 21. Signature of Funeral Sarvice Licenses Witzke Funeral Homes, Inc. nny Ir Rabe 1630 Edmondson Avenue, Catonsville, MD 21228 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or haart failure. List only one cause on each line. Approximata Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediate causa. Entar Undarlying Cause (Disease or injury that Initiated events rasulting in daath) Last bleeding Division of Vital Records, P.O. Box 68760 Physician/Medicai Due to (or as e consequence of): nse nse Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ed by the a signed by t 22 No 3 Probably 4 Unknown 1 Yss þ 24b. Wara autopsy findings available prior to completion of cause of death? should should 24a. Was an autopsy performed? Completed 1 Yes 2 No or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Yes 2□ No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA this After this funeral of 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of Injury 28c. Injury at Work? Certification: 5 Panding Investigation the Funeral Director: Aftra-test filled in by the fu 1 Tyes 2 No 2 Accident 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete) 6 Could not be datarmined 28e. Place of Injury - At homa, farm, streat, factory, offica building, etc. (Spacify) 3 ☐ Suicide 4 Homlcida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medical (Check only one) To the F within 2 To the F 29b. Signature and III- of certifie 29c. License number 29d. Date signed (Month, Day, Year) NES-000 NAD person who completed cause of death (Item 23a) (Type, Print) 600 North Wolfe

State Registrar

DHMH 16 Rev 6/95

tate 31. Date filed (Month, Day, Year)

Salazar r) 32. Registrar's Signature

JUN 1 1 1999

B. Sparks

Baltimore, MO 21287

House the sould will be

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Month Year Franklin Mason 1999 June 6:00 p /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner 2419 Reisterstown Rd. Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funerai** Months Days 1⊠ M 2□ F Yrs Director 238-30-8387 75 Nov. 23, 1923 NC Usuel Residence of Decedent to or 28a-f show 10e. State 10b. County 10c. City, Town or Location 10d, Inside City Limits Director 1 to Yes 2 □ No MD N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Items 23a Examiner number 2419 Reisterstown Rd. death Funerai 21217 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 Styes 2 N5 /12 /43 If Yes, Give Year or Detes: 10 / 23 / 43 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours efter 1 ☐ Never Married 2 ☐ Married 21215-0020 ō 1 Yes 2 No Specify: by Specify: Black 3 ☑ Widowed 4 ☐ Divorced "natural", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Pages 1 end 2 should be filed within nent of Health and Mental Hygiene. int: If itam 27 is marked other than Elementary/Secondary (0-12) College (1-4or 5+) 12th Self-Employed Laborer Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Bartohlomew Mason Victoria Mason 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) or other Leanna Mason/Daughter 1040 N. Ellamont St., Baltimore, MD 21229
Disposition (Name of Dete 20c. Location - City or Town, State 20b. Placa of Disposition (Name of cametery, cremetory or other placa) 20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removei from State permit. Page Depertment of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Garrison Forest VA Cem. 6/11/99 Owings Mills, MD 21. Signature of Fugerei Service Licensee 22. Name and Address of Fecility Irvin P. Carroll Funeral Home 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest,

April 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest,

April 25a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest,

April 25a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, 21217 Approximete Intervel Between Onset end Death Physician /Medical Immediate Ceuse (Final lung cancer

gue to (or es e consequenca of): diseese or condition resulting in death) **Examiner** Examiner The law requires that the deeth certificate be executed sician end burial-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medicai the Due to (or es e consequence of): as P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t Records, þ 24b. Were eutopsy findings eveileble prior to page 2 should Completed 24e. Wes en autopsy performed? completion of cause of deeth? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Vital Hospital or Attending Physician: director Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Division of this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: After 5 Pending investigation 1 Natural death. 1 ☐ Yes 2 ☐ No 2 Accident within 24 hours efter death To the Funeral Director: completely filled in by the 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, end due to the cause(s) and menner es stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. Medical 29a. Certifier the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D32186 muad keay, MD CONRAD MAY, MD 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) BALTIMORE, MD 21201 BALTIMORE VAME ION. GREENE ST. 31. Date filed (Month, Day, Year) 32. Registrer's Signature State JUN 1 1 1999

DHMH 16 Rev 6/95

Registrar



Certificate of Death 2. Dete of Deeth 3. Time of Deeth 1 Decedent's Name (First Middle Last) Month **Physician** Jerome L. Moore :13 AM 1999 JUNG · /Medical 4b. City, Town, or Location of Death 4e Fecility Neme (If not institution, give street end number) 4c. County of Death Examiner Baltimore Hos pital of Baltimore If Under 1 Yeer If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Year) Birthplace (Stete or Foreign Country) **Funeral** Months Devs Hours 1**∑**M 2□ F 52 Yrs. **Director** 212-46-5135 12-24-47 MD Usuel Residence of Decedent the Meryland 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examiner must be notified at Yes 2□ No MD NA Baltimore Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3625 W. Belvedere Avenue 21215 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Maritel Status 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: P 3 ☐ Widowed 4 ☐ Divorced Black Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry should be filed within and Mental Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) various trades Laborer 12th Grade 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) Elbert Moore Inez Hughes 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 21215 19e. Informent's Neme/Reletionship (Type, Print) permit. Pages 1 and 2 sh Depertment of Health and Important: If Item 27 Is m any Injury or other traum pncs. Baltimore, MD. 3625 W. Belvedere Avenue Moore 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Hughes Family Plot 06-12-99 Shiloh, NC 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Baltimore, Maryland 21202 21. Signeture of Funeral Service Licenses ermany mour WM.C. March F H 1101 E. North 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in deeth) Cell Lung Cancer year Examiner Examiner burial-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequence of): pue Box 68760. attending physician for use as the buria Physician/Medical Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. the Yes 2 No 3 Probably 4 Unknown 6 Division of Vital Records. þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed page 2 certificate hes 1 ☐ Yes 25 No 1 Yes 2ENo 25. Wes case referred to medical exeminer? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 28 No 12 epatient 2 ER/Outpatient 3 DOA funeral 28d. Describe how injury occurred 27. Menner of Death 28b. Time of 28c. Injury et Work? Certification: 28e. Dete of Injury (Month, Dev Year) After 5 Pending investigation or Attending 1 Natural efter death. Director: Aff 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homleide To the Hospita. DECertifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) and menner stated. 29e. Certifier Medical (Check only one)

29c. License number

Hospital, Baltimore, MD

AS2402321-DE-9152

29d. Dete signed (Month, Dey, Year)

June

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State Registrar 29b. Signeture end title of certifier

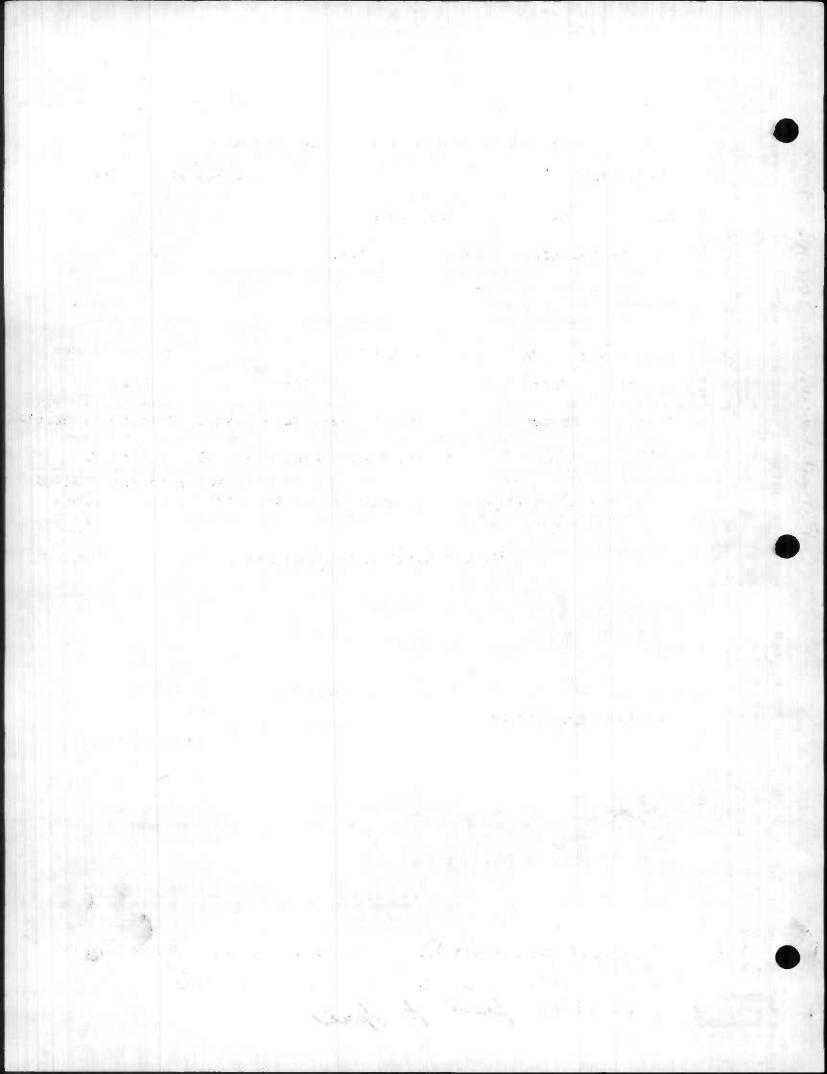
estern M. 1

Sinai

32. Begistrer's Signature

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Epstein



EI	-3276-5 LSIE EWSOME	10		Please	State of M		d / Dep		of H	lealth and M	Mental Hy	giene 9	9	18824
INE	SWSOME		1. Decedent's Nam	ne (First, Middle, Las	st)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	D G G III	2. Date of De	Reg. No.		3. Time of Death
	Physici		Elsie	В.	Newsome	3					Month	Day 9 1	Year	0-24P M
N.	/Medio Examir		4a Facility Name (If not institution, give	street and number)				4b. City, Town, or L	JUNE ocation of Deat		999 of Death	9:34P.M.
	Examir	er			VIEW MEDIO		EWLLED.			DATITIMOD	17	N/A		
	Funeral		5. Social Security N				last birthday) If Under		BALTIMOR If Under 24 Hrs.	8. Date of Bir (Month, Da		9. Birtho	elace (State or Foreign
	Director		219-10- Usual Residence o	- 3030	□M 283 F	87	Yrs.	Months	Days	Hours Min.	Dec 1	y, Year) , 1911	VA VA	ntry)
	ehow e at		10a. State	10b. County		10c. City	, Town or L	ocation					1	0d. Inside City Limits
	Ma	to	MD	Baltim	ore	Ed	lgeme	re						1 ☐ Yes 2X No
	H 28	100	10e. Street and Nu	mber				10f. Zip	Code			10g. Citizen of	What Cour	ntry?
	h wil		2621 E	Edgemere	Ave			2	121	9		USA	A	
020	72 hours efter deeth with the Maryland natural, or flems 23s or 28s-f ehow diest Eventher mart be notified at	by Funeral Director	11. Marital Status 1 Never Marr 3 XWidowed	ried 2 Married 4 Divorced	12. Was Decedent Armed Forces 1 Yes 2 If Yes, Give Year or Dates:	?	S. 13.	Was Decede		lispanic Origin? (Sp an, Mexican, Puerto Specify:	pecify Yas or No Rican, etc.)	14. Ra Bla Specil	ce - Americ ck, Whita, y: Wh	
0-10	n 72 hours "natural",	P	10	15. Decedent's Ed			16a. Dec	edent's Usua	Occup	ation	12-1	16b. Kind of 8	usiness/In	dustry
21215-0020	- 1 -	Completed	Elementary/Seco	ondary (0-12)	College (1-4or	5+)		emake		eation during most of world)	ang	Own	Home	2
	Hygie Hygie			(First, Middle, Last)			110111	- Ciliani	_	18. Mother's Nam	e (First, Middle			
Maryland	should be filed nd Mentel Hygi marked other imatic event,	To Be	Thomas						-11		Meredit		,	
ary	should and Men marks aurmatic	-	19a. Informant's N	ame/Reletionship (7	Type, Print)		19b. Mai	ling Address	(Street	and Number or Ru	ral Route Numb	er, City or Town	State, Zip	Code)
	and 2 salth or 27 le		Susan E	Pharoan	/daught	er	513	Walk	er	Ave E	Baltimo	ore, MI	212	212
Baltimore,	permit. Pages 1 and 2 should be filled within Department of Health and Mentel Hyglene. Important: if item 27 is marked other than any injury or other traumatic event, the pages.		4 Donation			C	rdens	osition (Nemeratory or other of 1	ai Addre	th	ne 14 1999	20c. Location Baltin ne of I	nore,	MD
ш	70 E 2 G		Chot	thony C.	Connel	Ver		7110	Sc	llers F	oint F	Rd 2122		
	Physician /Medical Examiner	10	23a. Part 1. Enter to abook, or head immediate Cause disease or condition resulting in death)	(Final	elications that cause one cause on each li	rosci		ic C					ese	Approximate Interval Between Onset and Death
	seth certificate be associted attending physician and for use as the burial-transit	Examiner	Sequentially list co	onditions,	b	Due to (or	as a conse	equence of):		77				
760,	ysiciar se buria	- I	cause. Enter Under Cause (Disease or that initiated events	injury	c	Due to (or	as a conse	quence of):	-				-	
ox 687	certificate iding phys	Medica	resulting in death)	Last	d									
Bo	death d for u	Clar									L sev sets			
s, P.O.	that the led by th detache	by Physician/M	Part II. Other signif	ricant conditions co	ontributing to death b	out not resu	ilting in the	underlying ca	use giv	en in Part I.		Yes 22 No	3 Pro	bebly 4 Unknow
Œ	hes been s pe 2 should	Completed									Insp	an autopsy ormed?	av co of	ere autopsy findings allable prior to mpletion of cause deeth?
	dolan: The	Be	25. Was cese refer	rred to medical						26. Place of Dee	th (Check only	one)		
>	0 0 2	10	examiner? 1XXYes 2□	No	Hospitat:	ent 21/21	ER/Outpation	ent 3 DO	A Oth	er: 4 Nursing H	ome 5 Resi	dence 6 □Ot	ner (Specif	(y)
	B . F		27. Manner of Deat 1 (Netural 2 Accident	th 5 Pending investigation	28a. Date of Inju (Month, Da	ary ay Year)	28b. Time Injury	of 28	c. Injur Wor	y et k? Yes 2 □ No	28d. Describe	how injury occu	rred	
	il or Attending after death. Director: After d in by the fund	tifica	3 Suicide 4 Homicide	6 Could not be determined				treet, factory,			28f. Location (Street and Num	ber or Rura	al Route Number,

State Registrar

30. Name and address of person who completed cause of death (Item.25a) (Type, Print)

Stephen S, Radentz, 111 Penn Street, Baltimore, Maryland 21201

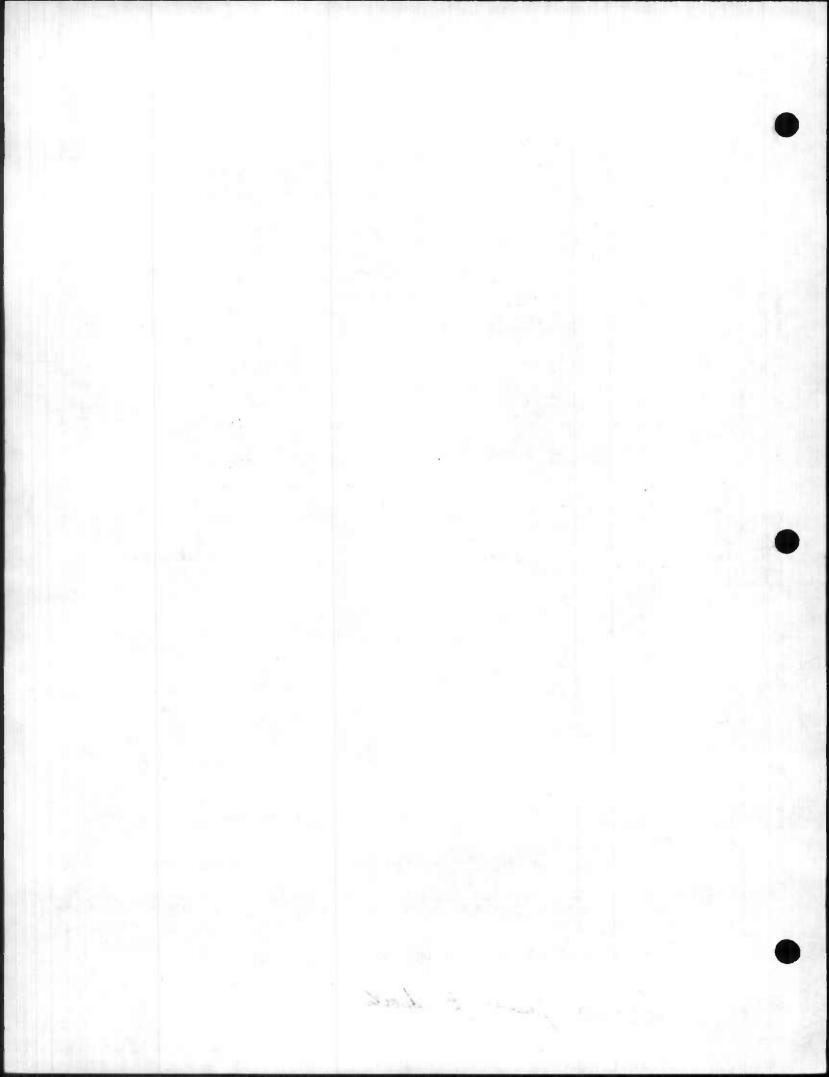
31. Date filed (Month, Day, Year) | 32. Begistrar's Schature | Death

29c. License number

O.C.M.E.

29d. Data signed (Month, Day, Year)

JUNE 10,1999



Please Type or Print in Black indelible ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth OROURKE, SR **Physician** 1999 MICHAEL 5:15 AM June /Medical 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Hospital Prince George's Regional Laurel If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) 5 Sociel Security Number 7. Age (In yrs. last birthdey) If Under 1 Year Birthplece (State or Foreign Country) **Funeral** 1₩ M 2□ F Months Deys 78 Director 215-12-2592 Dec. 17,1920 Maryland Usual Residence of Decedent with the Marylenc 10e State 10h County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Medical Examinar must be notified at 1 XYes 2 No Director Maryland Prince George Laurel 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 603 Carroll Avenue 20707 USA Funeral death 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☑ Yes 2 □ No
If Yes, Give
Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indien. 11. Marital Status Bleck, White, etc. permit. Pages 1 end 2 should be filed within 72 hours aftar of Deperment of Heelth and Mental Hyglena. Important: If Item 27 is marked other than "natural; or itea into injury or other traumatic event, the Medical Examina 1 ☐ Never Married 2K Married Saltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 Civil Servant Federal Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Patrick Francis O'Rourke Rosalie McDermott 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Margaret O'Rourke/Wife 20b. Plece of Disposition (Neme of cametery, cremetory or other plece)

Laurel, Maryland 20707

Date 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) St. Mary's Church Cem. 6/14/99 Laurel, Maryland 21. Signature of Foreral Service Licens 22. Neme and Address of Fecility Fleck Funeral Home, Inc. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiad or respirelory errest,

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate Intervel Between Onset and Deeth **Physician** FROM UPINARY TRACT /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physicien end s the buriel-trans Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760 Physician/Medicai Due to (or as e consequence of): 980 Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. ed by the s 23b. Did tobacco use contribute to the cause of death? P.O. signed by t d be datach SEVENE PARKINSONS DISEASE 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, P 24b. Were eutopsy findings eveilable prior to completion of ceuse of deeth? CORONARY ARTERY DISEASE 24a. Was en eutopsy performed? Completed peen has 1 Yes 2 No 1 Yes 2 No certificata Division of Vital 25. Wes cese referred to medical Be 28. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2□ No P 1 Inpatient 2 □ ER/Outpatient 3 □ DOA this 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? Jepital or Atten-1 Naturel 5 Pending 1 Yes 2 No Investigation 2 Accident 6 ☐ Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 ☐ Suicide Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide To the Hospital within 24 hours a To the Funeral I 1 👺 Cartifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted. 29a. Certifier edical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) and manner stated. (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Mogth, Dey, Year) D24997 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 8319 CHERRY LANE LAURER MID ZOTO? MI 31. Dete filed (Month, Day, Year) State Registrar JUN 1 1 1999

DHMH 16 Ray 6/95

Carried and the con-

Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month 11:18P **Physician** JANMEJAYA PATEL June 7 1999 /Medical 4e Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Howard County General Hospital Columbia Howard 8. Date of Birth (Month, Day, Year)
MAY 15, 1934 Uganda If Under 1 Year If Under 24 Hrs. Hours Min. 9. Birthplace (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthday) **Funeral** Months Hours 1₩ 2□ F Yrs. Director 217-98-0313 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits than "natural", or itema 23a or 28a-f ahow the Medical Examiner must be notified at Highland 1 TYPE 2 XINO MD Howard Director 10e Street and Number 10f. Zip Code 10a, Citizen of What Country? 20777 USA 13418 Good Times Court death 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U.S. Armed Forces? 14. Race - American Indian, Bleck, White, etc. 72 hours after 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 Never Married 2 Married Hygiene. other than "natural", or Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify Asian Indian À 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Businessman Retail ges 1 and 2 should be filed vit of Health and Mental Hygie if item 27 is marked other t 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Neme (First, Middle, Last) Be Manganbhai Patel Maniben Patel 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jaya J. Patel/Wife 13418 Good Times Ct. Highland, MD 20777 20b. Place of Disposition (Name of cemetery, crematory or other place) Peges 1 , 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) permit. Pege Department or Important: If any Injury or once. 4 Donetion 3 Done 21. Signeture of Funeral Service Libershap Metro Crematory, Inc. 06/10/99 Baltimore, MD Cremation Society of Maryland, Inc. McDonald W? Dawn 299 Frederick Rd. Baltimore, MD 21228 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) minutes . Heute Myocardia Examiner evosderofic Cardiovascular Diseose be executed physician and s the buriel-trens Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury thet initieted events resulting in death) Lest Due to (or es e consequence of) Box 68760. pertension Physician/Medical Due to (or es e consequençe of): eu iabetes mellitus 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown b 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed 1 Yes 2 1 | Yes 2 | 110 Division of Vital 25. Wes case referred to medical examiner?
Yes 2□ No Be 26. Place of Death (Check only one) Hospitel: 1 Inpatient 2 FR/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? Aftar or Attending 5 Pending investigation within 24 hours after death.

To the Funeral Director: All completely filled in by the fu 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner es stated.

2 Hedical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29a. Certifier edicai (Check only one)

State Registrar

29b. Signeture and title of cartifier

31. Dete filed (Month, Dey, Year)

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

JUN I 1

32. Registrer's Signature

DHMH 16 Rev 6/95

Deput M 29c. License number

D31473

MB 4565 Hemlock Cone Way Elliott City

29d. Dete signed (Month, Day, Year)

June 8, 1999

21042

True 7 1999 [[118F

Settlerine Acute Meant lat I relicaine Atheroschartic Carlino manular Disease HEAVY noisustagell DUNDY Distantes malities PURBL

EMBLE V LOAR WE ARRE HEMPING CON MAN EMILED ON BLOCK

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Death 1. Decedant's Nama (First, Middla, Last) Month Physician 04 June /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4e Fecility Nama (If not institution, give street and number) Examiner MONTGOMERY SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE If Under 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) Aug. 3, 197 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) Funeral Days Hours Min 1□M 20F 27 Yrs. India 214-35-9742 **Director** Usual Rasidanca of Decedant 10a, Stata 10b. Count 10c. City, Town or Location 10d, Insida City Limits 1XXYas 2 □ No Directo Maryland Charles Indian Head 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? USA 4640 Strauss Avenue 20640 Funerai 14. Rece - Amarlcan Indian, 12. Was Decedant Ever in U,S. Armed Forcas? Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Black, Whita, atc. 1 Yas 2000 No If Yas, Give Yaar or Datas: 1 Nevar Marriad 2 Marriad Asian 1 Yes 2 No Spacify: þ 3 Widowed 4 Divorcad Indian Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Spacify only highest grada complated) Elementary/Secondary (0-12) Collaga (1-4or 5+) 12 Manager Motel 18. Mother's Nama (First, Middla, Maidan Sumama) 17. Fether's Nama (First, Middle, Last) Vinubhai Chandubhai Patel Champaben Vinubhai Patel 19b. Mailing Address (Street and Number or Rurel Routa Number, City or Town, Stata, Zip Coda) 19a. Informent's Name/Ralationship (Type, Print) 4640 Strauss Avenue, Indian Head, Maryland 20640 Chirayu Patel/Brother 20b. Placa of Disposition (Name of camatery, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☐ Burlel 2 XCramation 3 ☐ Removal from Stata Other (Spacify) Baltimore Washington Cr. 4 Donation 6/6 Laurel, Maryland 22. Nama and Addrass of Facility Fleck Funeral Home, Inc. ease, or complications that caused the death. Do not enter the moda of dying, such es cardiac or raspiratory arrast, Approximately 1. Approxi Approximata interval Batween Onsat end Death Physician /Medical fmmediata Causa (Final disaasa or condition rasulting in daath) Examiner Dup to (or as a consequence of):) ISSEMINATED Intravas cular Coapulation Examiner Sequantielly list conditions, if any, laading to immadiata cause. Enter Undarlying Ceuse (Diseese or Injury that initiated evants resulting In death) Lest Hemmorhagic Shock Physician/Medical 23b. Did tobacco use contribute to the cause of death? Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown p 24b. Were autopsy findings eveileble prior to complation of causa of death? Completed 24a. Was an autopsy 1 Yas 2 No 1 ☐ Yas 2 No Be 25. Was casa rafarrad to medical axaminar? 26. Placa of Deeth (Check only ona) Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) To 1 Yas 2 No ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Dascribe how injury occurred 28b. Time of Certification: 27. Mennar of Daath 28a. Data of Injury (Month, Day Year) 1 Natural 5 Panding Invastigation complication of labor May 16, 1999 1200 /M 1 Yas 2 No 2 Accident 6 Could not be 3 Suicida 28a. Placa of Injury - At homa, farm, straat, fectory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stete) 4 - Homicida MOSDITA 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, data and place, end due to the cause(s) and mannar as stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at tha time, date end place, end dua to tha causa(s) and manner stated. 29a. Certifier (Check only one) Medicai 29d. Data signed (Month, Dey, Year) 29b. Signatura end title of certifian 29c. Licansa numbar

DHMH 16 Rev 6/95

the Maryland

r than "natural", or items 23s or the Medical Examiner must be

Pages 1 and 2 should be filed within 72 hours after death and of Health and Mental Hygiena.

Intel Hem 27 is marked other than "natural", or items 23.

fant: If

physician and the burial-transit

60 for use

signed by the a

been si

certificate

this funeral

After

death.

Hospital

after deat Director:

• Funeral Dire ö

To the Hosp within 24 ho To the Fune completely fi

page 2

that the death certificate be axecuted

Division of Vital Records, P.O. Box 68760

Baltimore, Maryland 21215-0020

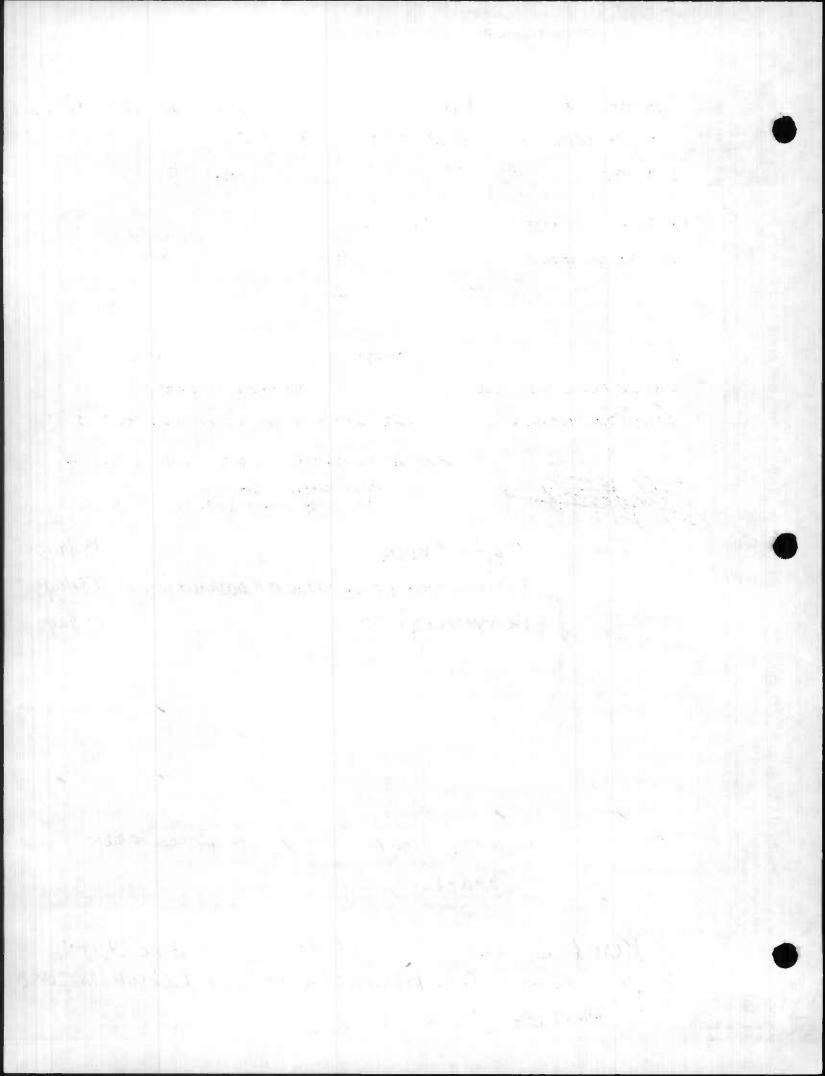
State Registrar

31. Data filad (Month, Day, Year) JUN 11

Fredma

Medical Center Drive Rockville MD 20850 32. Registrer's Signature

ddrass of person who completed causa of daath (Itam 23a) (Type, Print)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death AMENDED ITEMS #10e &19b PER FH G772 6/11/99 AH I. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Deeth Month Day Year **Physician** Yvonne Mary Pearce JUNE 8 1999 9:15 AM /Medical 4a Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Saint Joseph Medical Center Towson Baltimore If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Min. Months Deys Hours 1 M 2 370-42-3740 Director 55 June 24 1943 Michigan Usual Residence of Decedent 10a State 10b. County 10c City Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be incitited at MD **Baltimore** Monkton 1 Yas 2 No Director 10e. Street and Number MARKOE 10f. Zip Code 10g. Citizen of What Country? 16330 Markie Road 21111 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ You If Yes, Give Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, Whita, atc. 11 Marital Status 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed withir Department of Haalth and Mental Hygiena. Important: If ferm 27 is marked other than any Injury or other traumatic event Elementery/Secondary (0-12) College (1-4or 5+) 12 Personnel Director Nursing Home n/a 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Einar Clarence Anderson Astrid Ingeborg Johnson 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
16330 Markie Rd., Monkton, MD 21111 19a. Informent's Name/Reletionship (Type, Print) Robert Myers Pearce/Husband 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burlat 2 XCramation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Balto. Wash. Crematory 6/8/99 Laurel, MD 21. Signature of Fuperal Seed 22. Nama and Addrass of Facility Lemmon Funeral Home
10 W. Padonia Rd., Timonium, MD 21093

23a. Part. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

Approximately 10 to 1 Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) GANGRENOUS BOWEL DAYS Examiner Due to (or as a consequence of). Examiner SEPSIS DAYS physician and the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of) USB BS P ed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown STATUS POST ESOPHAGO GASTRECTOMY þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Wes an eutopsy performed? page 2 1 Yes 2 No funeral director, 25. Was case referred to medical examinar? 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Mennar of Death 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 5 Pending Investigation Neturel 1 Tyes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide

certificata be axecu Box 68760 attanding Division of Vital Records, P.O. should s has cartificata this Aftar death.

tha Maryland

With

death

filed within 72 hours after

Baitimore, Maryland 21215-0020

To the Hospital or Attend within 24 hours after deat To the Funeral Director:

Registrar

29b. Signature and title of certifier ando

Komero

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) and manner es stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) and manner stated. 29c. License number

D 58885

29d. Date signed (Month, Day, Year)

99

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

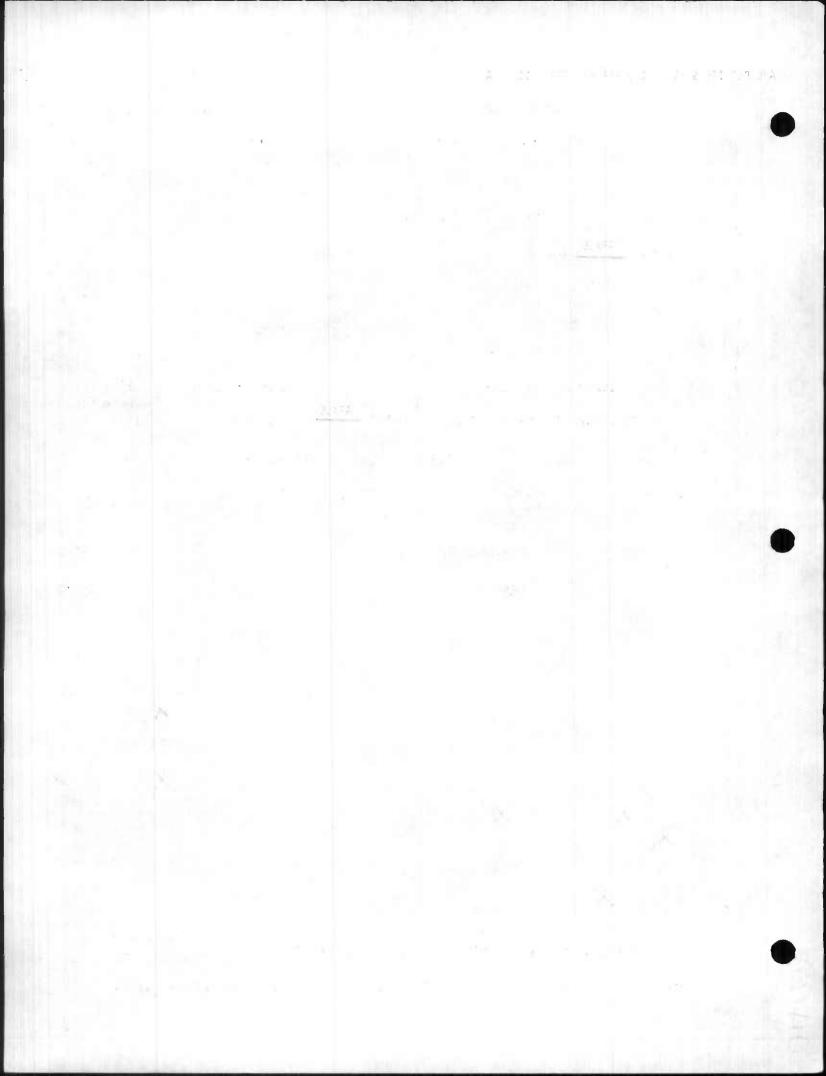
ERLANDO ROMERO M. D. 7601 OSLER DRIVE TOWSON, MARYLAND 21204

31. Date filed (Month, Day, Year) JUN 11

32. Registrar's Signature

edical

29e. Certifier (Check only one)



Please Type or Print in Black indelible lnk. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

99	1	0	0	0	0	
35	1	U	Q	6.	.)	

			Certificate of	Death	Re	g. No.	and a	1000	
	1. Decedent'a Nama (First, Middla,	Last)			2. Data of Death Month	Day	Yaar	3. Tima of Death	
Physician /Medical	NANNIE EL	IZABETH	PARRISI	H	JUNE	8, 19		3:45 PM	
Examiner	4a Facility Nama (If not institution, s	riva street and number)		4b. City, Town, or Loc	ation of Death	4c. County	of Death		
	705 OLD WAUGH C	HAPEL ROAD		ODENTO	N	AN	NE AR	RUNDEL	
Funeral		Sex 7. Aga (In yrs	. last birthday) If Under 1 Yea Months Days		8. Data of Birth (Month, Day,	Year)		ace (Stata or Foraig	
Director	218-22-6623	1□ M 280 F	83 Yrs.		JUNE 10,			LAND	
	Usual Residence of Decedent 10a. Stata 10b. County	100.0	ity, Town or Location				10	ld Innida Cib. Limit	
ahow dan	Too. County	100.0	ny, rown or Location				10	od. Inside City Limit 1 ☐ Yas 2 X N	
be notified Director		ARUNDEL	ODENTON						
D P	10e. Street and Number		10f. Zip Code		10	g. Citizen of W	hat Count	ry?	
123 E	705 OLD WAUGH C		21 113			J.S.A.			
Inneral Funeral	11. Marital Status	12. Was Decedent Ever in I Armed Forces?	J,S. 13. Was Decedent of If Yes, specify Cu	Hispanic Origin? (Spec ban, Mexican, Puarto F	cify Yes or No- lican, atc.)		- Amarica k, Whita, a		
by F	1 Never Married 2 Married	If Yas, Giva	1 ☐ Yas 2 ◯ No	Specify:		Specify:	WHI	TE	
	3½ Widowed 4 □ Divorced	Yaar or Datas:				01 10 1 10			
Completed	15. Decedent's (Specify only highast)	Education grada completed)	16a. Decedent's Usual Occu (Giva kind of work done life. DO NOT use retir	ipation a during most of working	g	6b. Kind of Bu	siness/Indi	ustry	
d H	Elementery/Secondary (0-12)	College (1-4or 5+)		90)					
	8 17. Father's Nama (First, Middle, La	e41	CASHIER	18. Mother's Nama				EXCHANG	
Be C				To. Mother's Nama	(FIISI, MICCIO, M	alueri Surrame	a)		
2	WILLIAM	EDWARD	VOSS	ELISHA		HA			
	19a. Informant's Name/Relationship		19b. Mailing Address (Street						
	THELMA KATHLEEN		Place of Disposition (Nama of	H CHAPEL R					
	20a. Mathod of Disposition 1	☐Removal from Stata	cematary, crematory or other pl		5/11/99	Oc. Location - 0			
	4 □ Donation 5 □ Qthar (Spe	city) /	MEADOWRIDGE MEM	1	RK ELKRIDGE, MD.				
DUCE.	21. Signatura of Furnital Service Lic	ensee	22. Nama and Add	rass of Fecility SINC	GLETON F	UNERAL	HOME	, P.A.,	
8	[held!	-Me	1 SECOND	AVENUE, S.V	V., GLEN	BURNII	RNIE, MD. 21061		
	23a. Part1. Enter the disease, or co shock, or heart failure. List on	implications that caused the des	th. Do not entar tha mode of dy	ring, such as cardiac or	respiratory arra	st,		Approximata Intarval Batween	
an		, , , , , , , , , , , , , , , , , , , ,					1	Onset and Death	
al	Immediata Causa (Final disease or condition	lun	Chance				1		
er	rasulting in death)	a. Dusto	or as a consequence of):				1		
1 5		Cham	lad1.	- 1.	dr.		-		
Examiner	Sequentially list conditions	b. Dua lo	or as a consequence of):	- Cong	4		1		
	Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury						1		
edical	Cause (Disease or injury that initiated evants resulting in death) Last	C Due lo (or as a consequence of):				-		
Medic	lesuring in death) Last						1		
2		d					1		
by Physician/I	Part II. Other significant conditions	contributing to death but not ra	23b. Did tobacco use contribute to the cause of de						
h.					1 No 2 No 3 Probably 4			ably 4 Unkno	
7				1 - 1 - 1					
2					24a. Was an	autopsy	24b. Wa	ra autopsy tindings ilable prior to	
Completed					perform	ed?	con	nplation of cause leath?	
E						.00			
	or W				1 Yas		11	Yas 2□ No	
Be	25. Was casa rafarred to medical axaminer?	Hospitel:	10	26. Place of Death	. /				
- T	1 Yas 2 No 27. Manner of Death	1 Inpatient 2L	JEH/Outpatient 3LI DOA	4 LI Nursing Horr	a 5 PRasider 8d. Describe hor)	
lon	1 ☐Netural 5 ☐ Pending	28a. Deta of Injury (Month, Day Year)	Injury W	ork? ☐ Yes 2 ☐ No	ou. Describe no	w injury occurr	60		
ilflcation:	2 Accident invastigat 3 Suicide 6 Could not	be co- Di date			Of Leasting (Cts	and and Mumb	or or Ouro	Davis Number	
in in	4 ☐ Homicide detarmine	building, etc. (Spec	noma, term, street, fectory, offici ify)	2	8f. Location (Str. City or Town,	State)	ei Oi Muiai	Hould Number,	
Ö	22 2 45								
Medical Certification:	29e. Certifier 1 Certifying I (Check only one) 2 Medical Ex	nminer: On the basis of axamin	owledge, death occurred at the ation and/or invastigation, in my	tima, data and place, a opinion, death occurre	nd due to the car d at the time, da	use(s) end mai te and pleca, a	nner as sto ind due to	eted. the ceuse(s)	
Mec	29b. Signatura and title of certifier	and mannar stated.	20a Lines	nse number	20	d Data signed	/Month /	Day Vansl	
	Signatura and this of certifier	MX	290. LICOT	lo d	29	d. Date signed	Combrida, L	ruf, roarj	
1		110	1	15654		6 9	99		
U	30. Nema and addrass of person wh	o completed causa of death (Ite	m 23a) (Type, Print)		0		, 1		
	YEONG OH	1412 Lvai	. Hw V	SB M	N)	210	61		
State	31. Data filed (Month, Day, Year)	32. Registrar's Sign							
State Registrar	UIN 1 1		A low	1.1					

DHMH 16 Rev 6/95

OBION

ORIGINAL

SANT DE CONTRACTOR DE L'ENTRE

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedenf's Nama (First, Middle, Last) 2. Data of Daath 3. Time of Death 08 4a Facility Nama (If not institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Death Hay f Undar 24 Hrs Birthplaca (Stata or Foraign Country) If Undar 1 Year 5. Social Security Numb 6. Sax 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Yaar) Days Months Hours 1□ M 2√ F 217-20-3279 July 04 1919 West Virginia Usual Rasidanca of Decedant 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 ☐ Yas 2 No Essex Baltimore 10e Street and Number 10f. Zip Coda 10g. Citizen of Whaf Country? 2227 Monocacy Road 21221 USA 12. Was Decedant Evar in U,S. Armad Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status ☐ Yas 2 No f Yas, Giva 1 Yas 2 No Specify: Specify: White Yaar or Datas: 16e. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Businass/Industry College (1-4or 5+) Homemaker Domestic

than "natural", or items 23a or 28a-f show the Medical Examinal must be nothed at Funeral 1 □ Navar Marriad 2 □ Married altimore, Maryland 21215-0020 þ 3X Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) Hygiene. Elementery/Secondary (0-12) 8 Ith end Mentel Hygie 27 ie marked other t r treumatic event, in other 18. Mothar's Name (First, Middla, Maiden Sumema) 17. Father's Name (First, Middle, Last) Be Peges 1 and 2 should be facilities of Health and Menlel Int: If item 27 is marked of Skarzinski Mary (Unknown) 19b. Mailing Addrass (Street and Number or Rurel Routa Numbar, City or Town, Steta, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) 6939 Eastbrook Ave. Baltimore Maryland 21224 Jennifer Skarzinski/Niece other 20b. Place of Disposition (Nama of cametery, cramatory or other place) 20a. Mathod of Disposition 20 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Pege Depertment o important: If injury

20c. Location - City or Town, Stata Stanislaus Cemetery June 11 Baltimore Maryland 4 ☐ Donation 5 ☐ Othar (Specify)

21. Signatura of Funaral Sarvice Licensee 22. Nama and Address of Facility

David J. Weber Funeral Homes, P.A. 401 S. Chester Street Baltimore Maryland 21231

23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilure. List only one ceuse on each line.

Approximata fntarval Between Onsat and Death

Immediata Causa (Finel disaasa or condition rasulting in daath)

Physician

Examiner

Funeral

Director

the Marylend

with

deeth

Physician /Medical

Examiner

pue buriel-tran physician

the

98 950 ò

been signed by the s should be deteched

page 2

director

certificate

this funerel

After

efter deeth. Director: Aft

24 hours e Hospitai

To the within 2

completely

ò

certificate be executed

0

Records.

Division of Vital Attending Physician: Examiner

Physician/Medical

þ

Completed

Be

10

Certification:

Medicai

State Registrar

/Medical

10a. Stata

MD

Director

Due to (or as a consequence

Sequantially list conditions, if any, leading to Immediate causa. Entar Undarlying Ceuse (Disaase or injury that Initiated evants resulting in daath) Last

Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown

(Unknown)

24e. Wes an eutopsy

24b. Wara autopsy findings available prior to completion of causa of death?

Yas 2 No

26. Plece of Death (Chack only ona)

1 Yas 28 No

25. Was casa rafarrad to medical axaminar? 1 Yes 2 No

27. Mannar of Death

Natural

2 Accident

4 Homicida

3 Suicida

5 Panding investigation

6 Could not be datamined

28a. Data of Injury (Month, Day Year)

Hospital 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Tima of

28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 28c. Injury at Work? 1 ☐ Yas 2 ☐ No

28d. Dascribe how injury occurred

28f. Location (Straet and Number or Rural Routa Number, City or Town, State)

29a. Cartifian (Check only one) Certifying Physician: To the bast of my knowledge, death occurred at tha tima, data and place, and dua to the causa(s) and mannar as stated.

Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the causa(s) and mannar stated.

29b. Signature and title of certifier

30. Name and address of person who completed cause of death

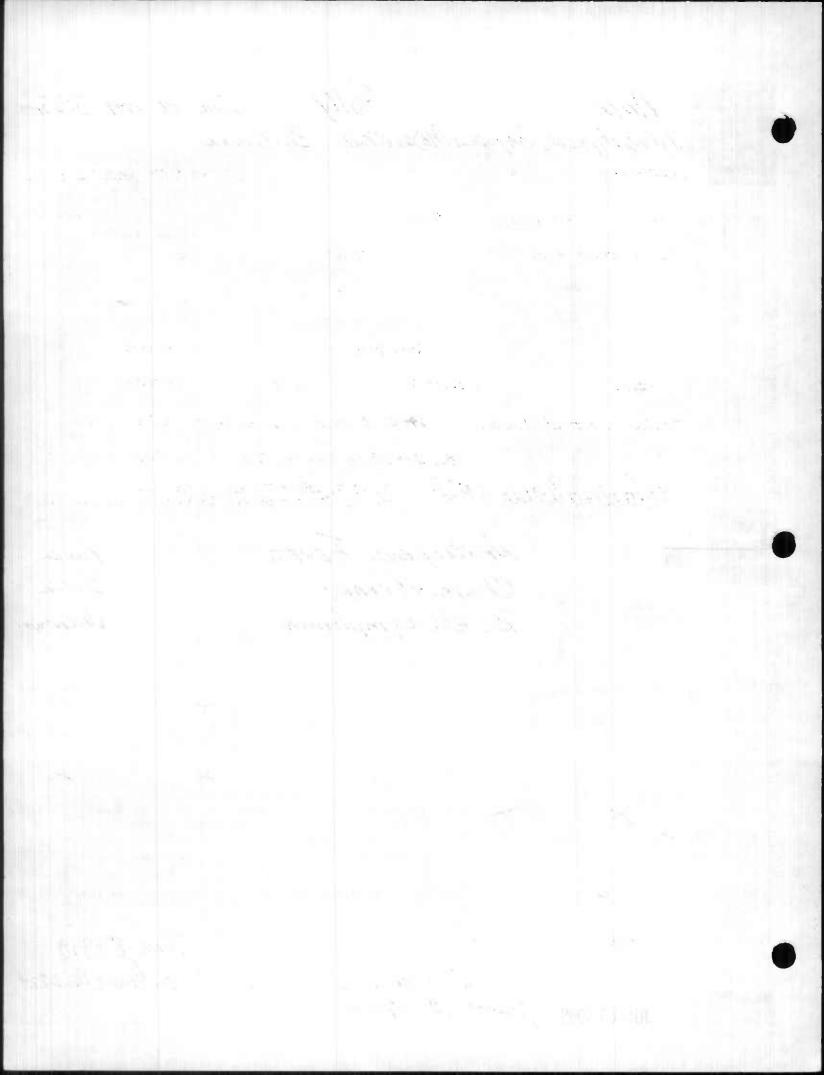
29c. Licanse number

DR. SEMEGA- JANNEY 31. Date filed (Month, Day, Year)

TORKUS BANGEN MEDICAL CENTER 32. Registrar's Signature

DHMH 16 Rev 6/95

29d. Date signed (Month, Day, Yaer)



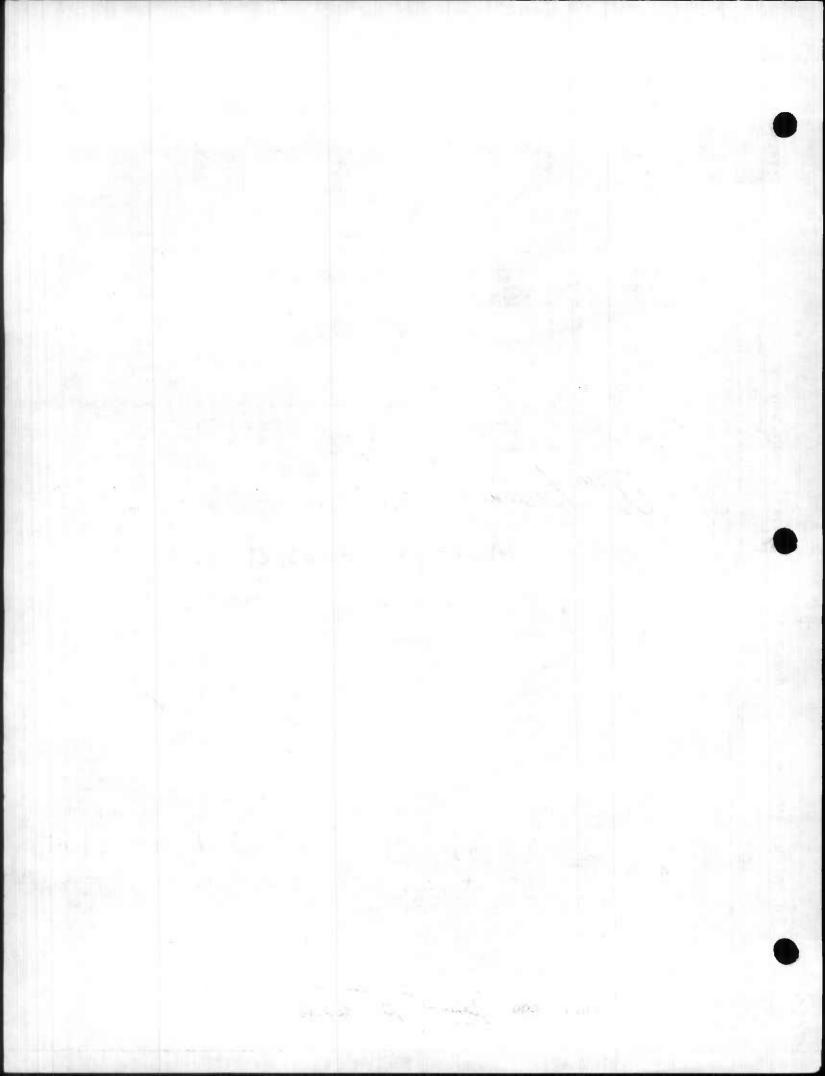
State

Registrar

DHMH 16 Rev 6/95

32 Registrar's Signatura

et 111 Penn Street, Baltimore, Maryland 21201



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Amended Item#5 perFHG772 6/15/99 EW Reg. No 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death 7: a 3am ROBERT BARLETT REGAN June 4a Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death WENIE UNDEC If Under 24 Hrs. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) 1₽M 2□F Months Days Hours Sept. 18 1928 New Hampshire Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Pasadena 1 ☐ Yes 2 No Md. Anne Arundel Co. Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 519 Sunset Knoll Road 21122 USA 12. Was Decedent Ever In U,S. Armed Forces? 1 Yes, 2 You If Yes, Give Year or Detes: 14. Race - American Indian, Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Specify: white þ 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry U.S. Government Elementery/Secondery (0-12) College (1-4or 5+) Corp. of Engineers Civil Engineer 12 4 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Fether's Name (First, Middle, Last) Be Maude Bartlett John Regan 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) 4408 Tonquil Street, Beltsville, Md. 20705 Timothy Regan (Son) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 № Burial 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) Glen Haven Memorial Park 6/12/99 Glen Burnie, Md. 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility McCully-Polyniak Funeral Home P.A. 3204 Mountain Road, Pasadena, Md. 21122 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Death Immediate Cause (Finel disease or condition resulting in death) Examiner diac Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest cal Physician/Medi Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings avellable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed 1 Yes 21000 1 Yes 2 No 25. Wes cese referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

Records, P.O. Box 68760 Division of Vital

Attending Physician:

6

altimore.

Pages 8

dant: If

-Physician Medical

Examiner

use as

signed by the

pege 2

funeral

certificate

eftar deeth.

24 hours Hospital

To the Hosp within 24 ho To the Fune completaly f

certificate be axecuted physician and s the buriel-trans

> State Registrar

Physician

/Medical

Examiner

Funeral

Director

udhphtra 31. Date filed (Month, Dey, Year)

29b. Signeture end title of certifier

29a. Certifier

(Check only one)

edical

32. Registrer's Signeture

arkay M.D.

30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

1600 Crain Hury, Glen Burnie, MD: 61

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

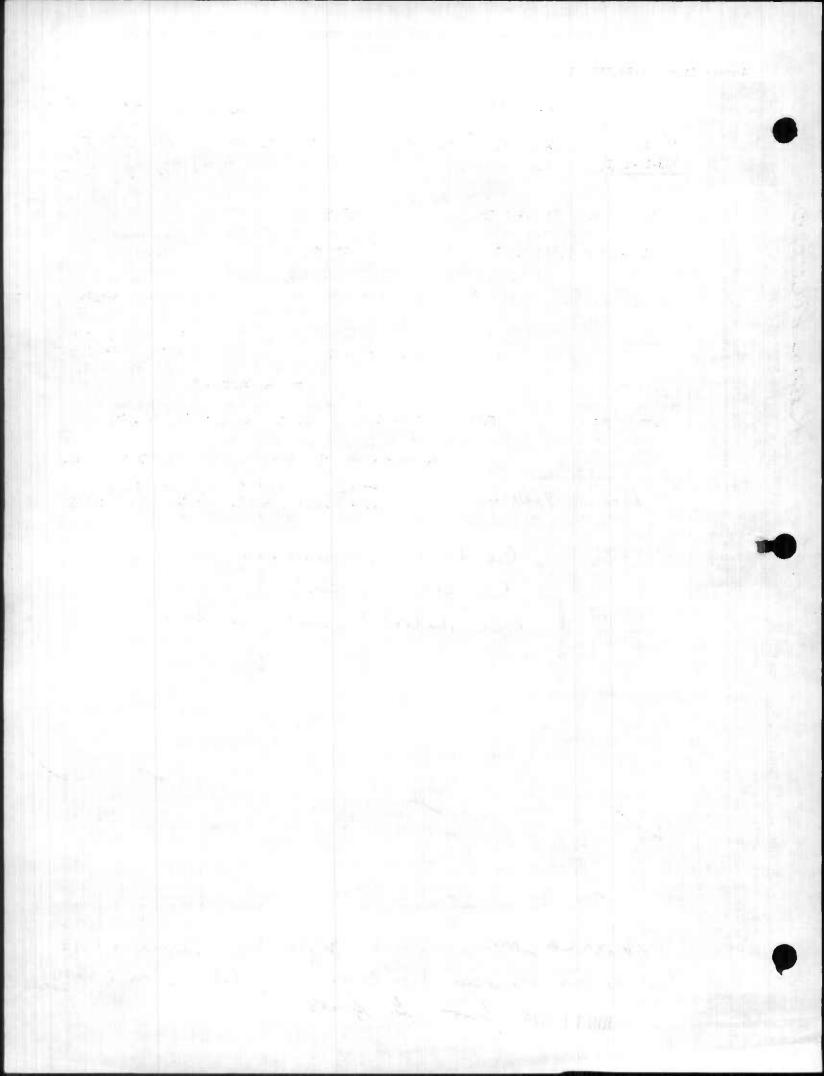
2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) and menner stated.

29c. License number

D39505

29d. Date signed (Month, Dey, Year)

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death SMITH JUNE TUNE Dey 09 Physician H. HILDA 1999 00:30 /Medical 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deet Examiner JOHNS HOPKINS BALTIMORE CITY MOSPITAL If Under 1 Year | If Under 24 Hrs. Months | Days | Hours | Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign **Funeral** Days Months 215-24-9924 A Usuel Residence of Decedent 1□M 2XF Director Jan.d the Maryland 10a. State 10b. Count 10c. City. Town or Location 10d. Inside City Limits r 28a-f ahow notified at 1 XYes 2 No **Funeral Director** Maryland MORR 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? me 23a or 21 OX Нете! 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 12 No If Yes, Give Year or Dates: 11 Merital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. permit. Pages 1 and 2 should be filled within 72 hours after d Department of Health and Mental hygiene. Important: If Itam 27 is marked other than "natural", or then any Injury or other traumatic avent, the Medical Examinat Black, White, atc. 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 N Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DQ NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Saltlmore, Maryland 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Father's Neme (First, Middle, Last) Be 19a, Informant's Name/Relationship (Type, Print) / 1/ece 19b. Mailing Address (Street and Number or Rural Route Number, City or Town) Stata, Zip Code) di 2/2/6 ammor 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
To Seph L. KUS 21. Signatore of Funeral Service License Batto. Md. Joseph uneral 1216 Ave. W. North 23a. Pert / Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, that only one cause on each line. Approximete Intervel Between Onset and Death **Physician** Immediate Cause (Final disease or condition rasulting in death) /Medical CONGESTIVE TWO YEARS HEART FAILLIRE Examiner Examiner HYPERTENSION FIVE YEMPS The law requires that the death certificate be asscuted the burial-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last ATRIAL FIBRILLATION Box 68760, WEEKS Physician/Medical Due to (or as a consequence of): for use as PNEUMONIA DNE WEEK P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown ENDOMETRIAL CANCER Division of Vital Records, Be Completed by 24b. Wara autopsy findings evailable prior to completion of cause of deeth? 24a. Wes an autopsy performed? PULMONARY HYPERTENSION 2 19 No 1 Yes 20 No certificate 1 ☐ Yes or Attanding Physician: funaral director, 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Dinpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death 1 De Natural 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 5 Pending investigation To the Hospital or Attandir enthin 24 hours after death. To the Funeral Director: A 1 Tyes 2 No 2 Accident filled in by the 6 ☐ Could not be 3 Suicide 28e. Place of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(s) and mannar as stated. Medicai completely (Check only one) ner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

State Registrar

31. Data filed (Month, Day, Year) JUN 1 1 1999

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29b. Signature and title of certifier * Lawrence MP

MAPILYN LAWRENCE



MEDICINE RESIDENT

29c. License number

RES-000

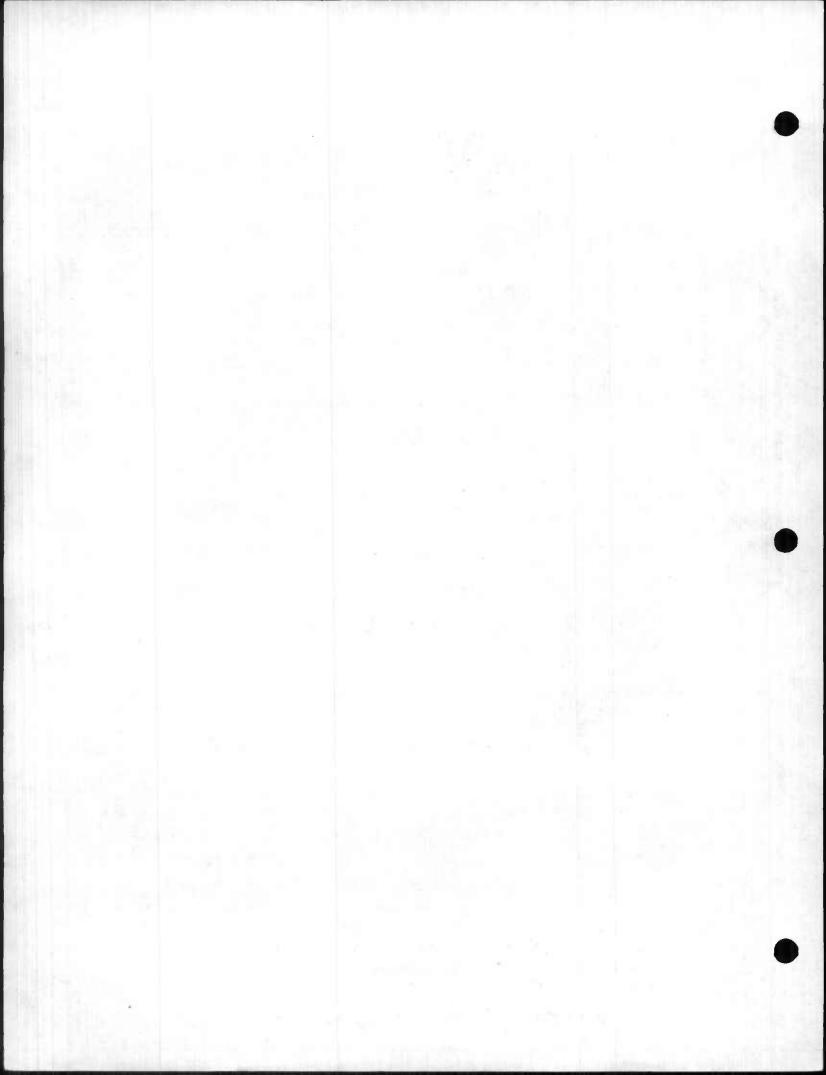
600 NORTH WOLFE STREET, TOWER 110, BALTIMORE, MARYLAND, 21287

29d. Date signed (Month, Day, Year)

9, 1999

JUNE

DHMH 16 Rev 6/95



			Cei	rtificate	e of L	Death		Re	g. No.			
	1. Decedent's Neme (First, Middle, Last)						Dete of Deet	h	Vanz	3. Time	of Deeth
Physician	Robert Buyreal Sullivan, Jr.						Month ine 7,	Dey 1999	Yeer	5:30	a.m.	
/Medical Examiner	4e Facility Neme (If not institution, give	street end number)			4	b. City, Town			4c. County		1	
	1336 Greyswood R	oad				Odent	on		Anne	Aru	ndel	
Funeral Director	5. Social Security Number 6. Se 11 4-46-9559	7. Age (In yrs	. lest birthday) Yrs.	If Under Months	1 Year Deys	If Under 24 Hours	Min.	Dete of Birth (Month, Dey, ine 1,			olece (Stete otry) yland	or Foreign
	Usual Residence of Decedent											
death with the Maryland ms 23s or 28s-f show report to notified at neral Director	MD Anne Ar		Odento							1		City Limits os 2 No
rec north	10e. Street and Number		10g. Citizen			ntry?						
Mith Mith	1336 Greyswood R	ond.		2	1113				USA			
ms 2	11. Maritel Status	12. Wes Decedent Ever in	U,S. 13.				? (Specify	Yes or No-	14. Rac		an Indien,	
urs efter	1 Never Merried 2 Married 3 □ Widowed 4 □ Divorced	If the Give 1 LI.Yes 20 No Speci					Puerto Rice	en, etc.)		White,		
od within 72 hours yglene. The Medical Ex- Completed by	15. Decedent's Edu	ucetion	16e. Dece	dent's Usue	Occup	etion	d a adala a		16b. Kind of Bu	siness/In	dustry	
	(Specify only highest gred	(Specify only highest grade completed) (Give kind of work done during most life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+)										
or yindi yidil A IX. s 1 and 2 should be filed within the thatth and Mental Hygiene. If marked other than r other traumatic avant, the than To Be Compi	12	4	Director of Data Proc			cess	ing	Trade A	ssoc	iatio	n	
tal Hyger files of the avant,	17. Fether's Neme (First, Middle, Last)											
Menta Menta	Robert Buyreal s	ullivan, Sr.				Evel	Evelyn Margaret Boston					
shou wind h	19a. Informent's Name/Reletionship (T		19b. Maili	ng Address	(Street				, City or Town,		Code)	
	Diane Sullivan/W	ife	1336	Grey	swoo	d Road	l, Ode	enton,	Maryla	nd 2	nd 21113	
s 1 a cothe othe	20a. Method of Disposition	20b.	Plece of Dispo	osition (Nem	ne of	va l	0	ete	20c. Location -	City or To	own, State	
Deficiency of permit. Pages 1 at Depertment of Hea Important: if item 3 any injury or other pince.	1 Burial 2 Cremetion 3	Je	enkins	Chape	1		6/	/11/99 Mathias, West Virgini				
Depending to the poor and in p	22. Name end Address of Fecility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, Maryland Shock, or hear feilure. List only one ceuse on each line. Approximately a complete the mode of dying, such es cardiac or respiratory errest, Intervel Indianal Conset as the conset											2070
Examiner	Due to (or es e consequence of):											lears
certificate be executed ding physician and use as the burial-transit	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause. Disease or injury c.											
certificate be refined by the properties of the	that initiated events resulting in deeth) Lest	Due to (
that the death cert ed by the attendin detached for use.	Det II Other steelfleast conditions as		an in Dard I		Ook Did to	Did tobacco use contribute to the cause of death						
by the tached	Pert II. Other significant conditions co	ntributing to death but not re	sulting in the u	indenying c	euse giv	en in Pert I.						Unknow
es that igned b be deta by Pt								1 🗆 Y	**			
or Attending Physician The law requires that after death of the Library and the function of th			1 -2				-11	24a. Was e perform	n eutopsy ned?	6/	ere eutops relieble pric mpletion d deeth?	or to
The Land Page page								1 □ Ye	es 2 No	11	☐ Yes 2	!□ No
centificate rector, pag	25. Was cese referred to medical					26. Plece o	of Deeth (C	heck only on	10)			
Physician: this certific ral director,	exeminer? 1 \(\text{Yes} \) 2 \(\text{No} \)	Hospitel: 1 ☐ Inpatient 2[☐ ER/Outpatie	nt 3 DC	Oth Oth	er: 4 Nurs	Ing Home	5 X Reside	ence 6 Oth	er (Speci	(y)	
ding Phys h. After this funeral d	27. Manner of Deeth 12 Naturel 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year)	28b. Time o					28d. Describe how injury occurred				
To the Hospital or Attending Phy within 24 hours starter death. To the Funeral Director: After thi completely filled in by the funeral Medical Certification: 7	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. Place of Injury - At building, etc. (Spec	home, ferm, st	reet, factory	, office		28f.	Location (Si City or Town	treet end Numb n, Stete)	er or Run	el Route N	umber,
n 24 hours n 24 hours ne Funeral pletely filled		sician: To the best of my kr iner: On the basis of exemination and menner steted.										Θ(S)
within 2 To the comple	29b. Signeture end title of certifier	O A		290	. Licens	e number		2	9d. Date signe	d (Month,	Dey, Year)
F ¥ F 8	> Befille	Mrs	-		١.	5011	1		6/7/			
	30. Neme end eddress of person who c	ompleted ceuse of deeth (Ite	em 23e) (Type,	, Print)								
	Isabella C. Mart	ire, MD 8379	Cherr	y Lan	e, L	aurel.	Mary	yland	20707			
State	31. Dete filed (Month, Dey, Year)	32. Registrer's Sign										
Domintron	HINE & d. too.		1.									

DHMH 16 Rev 6/95

State Registrar

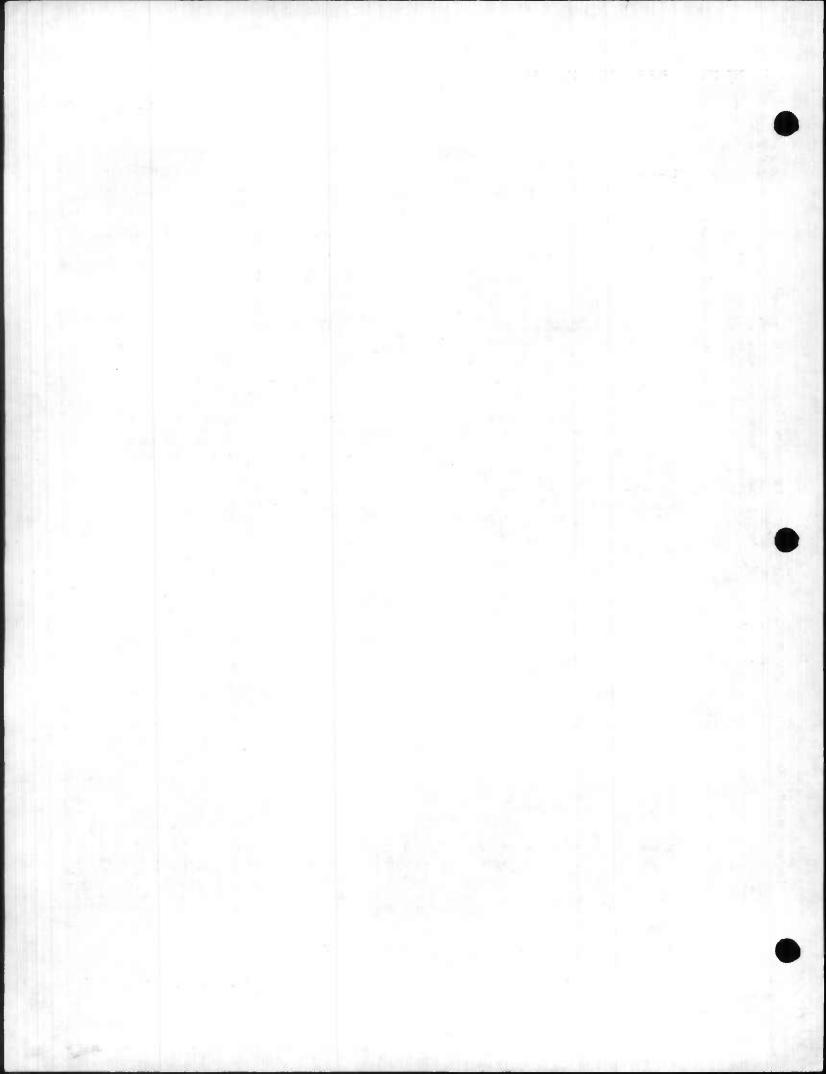
ennis 31. Dete filed (Month, Day, Year)
JUN 1 1 1999 JUN 1 1

hute , m 32. Registrar's Signature

Docks

111 Penn Street, Baltimore, Maryland 21201

ORIGINAL



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death AMEND ITEM: #2 PER MD G772 6-24-99 WR. 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death 1999 Month 12:05 RM **Physician** 1 COH RANK Jun /Medical 4e Facility Neme (II not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner AGNES HOSPITAL CONTINU CARE BALTIMORE If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplaca (Stete or Foreign Country) If Under 1 Year Months Days 7. Age (In yrs. last birthday) **Funeral** 10XM 20 F 215-12-0759 APRIL 15,1918 Director 81 MARYLAND Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 1 Yes 2 No Director MARYLAND BALTIMORE 10a Street and Number 10f. Zin Code 10g. Citizen of What Country? 8 U.S.A. 234 5502 S. MEDWICK GARTH 21228 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 XYes 2 No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) "natural", or items 14. Race - American Indien, Black, White, etc. after 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No Specify: Baltimore, Maryland 21215-0020 Specify: WHITE à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hyglene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filled with Department of Health and Mental Hyglen. Important: if item 27 is marked other that any finjury or other traumatic event, if all page. 11TH GRADE CABINET MAKER MANUFACTURING 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be UNKNOWN UNKNOWN 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) CATHERINE L. SCOTT (WIFE) 5502 S. MEDWICK GARTH - BALTIMORE, MARYLAND 21228 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 Buriel 2 ACremetion 3 Removal from State METRO CREMATORY, INC. 6/10/99 BALTIMORE, MARYLAND □ Donation 5 □ Other (Specify) Signeture of Funeral Service Consee HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE-BALTIMORE, MARYLAND 21229 Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel CARDIAC ARRHYTHMIA 30 sec diseese or condition resulting in deeth) Examiner CARDIOVASCULAR DISFASE Examiner ARTERIOSCLEBOTIC. physician end the burial-tran Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Non-Small Cell CARCINOMA -Box 68760 Physician/Medical Due to (or es a consequence of): P.O. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? t Yes 2 No 3 Probably 4 Unknown CARDIO MYOPATHY SCHEMIC Records, A 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medical axaminer? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred Medical Certification: 28b Time of 28c. Injury at Work? 1 Neturel 5 Pending death. 1 Yes 2 No investigetion 2 Accident Funeral Director: stely filled in by the 6 Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 8 Hospital
 24 hours a 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier To the Fune completely f within 2 To the 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Gerstenbloth, MI D20728 3:30 PM

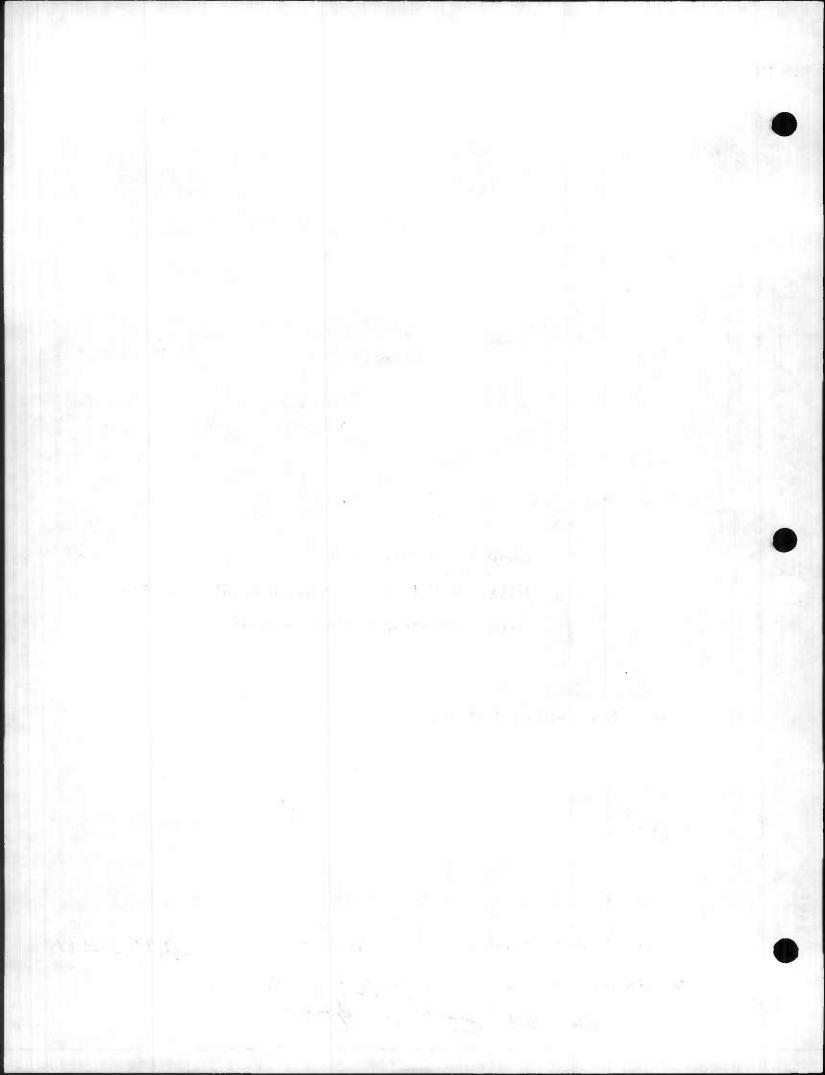
21+1

30+1

State Registrar 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

JAY GERSTENBLITH, M.D.; 3455 WILKENS AVE; BALTG MD 21229

32. Registrar's Signeture



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene () Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Month ISABELLE SIMONS 4:10 PM. JUNE 08 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death COLUMBIA 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. (Month, Day, Year) 1□M 20 F 74 Yrs. OCTOBER 17,1924 MAR 10b. County 10c. City, Town or Location 10g/Citizen of What Country? -RANKLIN Race - American Indien, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates: 1 Yes 2 No Specify 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) 18. Mother's Name (First, Middle, Maiden Sumame)

Examiner HOWARD COUNTY GENERAL HOSPITAL Birthplace (State or Foreign Country) **Funeral** -18-021: Director Usual Residence of Decedent 10a State 10d. Inside City Limits Show 1 Yes 2 No Director MARYLAND 10e. Street and Number Funeral 11 Marital Status 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) UNKNOWN 17. Father's Name (First, Middle, Last) Pages 1 and 2 should be fill ment of Health and Mental H tant; if Hem 27 is marked oth lury or other traumatic even Be ISABELLE KICHARD 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2727 MARBOURNE AVE. BALTO, MD. 21230 ace of Disposition (Name of Date 20c. Location - City or Town, State (DAUGHTER) JOYCE SIMONS 20b. Place of Disposition (Name of cametery, crametory or other place) 20a. Method of Disposition

1 Burial 2 Cremetion 3 Removal from State CEMETERY 06-14-99 BALTIMORE, MARYLAND 5 Other (Specify) 23a. Perl1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate of Funeral Service Digenses 22. Name and Address of Facility BROWN JR. FUNERAL HOME **Physician** /Medical Immediete Cause (Finel days disease or condition resulting in death) Examiner Completed by Physician/Medical Examiner epses or Attanding Physician: The law requires that the death certificate be executed Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Due to (or as a consequence of): Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 9 Tes 2 No 3 Probably 4 Unknown

23b. Did tobacco use contribute to the cause of death?

24b. Were eutopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed?

26. Place of Death (Check only one)

1 Yes 2 No

1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

25. Was case referred to medicat examiner? 1 Yea 2 No 27. Manner of Death 1 Natural

5 Pending investigation 6 Could not be 28a. Date of Injury (Month, Day Year) 28b Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

12 Inpatient 2 ER/Outpatient 3 DOA

28c. Injury at Work? 1∏ Yes 2 ☐ No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check only one)

2 Accident

4 Homicide

3 ☐ Suicide

DECertifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signalure and fitle of certifier ,MD, FCCP 29c. License number 0 36845

29d. Date signed (Month, Day, Year) Jun

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MAI-CHI NGUYEN, MD, 5999 HARSELS FARM RD, #W215, COLUMBIA, MD 21041 5999 HARPERS FARM RD, # W215,

COLUMBIA

State Registrar

Medical

Physician

/Medical

32. Registrar's Signature 31. Date filed (Month, Day, Year)

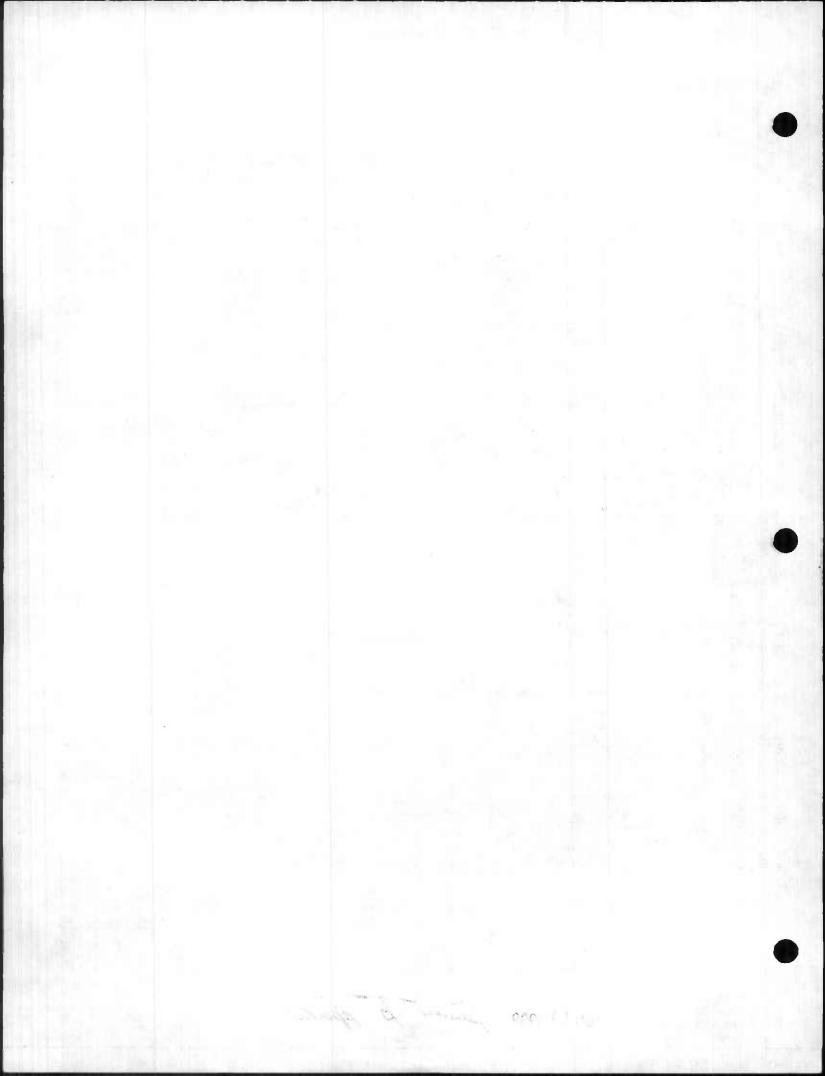
within 24 hours after death. To the Funeral Director: A

Hospital

To the

Records,

Division of Vital



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene RICKEY SUMNER JR.
ITEMS: #23 PART I, 27, 28A-F PER MEO G772 6-16-99 WR. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death 0707 AM

Physician	
/Medical	
Examiner	

Funeral

Director 28a-1 show must be notified at 6 Nerns 23a death 72 hours after "natural", or

1 and 2 should be filed within Heelth and Mental Hygiene. em 27 le marked other then " Peges 1 end 2 nent of Heelth a ant: If Item 27 le ury or other tre permit. Pege Department of Important: If eny Injury or pnce.

Baltimore, Maryland 21215-0020

Box 68760

P.O.

Records,

Division of Vital

Physician /Medical Examiner

Examiner physicien end s the burief-transit the death certificete be executed Physician/Medicai 957 the signed by t by Completed The law has page 2 certificate Attending Physician: Be 2 this funeral Certification: deeth. within 24 hours after death To the Funeral Director: / completely filled in by the 6 Hospital

6, 1999 JUNE Rickey L. Sumner, Jr. 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth 3315 ELM AVENUE BALTIMORE If Under 1 Year | If Under 24 Hrs. Months | Deys | Hours | Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) Deys 1XXM 20 F 217-11-2754 27 March 26,1972 Baltimore, MD Usual Residence of Deceden 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Directo Maryland N/A Baltimore 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3315 Elm Avenue 21211 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1XX Nevar Marriad 2 Married 1 Yes 2000 Specify. þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Construction Worker Construction 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surnama) Be Rickey L. Sumner, Sr. Kathy Uhrig 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) Kathy Davis Mother 4004 Taylor Avenue Baltimore, MD 21236 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stata XXX Buriel 2 Cremetion 3 Ramoval from Stata Moreland Memorial Park 6/9/99 4 Donetion 5 Other (Specify) Parkville, Maryland 21. Signature Funeral Service Liberse 22. Name and Address of Fecility Burgee-Henss-Seitz Funeral Home, Inc. a. or complications hat caused tha daeth. Do not enter the mode of dying, such as cardiac or respiratory errast, tist only one cause on each line. 3631 Falls Road Baltimore, Maryland 21211 Approximata Interval Betw Onset end Deeth Immediata Ceuse (Final diseese or condition rasulting in death) NARCOTIC AND ALCOHOL INTOXICATION Due to (or es a consequence of) Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disaase or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown

24a. Wes en autopsy performed?

24b. Were autopsy tindings evailable prior to completion of cause of death?

1XXVes 2 No

white

12 Yas 2 No 26. Placa of Deeth (Check only ona)

1 Yas 2□ No

25. Was case referred to medical examiner? XX Yas 2 No 27. Menner of Death

4 Homicide

(Check only one)

29a. Cartifier

1 Neturel 2 Accident 3 Suicide

5 Pending Investigation 6 ℃ Could not be detarmined

Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury
(Month, Dey Year)
Found: 28a. Place ot Injury - At home, term, street, factory, office building, atc. (Specify)

28b. Time of Α Found: М

FOUND AT RESIDENCE

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home XXRasidence 6 Other (Specify) 28d. Describe how injury occurred

SUBJECT INGESTED DRUGS AND ALCOHOL 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 3315 ELM AVE.

BALTIMORE, MARYLAND 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29b. Signatura and title of cartifier

O.C.M.E

Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, data and place, end due to the cause(s) end menner steted.

29c. License number

29d. Date signed (Month, Day, Year) JUNE 7, 1999

30. Nama and address of person who completed cause of deeth (Itam 234) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Radent2 ohen

32 Begistrara Signature

State Registrar

Medicai

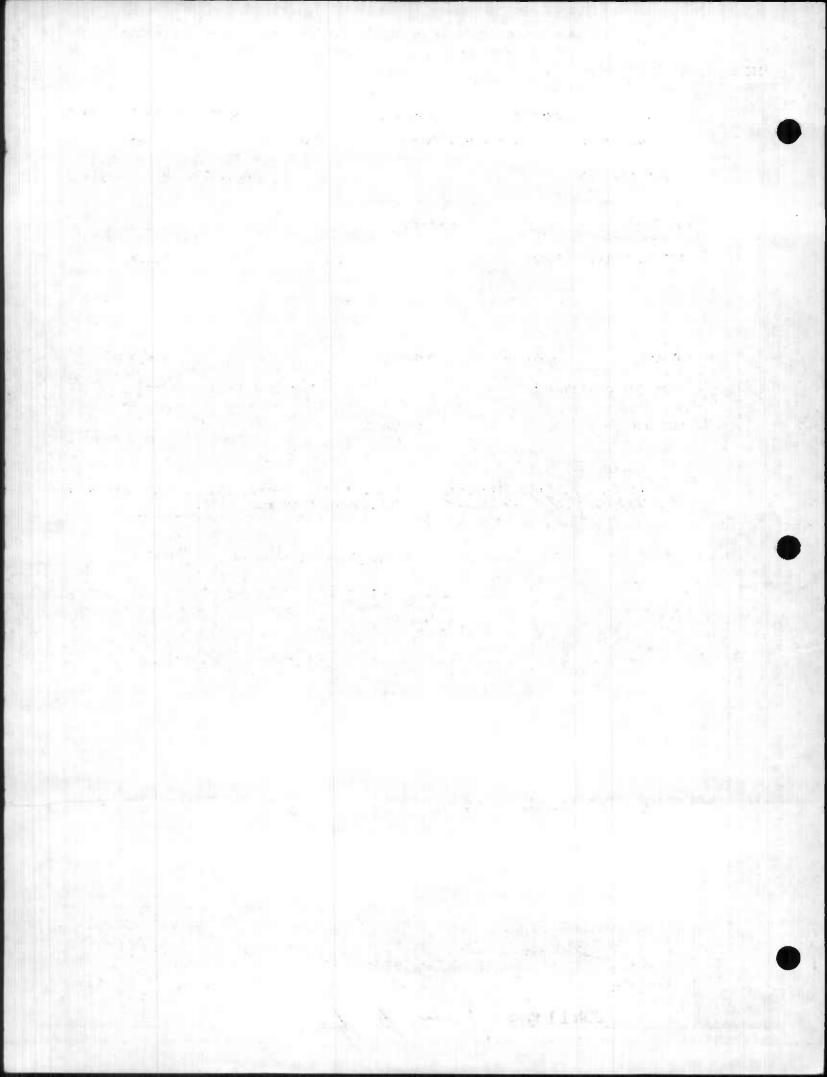
DHMH 16 Rev 6/95

within 2 To the

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

		MD G772 6-11-99	MIZ.			Ce	rtificate	e or i	Death			Reg. No	0.			
Dhysisian	1. De	1. Decedent's Name (First, Middle, Last)									2. Dete of Month	Death	ay	Year	3. Time o	f Deeth
Physician /Medical		Ruth	Lore	tta		Schwar	tz				April 3, 1999 11			11:3)P	
Examiner	4a Fa	cility Neme (If not institution	n, give str	reet end numbe	er)						Location of Death 4c. County of Death					
		Long Green	11	5 S Mel	rose	Place			Baltin				n	a		
uneral Pirector		215-12-2680	6. Sex	M 2∏ F	Age (In yrs. 7	last birthday) 9 Yrs.	If Under Months	1 Year Days	If Under Hours	Min.	8. Date of (Month, Oct.	Day, Year			lece (Stete try) yland	or Foreign
>	Usual	Residence of Decedent			100 0	ty, Town or Lo	naation							14	Od Jacida (She fi Imilan
show a		Stete 10b. County			100.01	ty, Town of E	ocation								0d. inside 0	2□ No
72 hours efter death with the Maryland naturel; or items 23s or 28s-f show disal Examinet must be notified at steed by Funers! Director	Mar	yland			Ba	ltimor	1	Cada			10g. Citizen of Whet Country?					
											10g. C			try r		
e 23					nt Ever in II	10 12	Mac Doops			ain? /Sn	acity Vac or	No.	U.S.	. A . ce - American Indien,		
edical Examinar must leted by Funeral	1[arital Status → Never Married 2 Mer □ Widowed 4 □ Divorceo	ried	1 ☐ Yes 2 ☑ No If Yes, Give			If Yes, spec		Specify:		ecify Yes or Ricen, etc.)	140-		k, White,	etc.	
d b			Yeer or Dates	»:	160 Door	dont's Heur	al Occup	otion			16b I	Kind of Ru	ainess/Inc	fuetry		
t, the Madical		15. Deceder (Specify only highe	st grede	completed)		(Give	dent's Usua kind of wor DO NOT us	rk done	during mos	t of work	ring	100.1	טפ וט ניייי	.u., 1000/1110	and the same of th	
M M	Ele	mentary/Secondary (0-12)		College (1-40	r 5+)	unkno							unkn	OLT		
Ü		NOWN ather's Neme (First, Middle,		GIIKIIO	44.17		18. Mothe	er's Nem	e (First, Mic	idle, Maide						
o Be		hn Joseph Sc		tz							Eliz					
To	19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or										-		Code)			
Tac		known		.,,		unkn		,								
other trsumatic event, the M		Method of Disposition			20b. I	Plece of Dispo	osition (Nan	me of			Dete	20c. l	Location -	City or To	wn, Stete	
5	1	☐ Burial 2 ☐ Cremetion		cemetery cremetory or other of				other plac	ce)							
ance.	-	☑ Donation 5 ☐ Other (S				0	2. Name en	d Addro	no of Engilit	h						
Suce	21.5	Ronald S		- 11	ector						d, 655	5 W. 1	Balti	more	Stre	et
any Injury or once.	1	Jonans	114	Dens	-	В	altim	ore,	Mary	land	1 212	01				
-	23a.	P t1. Enter the disease, or speck, or heert feilure. List	r complicationly one	ations that caus ceuse on eech	ed the deet line.	th. Do not en	ter the mod	de of dyin	ig, such es	cardiec	or respireto	ry errest,			Approxima Intervel Be	tween
ician														i	Onset end	Death
ical iner	Imme	ediete Cause (Final		[/]					0							
		tine in death		Um	mc	ودراي	tino	hre	In	Sm	mon	Do	vsea	w.		
je line	result	ise or condition ting in deeth)	е.	Um	Due to (or es e conse	quence of):	hre	- In	hm	way	D	nsea	w.		
ine	I result	ting In deeth)	e	Cr	Due to (or es e conse	quence of):	hne	In I	Im Der	seas	D	nsea	n		
camine			e	Cr	no	or es e conse			l'n	Um Der	rong	e	nsea	~		
i Examiner	Sequ if eny		6. b.	Cr	no				In er	In Du	roly	D	nsea	h		
the burial-transit	Sequ if eny	entially list conditions, r, leading to immediate e. Enter Underlying e (Disease or Injury initieted events ling in deeth) Lest	b	Cr D	Due to (o		quence of):		lu s	In Du	slar	D	vola	N		
e as the burial-transit Medical Examine	Sequ if eny	entially list conditions, , leading to immediate e. Enter Underlying e (Disease or Injury nitieted events	6. d	Cr D	Due to (o	or es la conse	quence of):		In er Jb	Um Der	sear	Dr.	nsea	h		
lan/Medical Examine	Sequ if eny	entially list conditions, , leading to immediate e. Enter Underlying e (Disease or Injury nitieted events	b.c.d.	Cr D	Due to (o	or es la conse	quence of):		ln er Jb	Um Der	son s	Dr.	rsea			
cian/Medicai	Sequ if eny	entially list conditions, , leading to immediate e. Enter Underlying e (Disease or Injury nitieted events	e. b. c. d. ons contr	CY D Libuting to death	Due to (c)	or es a conse	quence of):	nle	er Jb	mt		mse	e se con use con	ntribute to	o the cause	of death?
hysician/Medicai	Sequ if eny	nentially list conditions, , leading to immediate e. Enter Underlying e (Disease or Injury nitieted events ling in deeth) Lest	b. d. d. ons contri	CY D L ibuting to death	Due to (c)	or es a conse	quence of):	nle	er Jb	mt	236.1	mse			o the cause	
by Physician/Medical	Sequif eny ceuse Ceus thet in result	nentially list conditions, , leading to immediate e. Enter Underlying e (Disease or Injury nitieted events ling in deeth) Lest	b. d. d.	Cr D L	Due to (c)	or es a conse	quence of):	nle	er Jb	mt	236.1) Did tobecc		3 □ Prol	bably 4] Unknowr
by Physician/Medical	Sequif eny ceuse Ceus thet in result	nentially list conditions, , leading to immediate e. Enter Underlying e (Disease or Injury nitieted events ling in deeth) Lest	b. c. d.	Cr D	Due to (c)	or es a conse	quence of):	nle	er Jb	mt	236. 1) Did tobecc	2 □ No	3 ☐ Prof	bably 4 [ere eutopsy allable prior	Unknown
by Physician/Medical	Sequif eny ceuse Ceus thet in result	nentially list conditions, , leading to immediate e. Enter Underlying e (Disease or Injury nitieted events ling in deeth) Lest	b. c. d.	Cy D L ibuting to death	Due to (c)	or es a conse	quence of):	nle	er Jb	mt	236. 1	Did tobecc	2 □ No	3 ☐ Prol	bably 4	Unknown
by Physician/Medical	Sequif eny ceuse Ceus thet in result	nentially list conditions, , leading to immediate e. Enter Underlying e (Disease or Injury nitieted events ling in deeth) Lest	b. c. d.	CY D L ibuting to death	Due to (c)	or es a conse	quence of):	nle	er Jb	mt	23b. 1	Did tobecc	2 □ No	3 Prof	ere eutopsy allable prior mpletion of deeth?	Unknown
Completed by Physician/Medical	Sequif eny course that it result	entially list conditions, r, leading to immediate b. Enter Underlying e (Disease or injury nitieted events ling in deeth) Lest Other eignificant condition /es case reterred to medica		CY D L ibuting to death	Due to (c)	or es a conse	quence of):	nle	J&	mt	23b. 1	Did tobecc	2 □ No opsy	3 Prof	ere eutopsy allable prior mpletion of deeth?	findings to cause
o Be Completed by Physician/Medical	Sequification of the sequence	ventially list conditions, r, leading to immediate a. Enter Underlying e, (Disease or Injury initieted events ling in deeth) Lest Other eignificant conditions are conditionally in the condition of the conditions of the conditions are conditionally in the conditions of the conditio	al	snital·	Due to (c	or es a conse	quence of):	e ceuse giv	The en in Pert i	I.	23b. 1 24e. V	Did tobecc I Yes Ves en eut verformed?	2 □ No opsy 2XXNo	3 Prol	bebly 4 pere eutopsy allable prior mpletion of deeth?	findings to cause
To Be Completed by Physician/Medical	Sequification of the sequence	ventially list conditions, r, leading to immediate a. Enter Underlying e, (Disease or Injury initieted events ling in deeth) Lest Other eignificant conditions are conditionally in the condition of the conditions of the conditions are conditionally in the conditions of the conditio	al	spitel: 1 ☐ Inpa 28e. Date of Ir	Due to (c Due to (c Due to (c Due to (c)	or es a consecutiva de la consecutiva della cons	quence of): quence of): underlying c	e ceuse giv	26. Place	I.	23b. 1	Did tobecc I Yes Ves en eut verformed? Yes I Yes Residence	2 No opsy 2XXNo 6 Oth	3 Prol	bebly 4 pere eutopsy allable prior mpletion of deeth?	findings to cause
To Be Completed by Physician/Medical	Sequif eny ceusit that is result. Pert III.	rentially list conditions, r, leading to immediate e. Enter Underlying e (Disease or Injury ritieted events ling in deeth) Lest //es cese reterred to medica eminer? Yes 2 No enner Deeth Nature 5 Pendid	ii Ho	spitel: 1 ☐ Inpa 28e. Date of Ir	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c)	or es a conse	quence of): quence of): underlying c	DA Oth	26. Place	e of Deal	23b. 1 24e. V	Did tobecc I Yes Ves en eut verformed? Yes I Yes Residence	2 No opsy 2XXNo 6 Oth	3 Prol	bebly 4 pere eutopsy allable prior mpletion of deeth?	findings to cause
director, page 2 should be deteched for use as the but To Be Completed by Physician/Medical	Sequification of the sequence	rentially list conditions, leading to immediate e. Enter Underlying e (Disease or Injury inflicted events ling in deeth) Lest Ves case reterred to medica keminer? Yes 22 No enner of Deeth	ng igation not be	spitel: 1 Inpa 28e. Date of Ir (Month, L	Due to (c Due to (c Due to (c Due to (c Due to (c Due to (c) Due to (c) Due to (c)	or es a consecutivo de la consecutivo della cons	quence of): quenc	DA Oth	26. Place	e of Deal	23b. 1 24e. V p 1 th (Check or or or or or or or or or or or or or	Did tobecc I Yes Wes en eutiperformed? Yes The yes Th	2 No opsy 2XXNo 6 Oth	3 Prol 24b. We ave co of 1 I	erre eutopsyaliable priorimpletion of deeth? Yes 2[Unknown
led in by the funerel director, page 2 should be deteched for use as the but Certification: To Be Completed by Physician/Medical	Sequif eny ceusit (Coust thet is result) Pert III 25. Went in the image of the im	entially list conditions, leading to immediate e. Enter Underlying e (Disease or Injury nitieted events ling in deeth) Lest Les case reterred to medica exeminer? Yes case reterred to medica exeminer? Yes 2 No enner Deeth Naturel investi Accident investi Suicide 6 Could detern Certifier 1 Certifylir	ng igation not be nined	spitel: 1 Inpa 28e. Date of Ir (Month, L	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Publication to reserve the control of the control o	DEP/Outpatie 28b. Time of Injury owledge, deat	quence of): quenc	DA Oth DEBC. Injur Wor 1 y, office	26. Place er: 4 HMI Yes 2 me, dete en	e of Deal	23b. 1 24e. V p 1 th (Check or ome 5 F 28d. Descr	Did tobecc Yes Ves en eutiverformed? Yes None) Residence ibe how inj on (Street & Town, Stat the ceuse(2 No opsy 2XXNo 6 Oth jury occurr end Numb ite)	3 Prof	ere eutopsy allable prior mpletion of deeth? Yes 2[y) If Route Nutleted.	Inknown
To Be Completed by Physician/Medical	Sequif eny ceuse Ceus thet in result. Pert III 25. W eny 11 27. M eny 12 3 4 29a.	rentially list conditions, leading to immediate be. Enter Underlying e (Disease or injury inflieted events ling in deeth) Lest /es case reterred to medical caminer? Yes 2 No ennar of Deeth Nature 5 Pendir investi Accident Suicide Gould determ Contilier ng gation not be nined exemine	spitel: 1 □ Inpe 28e. Date of Ir (Month, I 28e. Plece of building, sien: To the besi	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Publication to reserve the control of the control o	DEP/Outpatie 28b. Time of Injury owledge, deat	quence of): quenc	DA Oth 28c. injur Wor 1 y, office et the tire, In my o	26. Place er: 4 HMI Yes 2 me, dete en	e of Deal	23b. 1 24e. V p 1 th (Check or ome 5 F 28d. Descr	Did tobecc I Yes Wes en eutiverformed?	2 No opsy 2XXNo 6 Oth iury occur and Numb (s) end me nd plece,	3 Prol 24b. Www.co.of. 1 Cert (Specified Procedure of Rural Procedure	ere autopsy aliable prior mpletion of deeth? Yes 2[y) If Route Nutleted.	Inknown	
edical Certification: To Be Completed by Physician/Medical	Sequif eny ceuse Ceus thet in result. Pert III 25. W eny 11 27. M eny 12 3 4 29a.	ventially list conditions, leading to immediate e. Enter Underlying e (Disease or Injury illieted events ling in deeth) Lest Ves case reterred to medical exeminer? Yes 2 No enner of Deeth Naturel 5 Pendir invest Accident Could determine the condition of the could be could be could be could be could be could cone Certifier Certifylic Check only 2 Medical one	ng gation not be nined exemine	spitel: 1 □ Inpe 28e. Date of Ir (Month, I 28e. Plece of building, sien: To the besi	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Publication to reserve the control of the control o	DEP/Outpatie 28b. Time of Injury owledge, deat	quence of): quenc	DA Oth 28c. injur Wor 1 y, office et the tire, In my o	26. Place rer: 4 No. Yes 2 Inne, dete en pinion, dee	e of Deal	23b. 1 24e. V p 1 th (Check or ome 5 F 28d. Descr	Did tobecc I Yes Wes en eutiverformed?	2 No opsy 2XXNo 6 Oth iury occurr and Numb ite) (s) end me nd plece, ivate signer	3 Prol 24b. Windows avacco of 1 Correct red per or Rura enner as seend due to d (Month,	ere eutopsy allable prior mpletion of deeth? Yes 2[Yes 2[Yes 2[Yes 2[Dey, Year)	Inknown
To Be Completed by Physician/Medical	Sequif eny coust for the life of the life	rentially list conditions, leading to immediate a. Enter Underlying e (Disease or injury nitieted events ling in deeth) Lest /es case reterred to medical caseminer? Yes 2 No ennact Deeth Nature 5 Pendir investi Accident Suicide Gould determ Certifier (Check only 2 Medical one) Signature end title of certifier Medical one)	ng igation not be nined exemine	spitel: 1 □ Inpe 28e. Date of Ir (Month, I 28e. Plece of building, sien: To the besisend manner	Due to (c) Due to	DER/Outpatie 28b. Time of Injury Deviced by the second of the second o	quence of): quenc	DA Oth 28c. injur Wor 1 y, office et the tire, In my o	26. Place rer: 4 No. Yes 2 Inne, dete en pinion, dee	e of Deal	23b. 1 24e. V p 1 th (Check or ome 5 F 28d. Descr	Did tobecc I Yes Wes en eutiverformed?	2 No opsy 2XXNo 6 Oth iury occurr and Numb ite) (s) end me nd plece, ivate signer	3 Prol 24b. Www.co.of. 1 Cert (Specified Procedure of Rural Procedure	ere eutopsy allable prior mpletion of deeth? Yes 2[Yes 2[Yes 2[Yes 2[Dey, Year)	Inknown
To Be Completed by Physician/Medical	Sequif eny coust for the life of the life	ventially list conditions, leading to immediate e. Enter Underlying e (Disease or Injury illieted events ling in deeth) Lest Ves case reterred to medical exeminer? Yes 2 No enner of Deeth Naturel 5 Pendir invest Accident Could determine the condition of the could be could be could be could be could be could cone Certifier Certifylic Check only 2 Medical one	ng igation not be nined exemine	spitel: 1 □ Inpe 28e. Date of Ir (Month, I 28e. Plece of building, sien: To the besisend manner	Due to (c) Due to	DER/Outpatie 28b. Time of Injury Deviced by the second of the second o	quence of): quenc	DA Oth 28c. injur Wor 1 y, office et the tire, In my o	26. Place rer: 4 No. Yes 2 Inne, dete en pinion, dee	e of Deal	23b. 1 24e. V p 1 th (Check or ome 5 F 28d. Descr 28f. Locatic City or orded the til	Did tobecc Yes Ves en eutiverformed? Yes No one) Residence ibe how inj on (Street e Town, Sta	2 No opsy 2XXNo 6 Oth jury occurr end Numb ite) (s) end me ind plece, in pate signer	3 Prof	ere eutopsy allable prior mpletion of deeth? Yes 2[Yes 2[Yes 2[Yes 2[Dey, Year)	Junknown findings to cause No

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Amended Item#24a²berPhyG772 6/11/99EW Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** June 1, Esther Dorothy Stiegler 8:00 A.M. /Medical 4c. County of Death 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 6412 Bonnie Brae Road Eldersburg Carroll Hours Min. 8. Date of Birth (Month, Day, Year)

Dec. 21, 1914 5. Sociat Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplece (State or Foreign Country) **Funeral** Months Days 216-05-0202 84 Director Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. toside City Limits must be notified at Maryland Baltimore Woodstock 1 Yes X No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3542 Hernwood Road 21163 United States death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Dates: Rema : 14. Race - American Indian, Black, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours effer of Hygiane. 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: à 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) . Pages 1 and 2 should be filed wi tmant of Heelth and Mental Hyglan tant; if item 27 is marked other th jury or other treumadic avent, the 11th Grade Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) 8 John Nelson Doyle, Sr. Anna Lillian Muhly 19a. Informant's Neme/Retetionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ronald W. Stiegler - Son 6412 Bonnie Brae Road; Eldersburg, Maryland 21784 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Buriat 2 Cremation 3 Removel from Stete permit. Page Department of Important: If any injury or page. 4 □ Donation 5 □ Other (Specify) Woodlawn Cemetery 6/5/99 Woodlawn, Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility Loring Byers Funeral Directors, Inc. 8728 Liberty Road; Randallstown, Maryland 21133 Do C 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, about part tailure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner Dement physician and tha burial-transit the daeth cartificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Aortic Aneurism Box 68760, Abdomina Physician/Medical 188 signed by the a P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. à 24b. Were autopsy tindings eveilable prior to completion of cause of deeth? s reed should Completed 24a. Wes an autopsy performed? s certificate hes t 2 No 1 ☐ Yes 2 ☐ No Division of Vital Attanding Physicien: I director, 25. Was case referred to medical examiner? 8 26. Place of Death (Check only one) Other: 4 Nursing Home Thesidence 6 Other (Specify) Residence 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this funaral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. tnjury et Work? Aftar 5 Pending To the Hospital or Attanding within 24 hours effect death. To the Funeral Director: Affa completely filled in by the fun. 1 Natural 1 Yes 2 No investigation 2 Accident 3 Suicide 6 ☐ Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

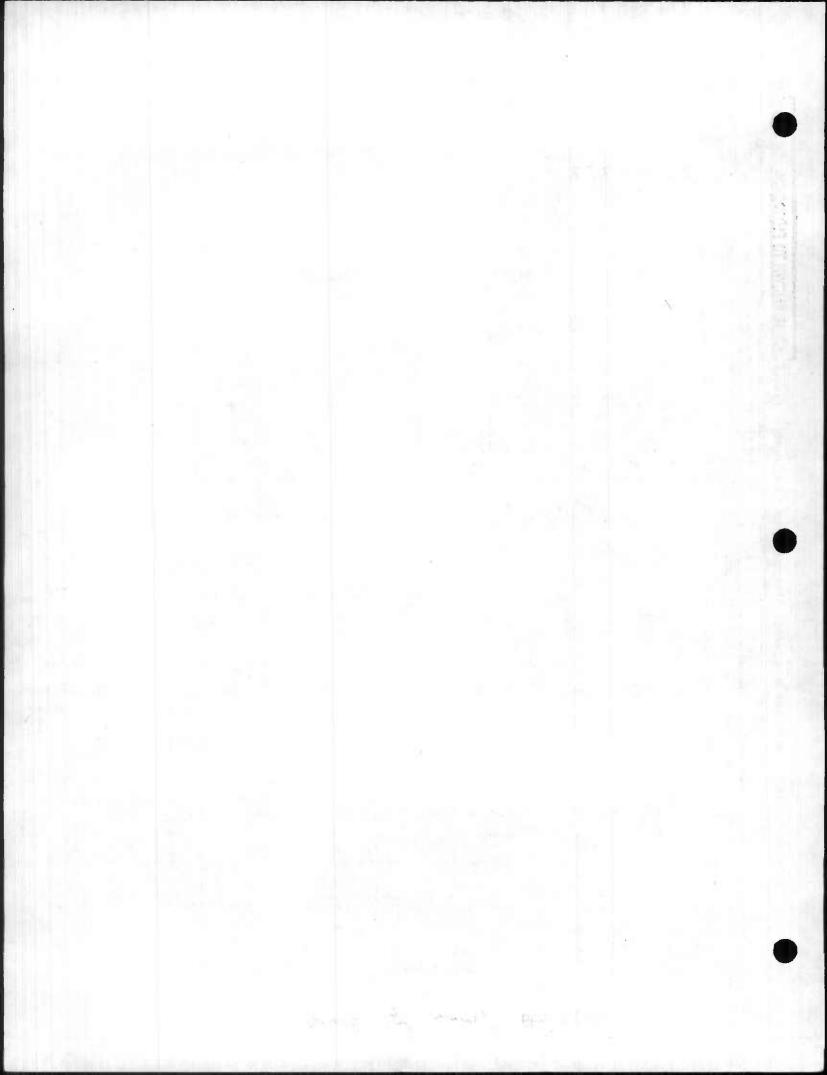
| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edical (Check only one) 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier 0 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Da 4195 M. PANSURIMA malwim 31. Date filed (Month, Day, Year) 32. Registrer's Signature State Registrar JUN 1 1 1999

DHMH 16 Rev 6/95

ORIGINAL

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				Otate of W		Certificate				Reg. No.	9	18841		
	Dhi-		1. Decedent's Nama (First, Middle, I					100	2. Dete of De Month	eath Dey	Year	3. Time of Death		
	Physic /Medi		I LEANARTIE JUHEINIT							08	1999	155 m		
	Exami		4a Facility Neme (If not institution, g	ive street and number,	F 4 81			4b. City, Town, or		h 4c. County	of Death			
	8_U		CHURCH.						TMORE					
	Funeral Director		5. Social Security Number 6. 213 16 5 7 3 7 Usuel Residence of Decedent	Sex 7. Ag 1	ge (In yrs. last bir 83	thday) If Under Months	1 Yeer Deys	If Under 24 Hrs Hours Min.		th ey, Year) 1915	9. Birthp Coun	lace (State or Foreign try)		
SECTION	Mand Mand		10a. Stata 10b. County		10c. City, Tow	n or Location					11	0d. Inside City Limits		
岩	the Maryla 28a-f sho notified at	ctor	MD		BALTI	MORE						1 No 2 No		
100	ITO PHI III with the M		10e. Street and Number			10f. Zip	Code			10g. Citizen of \				
H			1601 PUMPHREY ST. 21224								US	A		
2 1246 GELDWIN TO PHYSY	72 hours after death with the Maryland natural, or thems 23s or 28s-f show dical Examiner must be notified at	by Funeral Director	11. Meritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	Ever in U.S. No	13. Wes Deced it Yas, spec	lispanic Origin? (S an, Maxican, Puar Specify:	specify Yas or No to Rican, etc.)	Specify	ck, White,	nerican Indien, site, etc.				
33	72 h	oted	15. Decedent's (Specify only highest g	Education rade completed)	16a.	Decedent's Usue (Give kind of wor	l Occup	nation during most of wo	rkina	16b. Kind of B	usiness/Ind	lustry		
124	within then the Mee	Completed	Elemantary/Secondary (0-12)		College (1-4or 5+) (Give kind of work life. DO NOT use HOMEMAK			d)		HOME				
	Part of the second	S						10 Mother's No.	ma /First Middle		101			
lanc	fontal F ked off	To Be	17. Fether's Nema (First, Middle, Last CHARLES ABELL	51)				LOUIS	ma (First, Middle E BURRI		10)			
Maryland	2 should be mad be made and be		19a. tntorment's Name/Relationship DENNIS SCHEIDT		196	Meiling Address		end Number or R				Code)		
Baltimore,	Pages 1 and . ent of Health nt. If Item 27 ry or other tr		20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donation 5 Other (Spec		20b. Pleca of Disposition (Name cametery, crematory or othe LOUDON PARK				Date Jun101999	20c. Location				
Balti	Departm Departm Imports any inju		4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility. KACZOROWSKI FUNERAL HOME 1201 DUNDALK AVENUE, BALTIMORE, MD 21222											
			23a. Pert1. Enter the diseesa, or co		Approximate									
	Physician		23a. Pent 1. Enter the diseesa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart tailura. List only one cause on each line.											
	/Medical		tmmediate Cause (Final disaase or condition	YPOXI			1	HOURS						
	Examiner		resulting in deeth)	a.		consequence of):					i			
1 ,	Si g	line	Sequentielly list conditions, if any, leeding to immediate cause. Enter Undertying Ceuse (Disease or Injury C. PLEURAL ETFUSION Due to (or es e consequence of): CYMPITO MA									DAYS		
50°,	icate be executed physicien and s the burial-transit	i Examiner										NUNTHS		
× 68760,	T D 0	VMedical	that initieted events resulting in death) Last				1							
Вох	attending	clar			23b. Did tobacco use contribute to the cau									
P.O.	het the d ad by the detached	Physi	Pert ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							1 Yes 2 No 3 Probably 4				
Division of Vital Records, P.O.	To the Hospital or Attending Physician: The lew requires that the death cert within 24 hours after deeth. To the Funeral Director: After this certificate has been signed by the attending completely filled in by the funeral director, page 2 should be detached for use.	Be Completed by Physician/M			24a. Was	. Was an eutopsy performed? 24b. Wera eutopsy fi available prior to completion of ce death?								
R	The lev te has sage 2	E O							10	Yas 20 No	10	Yes 2□ No		
ta	certificate rector, pag	3e C	25. Wes case raterred to medical					26. Place of De	eth (Check only	ona)				
>	yslci is cer direc	0	exeminer?	Hospitel: 1 1 Impati	ent 2 ER/Ou	rtpatient 3 DO	A Ott	nor.	lome 5 ☐ Resi		er (Specif	y)		
o uol	nding Physisth.	atlon:	27. Mannar of Death 1 Netural 5 □ Pending 2 □ Accident investigeti	28a. Date of Inju (Month, Da			8c. Injui	ry at rk? Yes 2 □ No	28d. Describe	28d. Describe how injury occurred				
Divis	i or Attendates after deet	Sertific	3 Suicide 6 Could not determine	d 266. Place of in	28e. Place of Injury - At home, term, street, factory, office building, atc. (Specify)					28t. Location (Street end Number or Rurel Route Number, City or Town, Stete)				
	To the Hospital or Attending Physician: The lew within 24 hours after deeth. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	Medical Certification: To	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, data and place, end due to the ceusa(s) and mannar as stated. 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, end dua to the ceus end manner steted.									ated. the ceusa(s)		
	To the To the Comp	M	29b. Signetura end title of certifier	liam	nus	290		4 2 8 9 7	2	29d. Date signe		Dey, Year)		
	(7		30. Neme and address of person who	completed cause of o	leath (Item 23a)		FRA	W9 5	CHUID					
	Sta Regist		31. Date filed (Month, Day, Year) JUN 1 1	32. Registr	rar's Signeture	B. A.	100	11		2,23/				
			2011 1 1	1333		~ 4	uce	No.						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedenl's Name (First, Middle, Last) 2. Date of Death 3. Tima ol Death Month Marie Spicer June 8, 1999 12:05AM 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death 1902 Altavue Road Catonsville **Baltimore** If Under 24 Hrs. If Under 1 Year 5. Social Security Number 7. Age (In vrs. last birthday) 8. Data of Birth Feb. 23, Year) 912 Birthplace (Stata or Foreign Country) Days 1 M 2 F Months Hours 214-03-1250 87 Usual Residence of Decedent 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yas 2 X No MD Baltimore Woodlawn 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 7602 Clays Lane 21244 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Datas: 14. Race - Amarican Indian, Black, White, alc. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 1 Never Married 2 Married 1 ☐ Yas 2 ☐ No Specify: Specify: White 3 ₩ Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working tife. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8 Homemaker Own Home 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Jane Mullinix Emmett Young 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Relationship (Type, Print) 1902 Altavue Road, Catonsville, Maryland 21228 Kenneth D. Spicer (Son) 20b. Place ol Disposition (Nama of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Removal from Stala 4 Donation 5 Other (Specify) 6/11/99 Woodlawn, Maryland Woodlawn Cemetery 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Witzke Funeral Homes, Inc. 1630 Edmondson Avenue, Catonsville, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death Immediata Causa (Final diseasa or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as a consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 nknown 24b. Wara autopsy lindings available prior to 24a. Was an autopsy performed? completion of cause of death? 1 Yas 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Tary her's 1 Inpatient 255 No 2 ER/Outpatient 3 DOA 28d. Describe how injury occurred 28a. Data of Injury (Month, Day Year) 28b. Time of

physician and s the burlal-transit or Attending Physician: The law requires that the death certificate be executed P.O. Box 68760. attending pl been signed by the a should be datached f Division of Vital Records, this

Physician/Medical Examiner à Completed funeral director, 8 Certification: To After Hospital or Attending in 24 hours after death. The Funeral Director: After pletaly filled in by the fur

Physician

/Medical

Examiner

Funeral

Director

ehow.

Director

Funeral

py

Completed

8

r than "natural", or items 23s or 28s-f shorthe Wedinal Examiner must be notified at

permit. Pages 1 and 2 ahould be filed within 72 hours effact.
Depertment of Health and Mental Hygiena.
Important: If item 27 is marked other than "natural", or item any injury or other treumatic event, the Medical Example

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

the Menyland

deeth with

25. Was casa refarred to medical axaminer? 1 ☐ Yes 27. Manner of Death 1 Natural 2 Accident

3 ☐ Suicide

29a. Certifier

4 ☐ Homicide

(Check only

5 Pending invastigation 6 Could not be detarmined

28e. Place of Injury - At homa, larm, street, lactory, office building, atc. (Specify)

28c. Injury at Work? 1 TYes

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated. 29b. Signature and title of cepting

29c. License number

N. Rollin

29d. Data signad (Month, Day, Year)

30. Name and addr of parson who completed causa of death (Item 23a) (Type, Print)

MI Wa 0

31. Data filed (Month Day, Yes 32. Registrar's Signatura 1999

A A 8222

State Registrar

Medical

DHMH 16 Rev 6/95

To the Hosp within 24 hos To the Fune completely fi



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death 4e Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death John Hopkins Hospital Baltimore N/A 5. Social Security Number 223-42-0585 7. Age (In yrs, lest birthday) 65 Yrs If Under 1 Yeer | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Jan. 12, 1934 9. Birthplace (State or Foreign 10 M 20 F Deys Hours Indiana Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2703 Beechland Avenue 21214 USA Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian Bleck, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 1 Never Merried 2 Merried 1 Yes 2 No Specify White > Specify: 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Emory Mick Betty Robson 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mr. Michael Tsottles-Husband 2703 Beechland Avenue, Baltimore, Md. 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Date 20c Location - City or Town, Stete 6/9/99 Robson Family Cemetery Rixeyville, Virginia 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Leonard J. Ruck Funeral Home 5305 Harford Rd. Baltimore, Home Inc. Md. 21214 covenne 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one ceuse on each line. Approximete intervel Between Onset end Death immediate Ceuse (Finel disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of) Due to (or es a consequence of): 23b. Dtd tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 2 No 3 Probably 4 Unknown 1 Yee 24b. Were eutopsy findings aveilable prior to completion of ceuse of deeth? 24a. Wes en eutopsy parformed? 2 V No 2 No 1 ☐ Yes 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 tnpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how injury occurred Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Maturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide 29a. Certifier Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the cause(s) and menner as stated. Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and institute as a substitute of the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner steted.

The law requires that the death certificete be axecuted Division of Vital Records, P.O. Box 68760, or Attanding Physician: 24 hours after death.

Funeral Director; A Hospital

Physician /Medical

Examiner

Funeral

Director

28a-f show

8

234

permit, Pages 1 and 2 should be filed within 72 hours after Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic avant, the Medical Franchise

Physician

/Medical Examiner

physician s the buria

signed by the e

page 2 s has

certificate

After this

filled in by

within 2. To the F \$

DHMH 16 Rev 6/95

Baltimore, Maryland 21215-0020

deeth Nema

Examiner mant be notified at

Director

Funeral

by

Completed

Be

2

Physician/Medical Examiner

þ

Completed

Be

Certification: To

Medical

(Check only one)

29b. Signeture and title of partille

31. Dete filed (Month, Day, Year)

State Registrar

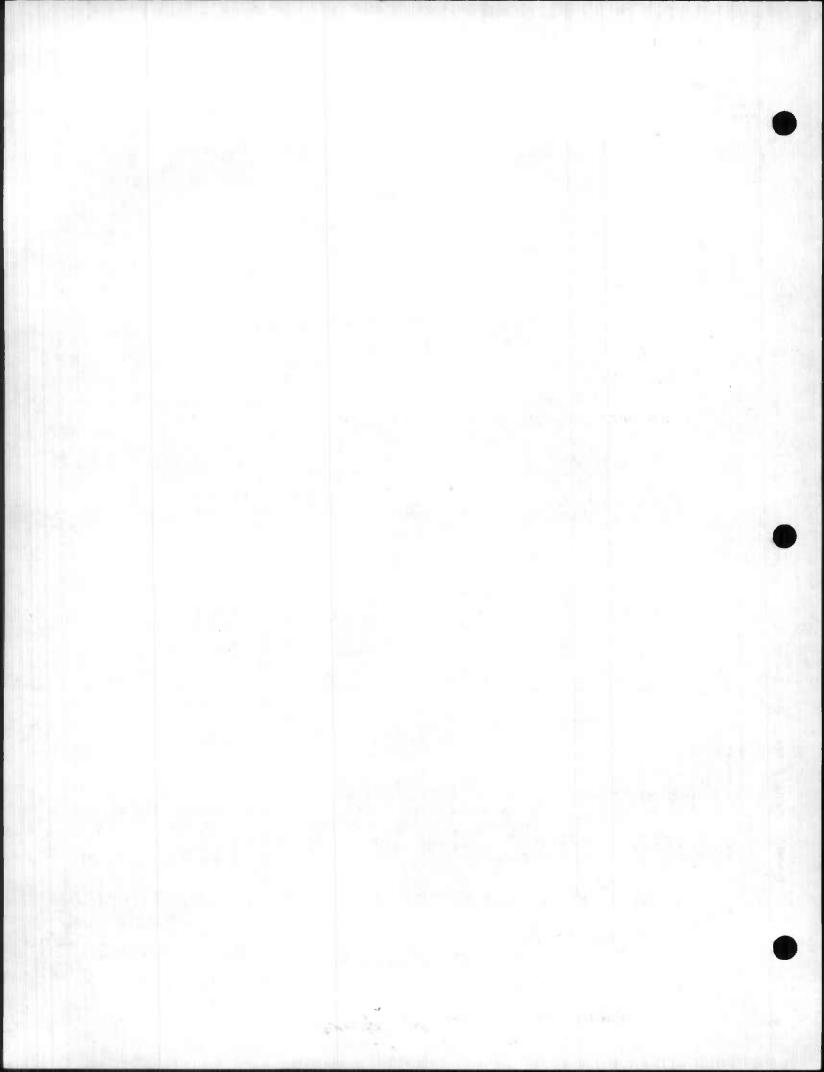
1999

30. Name and address of person who completed cause of death (Item 23a) (Typa, Print)

32. Registrer's Signeture

29c. License number

29d. Date signed (Month, Dev. Year)



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: #3 PER MD G772 6-17-99 WR. 1. Decedent's Name (First, Middle, Last) 2. Date of Death JUNE 9 Month Day 3. Time of Death **Physician** 3:15 PM SIBLEY ANNT ELIZABETH 1999 /Medical 4a Facility Name (If not institution, give street and number) 4b. City. Town. or Location of Death 4c. County of Death Examiner RD 3704 BALTIMORE NIA GREENVALE If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days Months Hours 10 M 20 F 219-28-867 Yrs. 66 MARYLAND Director OCT 26 1932 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show 1 Yes 2 No Director BALTIMONE NIA 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 Nerna 23a 3704 GREENVALE RD 21229 UNITED STATES Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Black, White, etc. 11 Marital Status 72 hours after 1 Never Married 20 Married 1 Yes 2 No If Yes, Give Year or Dates: altimore, Maryland 21215-0020 "natural", or 1 Yes 2 No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 I Hygiene. other than "n Elementary/Secondary (0-12) College (1-4or 5+) GRAPHICS REPROGRAPHICS SPECIALIST 2 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Peges 1 end 2 should be and Mental is marked GEORGE A. WEINKAM EDNA A. CHENOWITH 2 19a. Informant's Name/Relationship (Type, F 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip-Code) permit. Peges 1 end 2: Department of Health ar important: If item 27 is any injury or other traughts. Kenneth E. Sible 704 Green vale timore MU21227 husband 20b. Place of Disposition (Name of 20a. Method of Disposition Date 20c. Location - City or Town, State cemetery, crematory Baltimos Burial 2 Cremation 12 3 Premoval from State ewlathedra MI 4 □ Donation 5 □ Other (Specify) 6 21. Signature of Funeral Service Licanses 22. Name end Address of Facility Amanu SE OF 2719 Hammon EFFICEY PO LANGULUNE MOLILET 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** 5 mich /Medical Immediate Cause (Final disease or condition resulting in death) Examiner monar Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pue Due to (or as a consequence of): arci Noic Box 68760 Physician/Medical the Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to Completed 24a. Wes an autopsy completion of cause of death? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 No of Vital Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 Netural 2 Accident Division Attending 5 Pending investigation death. 1 ☐ Yes 2 ☐ No n 24 hours after death.

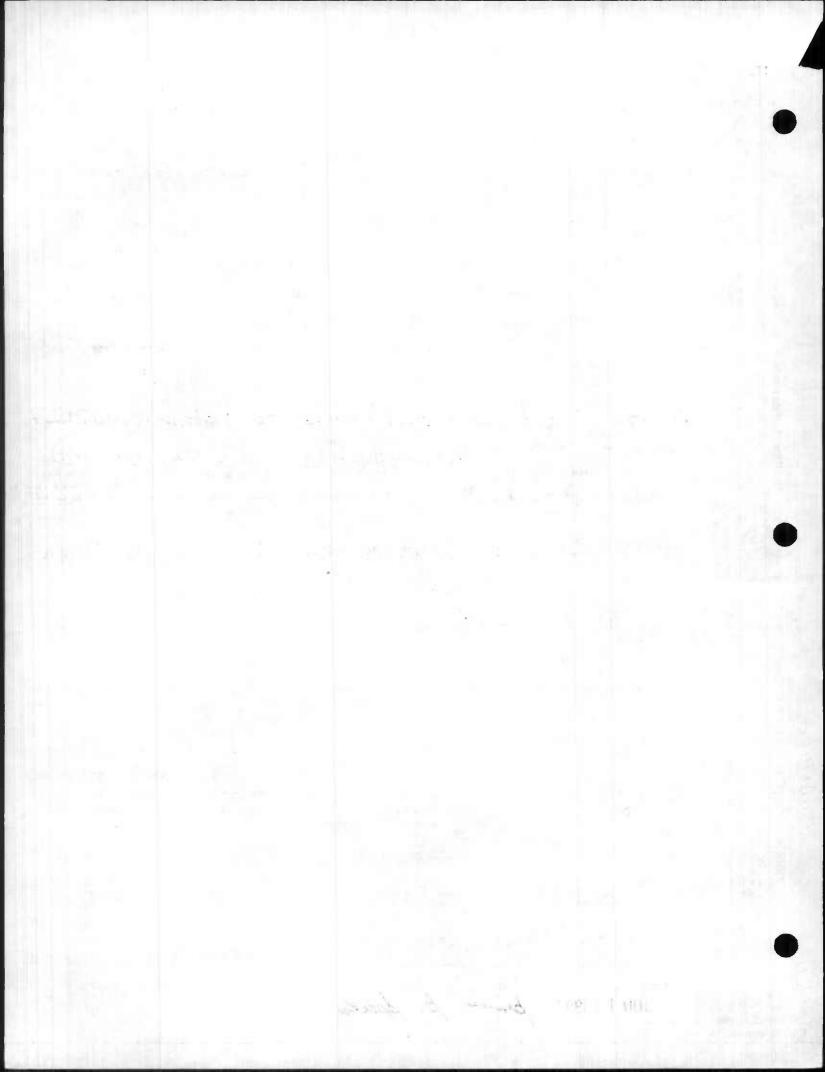
Ne Funeral Director: A pletely filled in by the f 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide ŏ The Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end manner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier Medical To the Hosp within 24 hor To the Fune completely fi (Check only one) 29b. Signature and title of a 9c. License number 29d. Date signed (Month, Çlay, Year) 30. Name and address of principles

DHMH 16 Rev 6/95

State

who completed cause of deeth (Item 23a) (Type, Print)



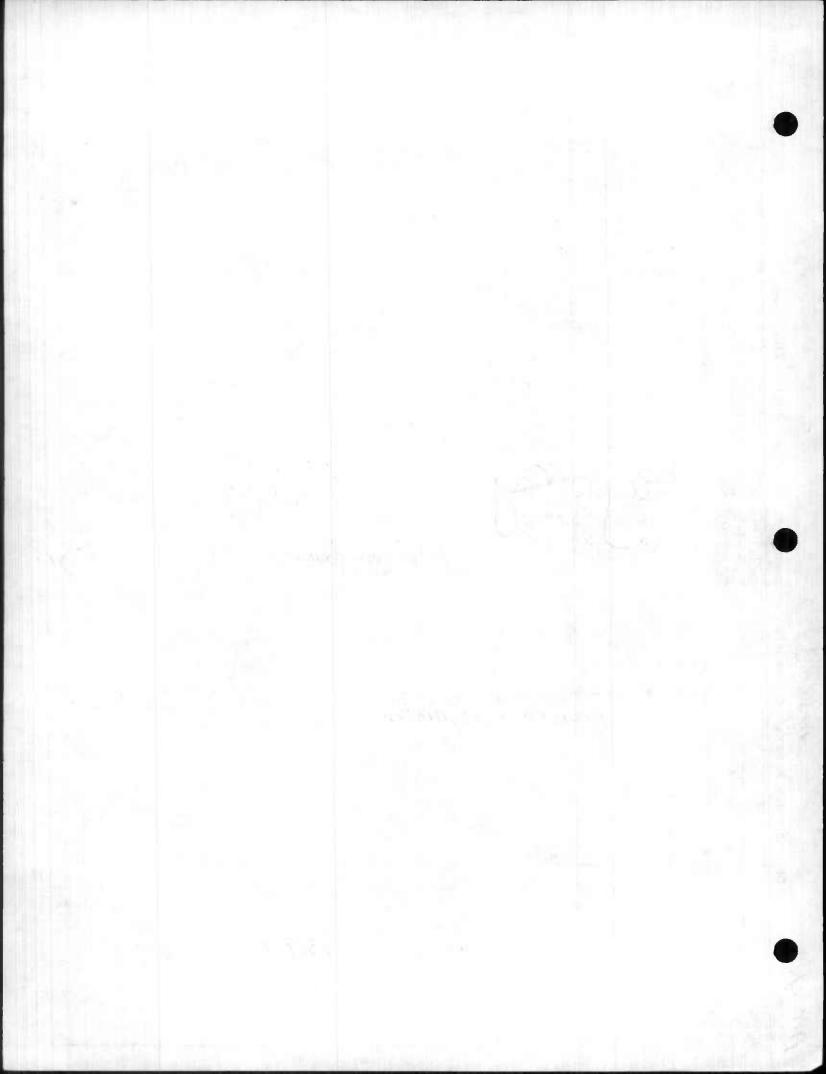
Please Type or Print In Black Indelible Ink. Assure All Copies As

State of Maryland / Department of Health and Mental Hygie

3. Time of Dea
8845

			Cert	tificate of	Death		Reg. No.		10040
ininn	1. Decedent's Neme (First, Middle, La	st)				2. Date of De Month	eath Day	Year	3. Time of Death
ysician 1edical	Margaret	Wright	- Bens	on		June	7 1	999	9:00 pm
miner	4a Facility Name (If not institution, give	Carlotte and a little of the latest			4b. City, Town, or		4c. County		
	Multi Medical Ce		to no to take do b	If Under 1 Yea	Towson				altimore
eral ctor	5. Social Security Number 6. S 212-03-2833 Usual Residence of Decedent	Sex 7. Age (In yrs. I	Yrs.	Months Days			ny, Year) 3 1900		place (State or Foreign ntry) ryland
1	10s. State 10b. County	10c. City	y, Town or Loc	ation					10d. fnside City Limits
oto	MD Baltimo	re T	owson						1 □ Yes 2√ No
al Directo	10e. Street and Number 7700 York Road			10f. Zip Code 2120			10g. Citizen of USA	of What Country?	
by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U, Armed Forces? 1 Yes 2 XNo If Yes, Give Year or Detes:		las Decedent of Yes, specify Cul	Hispanic Origin? (S ban, Mexican, Puer o Specify:	Specify Yes or No to Rican, etc.)	14. Rac Bla Specify	ck, White,	can Indian, , etc. Vhite
pete	15. Decedent's E	ducation	16a. Decede	ent's Usual Occu	upation e during most of wo	rkina	16b. Kind of B	usiness/Ir	ndustry
Be Completed	Elementary/Secondary (0-12)	College (1-4or 5+)			e during most of wo		Dut		
8	12 17. Father's Name (First, Middle, Last	n/a	Proo	f Reade		me (First, Middle	Printi		
o Be	George Alfred P					ne <i>(First, Middle</i> nie Trene		,	
ř	19a. Informant's Name/Relationship (19b Mailing	Address /Stra	et and Number or R			_	n Code)
	John C. Wright/				Road, P				, 5500)
	20a. Method of Disposition	20b. P	lace of Disposi	ition (Name of		Date Date	20c. Location		own, State
	1 Burial 2 Cremetion 3 C 4 Donation 5 Other (Special	Ne	w Cath		emetery	6/11/99	Baltim	ore,	MD
9000	21 Signature of Funeral Service Lice	lay.		Name end Addi emmon W. Pac	Funeral I donia Rd.	Home Timor	nium, M	D 21	093
edical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Einer Underlying Cause (Disease or injury that initiated events resulting in death) Last	bDue to (or	r as e conseque	ence of):	ementa			1	Onset end Death Syrs
Physician/M	Part II. Other significant conditions of	23b. Did tobacco use contribute to the car 1 □ Yes 2 ☑ No 3 □ Probably			to the cause of death?				
Completed by		xia Idehyo				24a. Wes	an autopsy ormed?	0	Vere autopsy findings veilable prior to ompletion of cause f death?
E o						10	Yes 2 No		□Yes 2)X No
Be C	25. Was case referred to medical				26. Place of De	eth (Check only			
ToB	examiner? 1 ☐ Yes 2 ☒ No	Hospital: 1 Inpatient 2	ER/Outpatient	3□ DOA O	Whor	Home 5 ☐ Resi		ner (Speci	ify)
rtification:	27. Manner of Death 1 Matural 2 Accident 3 Suicide 4 Homicide		28b. Time of Injury		Yes 2 No				ral Route Number,
edical Ce		ysician: To the best of my knowniner: On the basis of examinet							
eid moo	29b. Signature and title of certifier	and member states	Uus.		nse number D 32939		29d. Date signe	d (Month	, Day, Year)
State gistrar	30. Name and address of person who Gregory Pokryw 31. Date filed (Month, Day, Year)		East J	rint) Sui	te 103		21234		

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death AMENDED ITEM #8 PER FH G772 6/11/99 AH 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** IDA June 2:57 AM WEATHERBEE 1999 /Medical 4a Facility Nama (If not institution, giva street and number, 4b. City. Town, or Location of Death 4c. County of Dec **Examiner** Square 6. Sax Balt Hospital Lenter Rosedale · Imone -ranklin If Under 24 Hrs. 8. Data of Birth (Month, Day, Yaar) 1925 7. Aga (In vrs. last birthday) If Undar 1 Yaar 5. Social Sacurity Number Birthplaca (Stata or Foreign Country) **Funeral** Days 1 M 25F Months 216-20-7579 Director JUNE 3, 1999 N.C Usuai Rasidanca of Dacedant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits th and Mental Hygiene. 7 is marked other than "natural", or items 23a or 28a-f ahow traumstic event, the Medical Examiner must be notified at XX Yas 2□No Director N/A BALTIMORE 10g. Citizan of What Country? 10e Street and Number 10f. Zip Coda U.S.A. 14. Race - Amarican Indian, Funeral 150 CARVER 21222 ROAD 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 11 Marital Status Black, White, atc. 1 ☐ Yas 2 No 1 □ Navar Marriad 2 □ Married 1 Yas 2 No Specify: Specify: BLACK by 3 Widowed 4 □ Divorced Yaar or Datas: Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) HOUSEWIFE 12TH HOME 18. Mothar's Nama (First, Middla, Maiden Surnema) 17. Fathar's Nama (First, Middla, Last) Be If them 27 is marked o AUGUS MCPHERSON 2 DOROTHY **NCKINNON** 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) JOSEPH MCPHERSON, JR/NEPHEW 150 CARVER RD. BALTIMORE, MD. 21222 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 XBurial 2 Cramation 3 Removal from Stata ŏ GARRISON FOREST VA. OWINGS MILLS, MD. 4 Donation 5 Othar (Specify) 6/15 22. Nama and Addrass of Facility BETTS FUNERAL HOME 21. Signature of Funeral Service Licega 1129 n. CAROLINE ST. BALTO., MD. 21213 LIZY n. CAROLINE ST. BA; complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, only one cause on each line. Approximata Intarval Batween Onsat and Daati **Physiclan** /Medical Immediata Causa (Final Hours disaasa or condition rasulting in death) Examiner Due to (or as a consequanca of). Examiner attending physician and for use as the bunal-tran Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Ceusa (Disease or injury that initiated avants resulting in daeth) Last Dua to (or as a consequance of): Physician/Medical Dua to (or as a consaquance of) Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the causa of death? 1 Yas 2 No 3 Probably 4 Unknown py 8 24b. Ware autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy Completed peen performad' 2 X No 1 ☐ Yas 1 ☐ Yas 2 ☐ No certificate i or Attending Physician: after death. Director: After this certific funeral director, 25. Was casa referred to medical Be 26. Placa of Death (Check only ona) axaminer? Hospital: Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 10 1 ☐ Yas 2 No 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA 27. Menner of Deeth 28b. Tima of 28d. Describe how injury occurred Certification: 28a. Date of Injury (Month, Dev Year) 28c. Injury et Work? 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) filled in by 4 Homicida 24 hours all

Certifying Physician: To the best of my knowledga, daeth occurred et the time, date end plece, end due to the cause(s) end menner es statad.

| Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred et the time, dete end place, and due to the cause(s) and mannar statad.

MIP

Frank

32. Registrar's Signatura

29c. Licansa number

29d. Date signed (Month, Day, Year)

Square Drive Baltimore, Maryland 21237

State Registrar 29a. Cartifier

Dr Sa

(Check only one)

29b. Signature and title of certifier

31. Data filad (Month, Day, Year)
JUN 1 1 1999

pan Made

30. Name and address of person who complated cause of death (Itam 23e) (Type, Print)

Medicai

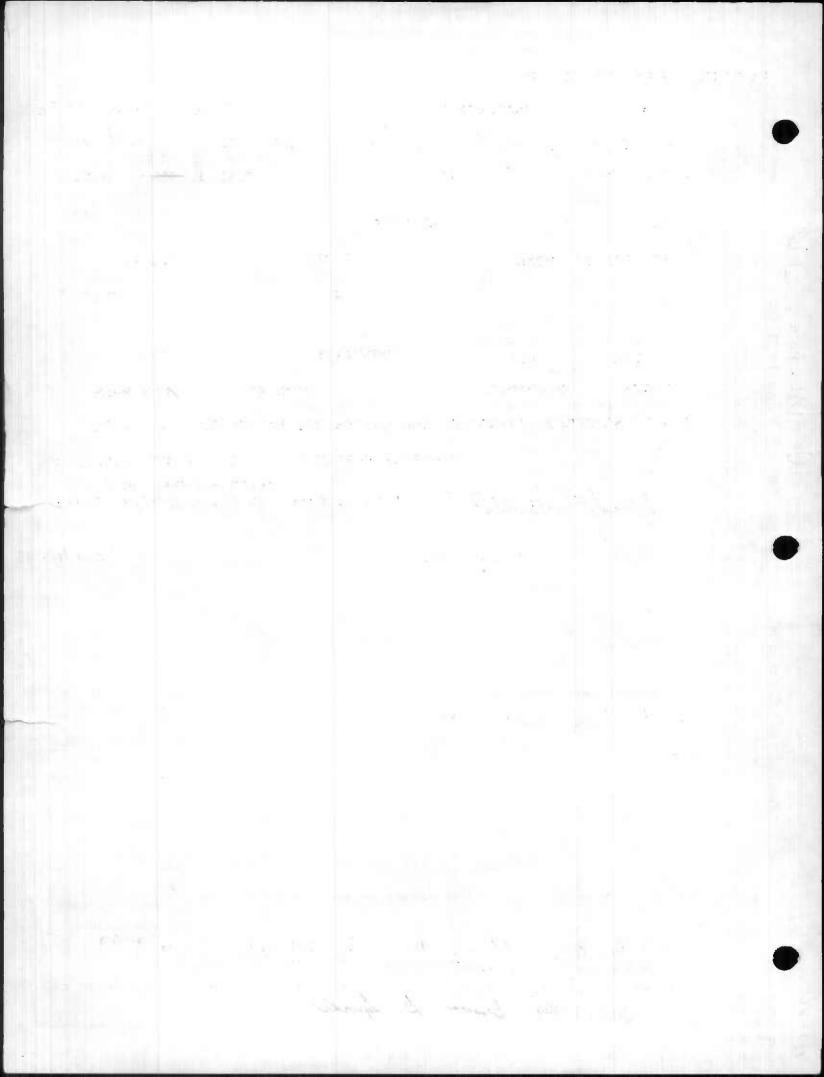
DHMH 16 Rev 6/95

To the Hosp within 24 hou To the Fune completely fil

Neatherbee

P.O. Box 68760

Division of Vital



Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death **Physician** Samuel JUNE /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4e Facility Name (If not institution, give street and number) **Examiner** N/A Mercy Medical Center -Stella Maris Baltimore 7. Aga (In yrs. last birthday) If Under 1 Yaar | If Under 24 Hrs. 8. Data of Birth (Month, Day, Yaar) 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** Deys Hours 10XM 2□ F 216-07-3136 83 1915 PA Director 31 Usual Rasidence of Dacadant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No MD Baltimore Baltimore Directo 10a. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 6729 Graceland Ave 21222 USA Funeral 12. Was Decedant Evar in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. Black, Whita, atc. 1 ☐ Yes ZX No If Yas, Give Yaar or Datas: 1 Never Married 2 X Married 1 Yas 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Spacify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 5 Shearman Beth - Steel 18. Mother's Nama (First, Middla, Meldan Sumema) 17. Fathar's Name (First, Middla, Last) James M. Wise Jennie Frye 2 19a. Informent's Nama/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mildred Wise /wife 6729 Graceland Ave Baltimore, MD 21222 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20e. Mathod of Disposition Data 1 Burial 2 □ Cramation 3 □ Removal from Stata 4 □ Donation 5 □ Other (Specify) June 12 Gardens of Faith Baltimore, MD ^{22. Name and Address of Facility} Connelly Funeral Home of Dundalk 21. Signatura of Funaral Sarvice Licansas Conthone 7110 Sollers Point Rd 21222 23a. Part1. Enter the discalle, or complications that caused the tip th. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellow. List only one cause on each line. Approximata Interval Batwaan Onsat end Daeth **Physician** Immediate Causa (Final disaasa or condition rasulting in daath) /Medical 515 Examiner Dua to (or es e consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated avants resulting in death) Lest Dua to (or as a consequence of) Physician/Medical Due to (or as e consequence of): 23b. Dtd tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Nes 2 No 3 Probably 4 Unknown à 24b. Wera eutopsy tindings aveitabla prior to complation of ceuse of death? 24a. Was an autopsy performed? Completed Coronn Arten Disense 1 Yas 2 No 1 Yas 2 No Dunbets Mrllits 25. Wes cesa rafarred to medical axeminar? 26. Place of Daath (Check only one) STELIA MARIS AT MERCY Be Othar: 4 Nursing Home 5 Rasidence 6 Othar (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yas 2 No 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28b. Tima of injury 27. Mannar of Death 28c. tnjury at Work? Certification: Natural 5 Pending Invastigation 1 Yes 2 No 2 Accident 3 ☐ Suicida 6 Could not be determined 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straet, fectory, office building, etc. (Specify) 4 | Homicide Certifying Phyaictan: To the best of my knowledge, death occurred at tha tima, data and piece, end dua to tha causa(s) and manner es steted. Medicat Examiner: On tha basis of axamination and/or invastigation, in my opinion, death occurred at tha tima, data and place, and dua to the cause(s) and mennar stated.

that the death certificate be exec physician 98 usa á Division of Vital Records, this illed in by the funeral Hospital or Attending Pr
 24 hours after death.
 Funeral Director: After t To the Hospital within 24 hours a To the Funeral C

sician end buriel-trensit

the

with the Marylend

Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Modical Examinar must be notified at

permit. Pages 1 end 2 should be filed within 72 hours after death Construction of Health and Mantal Pygiene. Important: if flem 27 is marked other than "netural", or flems 23s my Injury or other traumatic event

Baltimore, Maryland 21215-0020

State Registrar

edicai

31. Deta filad (Month, Day, Yaar)

29b. Signature and title of certifier

29a. Certifiar

(Check only one)

lusebers 100 32. Registrer's Signature

3

30. Nama and addrass of person who complated cause of death (Itam 23e) (Type, Print)

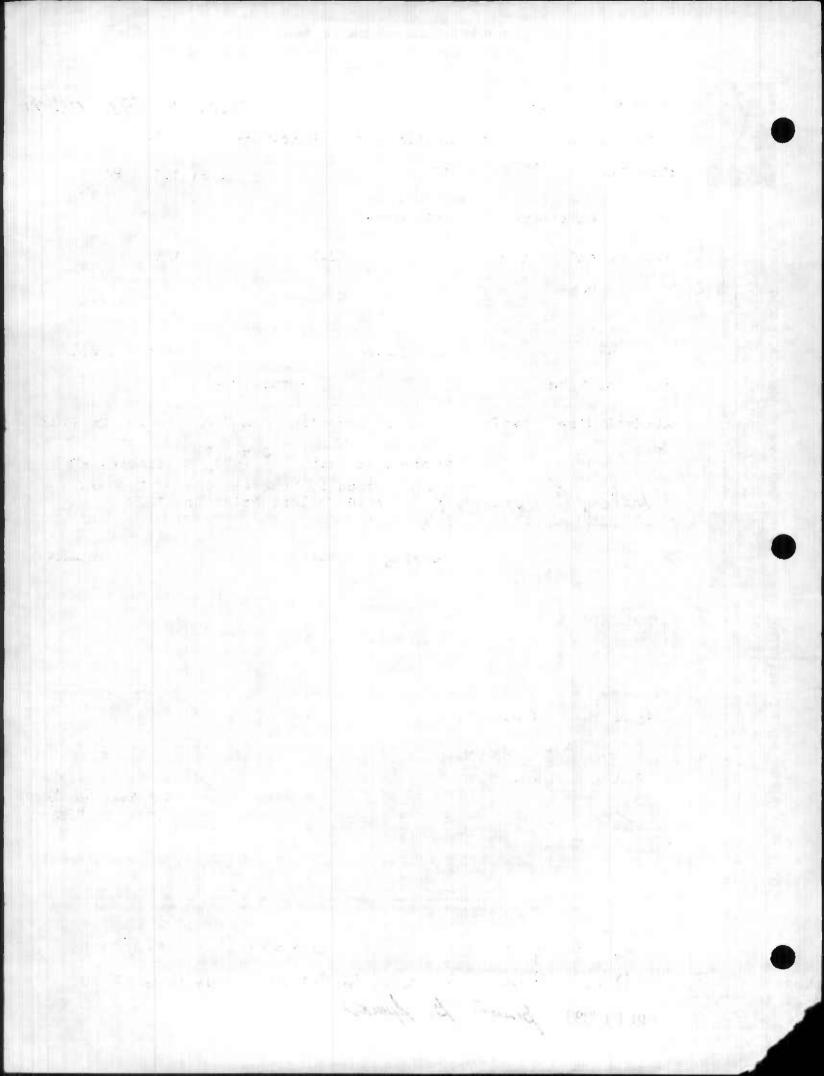
Pul Pl 301

29c. Licanse number

D40854

29d. Data signad (Month, Day, Year)

DHMH 16 Rev 6/95



THE FUNERAL DIRECTOR: After titled within 72 hours after death

TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho IMPORTANT: If IN

28 Is I

Hem

BE 2

31. DATE FILED (Month, Day, Year)

JUN - 3 1999

	-		
ë	ansi		
sicia	al-tr		
phy	Par		
2	the		
lend	35		
r att	nse		
o les	ò		
ospi	per		al.
9	etac		ne
y th	9		te
Pe	P		pe
rtain	Sho		-
9	6		30
ay b	pag pag		A
E 9	toc,		Since
900	direc		F
4	Te.		Jule
leath	重		хап
ter	the	Nal.	9 10
S	5	Ee.	die
DOG	Pi Pi	0	8
74	1	00U	He H
計	etely	mat	14, 1
M	age .	Cree	200
cute	8	unial	100
8	an an	g o	mal
8	iciar	, jo	36
cate	Ships	9	10
itte	00	gie	등
E	tend	E	9
dea	e at	lent.	ury,
the state	th A	S S	Ē
that	De	h a	SIL.
res	ig	leaft	8
nbe.	ua.	10	P
aw.	s be	Ä.	53
ING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit or	0	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
N.	heat	Stat	=
CIA	ertit	the	0
ESS.	his c	A S	ed,
G P	er th	A Line	nar
2	#	40	-

ermit. Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 1999 5:30 Betts 31 Shirley Ruth May 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign DAYS 1 - M 2 F 214-32-0972 Maryland 64 February 13, 1935 9a. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Eighth St. DIRECTOR 102 Caroline Apartments, 205 South Caroline Denton 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Caroline 1 X YES 2 | NO Maryland Denton FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 102 Caroline Apartments, 205 South 8th St. United States 21629 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried
3 Widowed 4 Divorced Specify BY 1 YES 2X NO Caucasian COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) Food Broker Secretary 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Martin Green Betts BE Beatrice Rosetta Tull 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 303 Strawberry Court, Ridgely, Maryland Glenna M. Lynch Cousin 20e. METHOD OF DISPOSITION
1 □ Burlel 2 ② Cremation 3 □ Removal from State
4 □ Donation 6 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c, LOCATION - City or Town, State DATE Capitol Crematory 6/2 Dover, Delaware 21. SIGNATURE OF FUNERAL SERVICE LICENSES, Moore Funeral Home, P.A. 21629 loon 12 South Second Street, Denton, Maryland 23. PART I. Enter the diseases, or complications that caused the desth. Do not anter tha mode of dying, such as cerdisc or respiratory strest, Approximats shock, or hasrt failure. List only one cause on each line. Interval Batween **IMMEDIATE CAUSE (Final** Onset and Daeth disesse or condition CARDIOVASCULAR DISEAS resulting in dasth) ERTENSION CERTIFICATION Sequentially list conditions, TO OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to daeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH 26. PLACE OF DEATH (Check only one) OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 20c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation м 1 YES 2 NO BY 20e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) COMPLETED 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner se stated.

COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) Christian E. Jensen, M.D., PO Box 690, Denton, Maryland

32. REGISTRAR'S SIGNATURE

Deneva

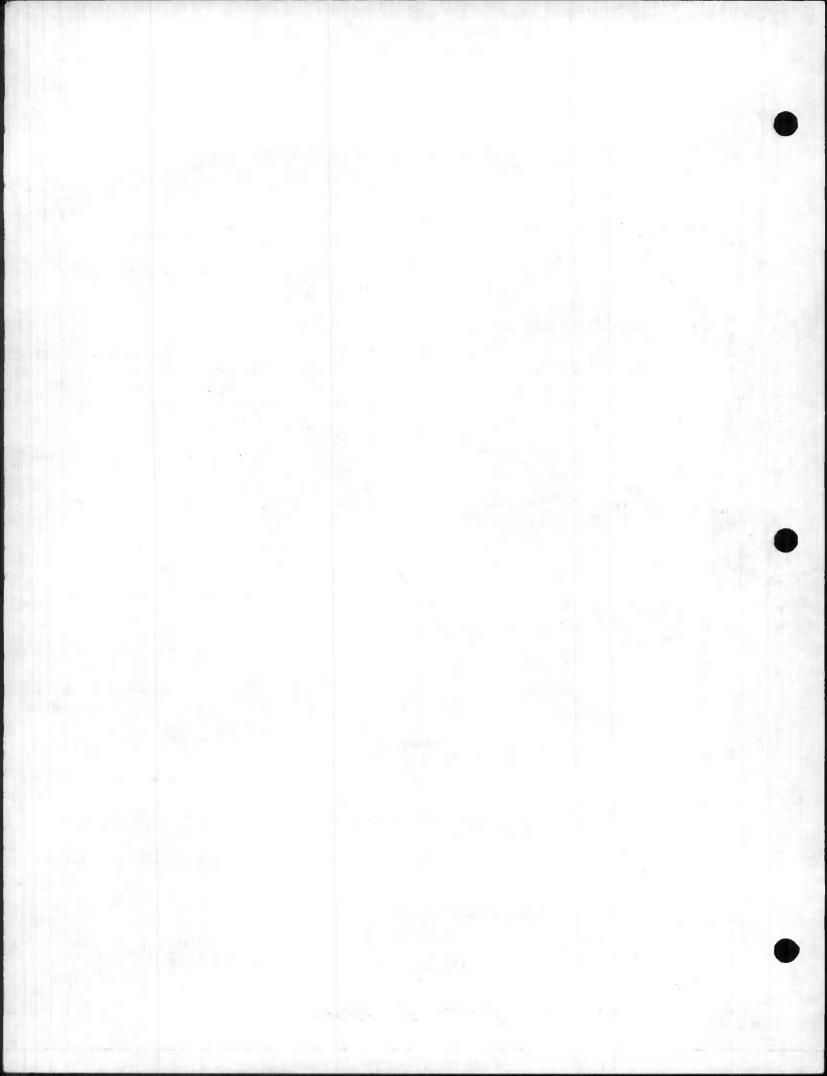
29c, LICENSE NUMBER

souls

Please Type or Print in Biack Indelible Ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 99 18819

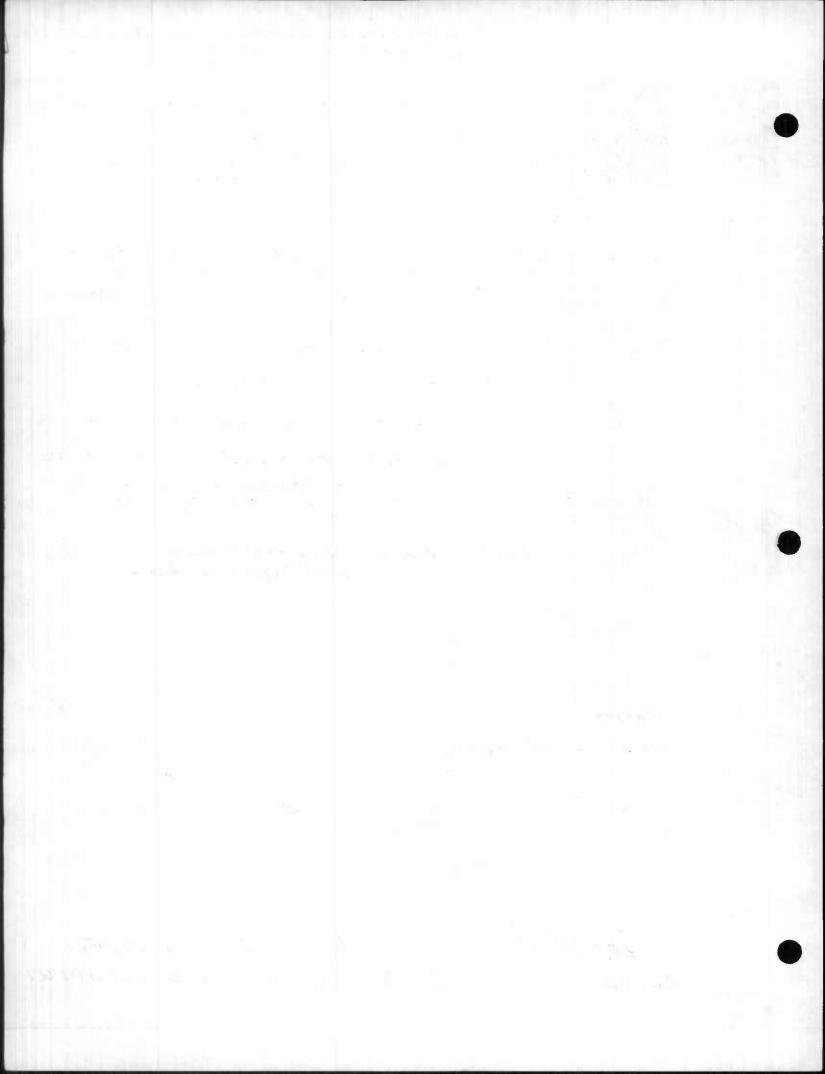
	Certificate of De	ath Reg. No.											
	1. Decedent's Nama (First, Middla, Last)	2. Data of Death 3. Tima of Death											
Physicia	KATTI A KARRAT	May 29 99 11:23A											
/Medic	de Facilité blanc de not institution aire strait and auch al	ity, Town, or Location of Death 4c. County of Death											
Examin		timore, MD City											
Francis													
Funeral Director	217-36-1598 1 M 2K F 61 Yrs. Months Days H	Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) Jan 11 1938 8. Deta of Birth (Month, Day, Year) Ridgely, MD											
Me Me	10a. Stata 10b. County 10c. City, Town or Location	10d. tnside City Limits											
he Mary 28a-f sh profit of	Maryland Caroline Ridgely 100. Street and Number 101. Zip Code	1反 Yas 2□No											
23s or 2		10g. Citizen of What Country? U.S.A.											
If I S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S	310 Central Ave. 11. Maritat Status 1 □ Never Married 2 ☑ Married 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced 1 □ Vest												
d within 72 hours of giens. or then "natural", or	15. Decedent's Education 16a. Decedent's Usual Occupation	White 16b. Kind of Business/Industry											
22 0	(Specify only highast grada completed) (Giva kind of work done during	g most of working											
with a	Elementary/Secondary (0-12) College (1-4or 5+) manager	video rental indust											
Part of the second	17, Father's Nama (First, Middle, Last) 18.	Mother's Nama (First, Middle, Maiden Sumama)											
Many year of a should be file the and Mentel Hymer of the transfer other traumatic event,													
A West		ouise Hickman Pollard											
12 s d d d d d d d d d d d d d d d d d d		Number or Rural Routa Number, City or Town, Stata, Zip Code)											
the last	Joseph A. Baker/ husband P.O. Box 6 Ridg.												
permit. Pages 1 and 2 should be filed within Department of Health and Mentel Hygiens. Important: If item 27 is merked other than eny injury or other traumatic event, the Health Bobs.	20a. Mathod of Disposition 1 🖺 Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Othar (Specify) 20b. Place of Disposition (Name of cematery, crematory or other place) Ridgely Cemetery	Data 20c. Location - City or Town, Stata 6/2 Ridgely, Maryland											
porta	21. Signature of Fynaral Service Licensee 22. Nama and Address of												
SEES		lfenbein Funeral Home, PA											
	23a. Parti. Entar tha disaasa, or complications that caused tha death. Do not entar the mode of dying, su shock, or haart failure. List only one cause on each line.	Greensboro, MD 21639 sch as cardiac or respiratory arrast, Approximata											
/Medical Examiner	Immediata Causa (Final disease or condition rasulting in death) a. Hypoxia Due to (or as a consequence of): b. Myocarclic infanction Dua to (or as a consequence of):												
death certificate be executed estrending physician and of for use as the burist-transit	Sequentially tist conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or rijury that initiated events resulting in death) Last Due to (or as a consequence of): Coron any artery disease consequence of):												
2 2 2	5												
de en	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in	Part I. 23b. Did tobacco use contribute to the cause of death											
	Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Enel Stage renal failure	1 Yes 2 No 3 Probably 4 Unknow											
e law requires that the de has been signed by the e ge 2 should be deteched	1	24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to complation of causa											
he lay	- /	of death?											
Physicien: this certific	25. Was casa refarred to medical	Place of Death (Check only one)											
oi e c	Hospital:	Nursing Homa 5 Residence 6 Othar (Specify)											
or Attending Phy ther death. Hector: After this In by the funeral of		28d. Describe how injury occurred 2 No											
of Attending Physicien: I do Attending Physicien: T die desthor Atter this certificat d in by the funeral director, p	27. Mannerof Death 1 □Natural 2 □ Accident 3 □ Suicide 4 □ Homicida 28a. Data of Injury (Month, Day Year) 28b. Time of tnjury M 28c. Injury at Work? 1 □ Yes 28a. Place of Injury M 28b. Time of tnjury M 28c. Injury at Work? 1 □ Yes	281. Location (Street and Number or Rural Routa Number, City or Town, State)											
2523	29a. Certitier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, described in the control of	ate and place, and due to the cause(s) and manner as stated. n, death occurred at the time, data and place, and due to the cause(s)											
the of the or th	29b, Signatura and little of certifier 29b.	mber 29d. Data signed (Month, Day, Year)											
F 3 F 8	200,000,000	+46 May 29, 1999											
	30. Nama and addrass of person who completed cause of death (Item 23a) (Type, Print) Vivings-ty of Manyland 23 Grane St. B	raltimore, MD											
Stat	31. Data filed (Month, Day, Year) 32. Registrar's Signatura	1											
Registra	0011 6 1000												



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Date of Death **Physician** Month Mildred Olivia Butler 27 1999 May 3:40 PM /Medical 4a. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Caroline Denton Shore Nursing & Rehabilitation Ctr. 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number Birthpiace (State or Foreign Country) **Funeral** Deys 1 □ M 20 F 220-01-2360 77 Yrs. Director Oct.9,1921 Maryland Usuei Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location r is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Med col Examinar man be notified at 10d. Inside City Limits Director Preston Caroline 1 ☐ Yes 2 X No 10e. Street and Number 10f. Zin Code 10g. Citizen of Whet Country? 21655 United States 4153 Harmony Road death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Pages 1 and 2 should be filed within 72 hours after onent of Health and Mental Hygiene. Int: If Itam 27 Is marked other than "naturel", or Ite 1 ☐ Yes 2 ☐XNo If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Black 1 Yes 2 No Specify: p Specify 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Canning Houses Factory Worker 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Lillie B. Adams Elbert R. Butler 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 s Depertment of Health er Important: If item 27 is any injury or other trau 160 Nottingham Dr., Willingboro, NJ 08046 M. Diann Beulah/Daughter 20b. Piece of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removal from State Mt. Pleasant Cemetery6/1/99 Preston, Maryland 4 □ Donation 5 □ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility
Framptom-Hawkins-Eskow Funeral Home, PA Eskow PO Box 43, Federalsburg, MD 21632 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervai Between Onset and Death **Physician** Caccinoma unknown primary
Due to (or as a consequence of): with hepatic metatases Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner physicien end s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of) Records, P.O. Box 68760, Be Completed by Physician/Medical Due to (or es e consequence of): ed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Renalinsufficienting 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performed? 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attending Physician: 24 hours efter death.
 Funeral Director: After this certifical etchy filled in by the funeral director. p. 25. Was case referred to medical exeminer? 28. Place of Deeth (Check only one) 1 □ Yes 2 000 Hospital: Other: 4 Hursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 🔀 certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical To the Hosp within 24 hos To the Fune completely fi (Check only one) 2 Madical Examinar: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature end title of cartifie 29c. License number D35284 and address of person who completed cause of death (Item 23a) (Type, Print) So, washington St Easton mozicol mo 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month 28, 3:22 PM Ethel Viola Prattis Brummell 1999 May 4b. City. Town, or Location of Deeth 4e Facility Neme (If not institution, give street and number) 4c. County of Deeth | Silver Spi.... | Munder 1 Year | Munder 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | Spi.... | 8. Date of Birth (Month, Dey, Year) | 1911 Holy Cross Hospital Montgomery Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) 1 M 2 XF 87 Yrs. 220-03-8422 Delaware Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 X No MD Caroline Federalsburg 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 26490 Three Bridges Road 21632 United States 14. Rece - American Indian, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Maritel Status 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: Black 3 ☑ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) Elizabeth Hammond Herbert Prattis 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Relationship (Type, Print) Charles Brummell, Jr./Son P.O. Box 283, Federalsburg, MD 21632 20b. Ptece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition Burlal 2 Cremation 3 Removel from Stete 4 Donation 5 Other (Specify) Federalsburg, MD Federal Hill Cemetery 6/5 21. Signeture of Funerel Service Licenses 22. Name and Address of Facility Framptom-Hawkins-Eskow Funeral Home, PA Jakew retia PO Box 43, Federalsburg, MD 21632 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Intervet Between Onset end Deeth Immediate Cause (Final diseese or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably Unknown 24b. Were autopsy findings eveileble prior to completion of cause of death? 24e. Wes en eutopsy parformed? 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical 26. Plece of Deeth (Check only one) 1 Yes 20 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 SER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28c. tnjury at Work? 28d. Describe how injury occurred

Physician /Medical Examiner

parmit. Pages
Department of
Important: If It
any injury or o

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Director

Funeral

by

Completed

P

"natural", or items 23a or 28a-f show

Pages 1 and 2 should be filed within 72 hours aftar nant of Hastih and Martial Hygiena.
nt.! If item 27 is marked other than "natural, or ite ury or other traumatic event, the Martinal Estimation in yor other traumatic event, the Martinal Estimation.

the Maryland

with

daath v

Physician/Medical Examiner attending physician and for usa as the bunal-transit signed by the a þ should b Completed has a 2

Be

10

Certification:

edicai

1 Naturel

3 ☐ Suicide

29a. Certifier

4 - Homicide

5 Pending investigation

6 Could not be determined

The law requires that the death certificate be axecuted Division of Vital Records, P.O. Box 68760, paga cartificata Physician: director this Aftar t or Attending daath. within 24 hours after deatt To the Funeral Director: complately filled in by the

> State Registrar

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29d. Dete signed (Month, Dey, Year) 29b. Signature end title of certifier D45285

1 Tyes 2 No

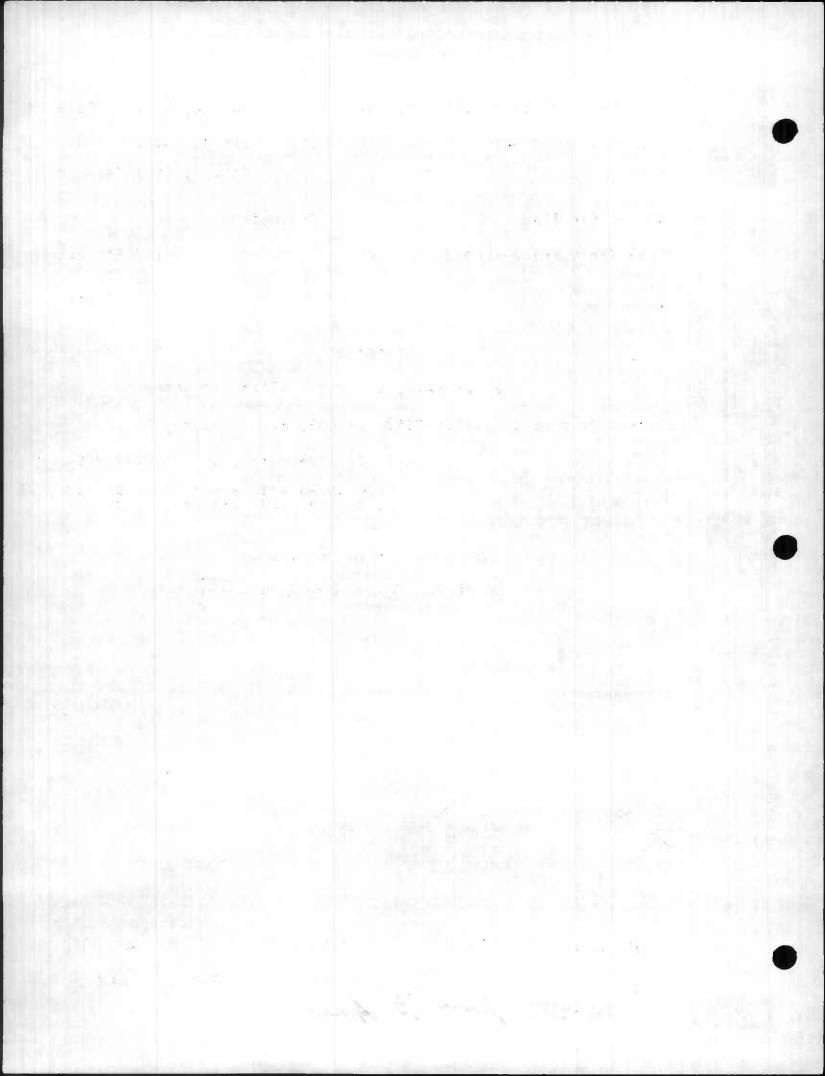
28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

30. Name end address of person who completed ceuse of deeth (Item 23a) (Type, Print)

#113, Silver Spring Blud, 344 Universit

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

-2.1999 32. Registrer's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene () Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month 23° **Physician** Robert Paul BEAVER May 9:00 am /Medical 4c. County of Death 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Glade Valley Nursing & Rehabilitation Ctr Walkersville Frederick 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number Birthplece (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** 1⊠M 2□F Days Hours Min. 162-12-6271 Yrs 80 Dec 13, 1918 **Director** Pennsylvania Usuel Residence of Decedent the Marylend r 28a-f show a notified at 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Frederick Frederick Maryland 1 ☐ Yes 2X No Directo 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code permit. Pages 1 end 2 should be filed within 72 hours after death with 1 Depertment of Health end Mentel Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or any injury or other treumetic event, the Modical Examiner must be no 21703 U.S.A. 6856 Snowberry Court Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 M Yes 2 □ No 1943-if Yes, Give Yeer or Dates: 1946 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Marital Status Black, White, etc. 1 ☐ Never Married 2 ☐ Married Specify: White Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ₩ Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Government (Federal) Elementary/Secondary (0-12) College (1-4or 5+) Asst Superintendent Printing Office 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Fether's Neme (First, Middle, Last) Be Henry BEAVER Mary Florentine WEBB 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) 1548 St. Lawrence Court, Frederick, Maryland 21701 Mrs. Penny F. Stakes/Daughter 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date 20e. Method of Disposition 1 Buriel 2 □ Cremation 3 □ Removel from State Fishertown Cemetery May 26, 1999 Fishertown, Pennsylvania 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Dicensee 22. Name and Address of Facility
Keeney & Basford P.A. Funeral Home M00706 106 East Church St, Frederick, Maryland 21701 23a. Pel 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Cause (Final 30a 4 heart Failure disease or condition resulting in deeth) Congestive Examiner The to (or es e consequence of): Examiner 3 da Aspiration physician and the bunel-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest a consequence of): Records, P.O. Box 68760, Hnemio Physician/Medical Due to (or as a consequence of): attending ph signed by the a Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes Mo 3 | Probably 4 | Unknown Renal Failure Cinsufficience by 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 24e. Was en eutopsy performed? Completed Diabetes TUPE certificete has t 2 No 1 TYes 2 No 1 TYes Division of Vital Hospital or Attending Physician: 24 hours efter deeth. Funeral Director: After this certifice funeral director, 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Other: Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Meny fer of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Naturel 5 Pending 1 Yes 2 No Investigation 2 Accident the Funeral Director of the Fu 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Learning: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier To the Hosp within 24 hou To the Fune completely fi Certifying (Check only one) 29c. License number 29b. Signeture end title of certifier 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Frederick mp 21703

32. Registra s Signature

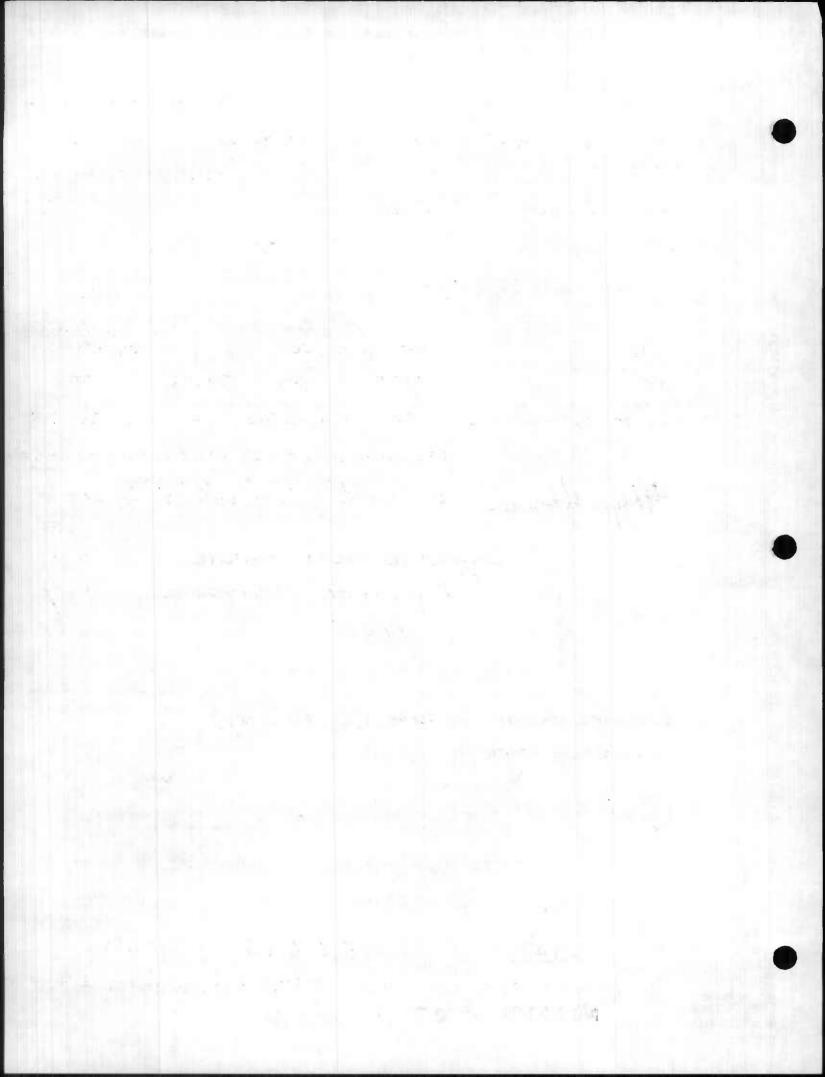
1999 N

Thomas

31. Dete filed (Month, Day

Drive

Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Dev Yeer Month **Physician** Mary Missouri Brown 10:10 PM May 22, 1999 /Medical 4a Facility Neme (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Washington Boonsboro Reeders Memorial Home | Months | Days | Hours | Min. | Sept 5 1913 9. Birthplace (State or Foreign Country) Williamsport MD 5. Sociel Security Number 7. Age (In yrs. last birthday) 1□M 21 F Yrs 212-72-5062 85 Usuel Residence of Decedent 10b County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 No Frederick Brunswick Director 10g. Citizen of What Country? 10e Street and Number 10f Zin Code 21716 USA 319 A Street Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Merried 2 Married 1 Yes 2 No Specify: White Specify: p 3X Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Housewife Homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Mary Ellen Hawbaker John Thomas Shank 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 201 N. Dayton Avenue, Brunswick, MD 21716 Delmar V. Brown, Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 Deurial 2 Cremation 3 Removel from State Resthaven Memorial Gardens 5/25 Frederick, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility John T. Williams Funeral Home Barbara A. Williams, Owner 100 Petersville Rd Brunswick MD 21716 Approximete Intervel Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Immediate Ceuse (Final BLEEDING GASTRO. INTESTINAL disease or condition resulting in death) Due to (or as a consequence of): Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown GREBRO VASCULAR DISEASE þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy performed? Completed FIBRILLATION MELLITUS 1 Yes 28 No 1 ☐ Yes 2 ☐ No DIARETES 25. Wes case referred to medical exeminer? 1 ☐ Yes 2 ☑ No Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Menner of Deeth 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

attending physician and for use as the burial-trensit Box 68760 o signed by it ٦ Records. peen Division of Vital this or Attending F after death. Director: After After

Funeral

Director

28a-f show

flams 23s or must be.

"natural", or

Hygiens. ther then

Department of Health and Mental F Important: If New 27 is marked of any Injury or other transition of

Physician /Medical

Examiner

Baltimore,

Thry Missouri

24 hours a Hospital within 2 the th

29b. Signature and little of contine

29e. Certifier

(Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated.

5-23-99

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year)

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

KAZ MID

Dr. Zubair Syed 130 West High Street, Hancock, Maryland 21750/301-678-7250 31. Date filed (Month, Day

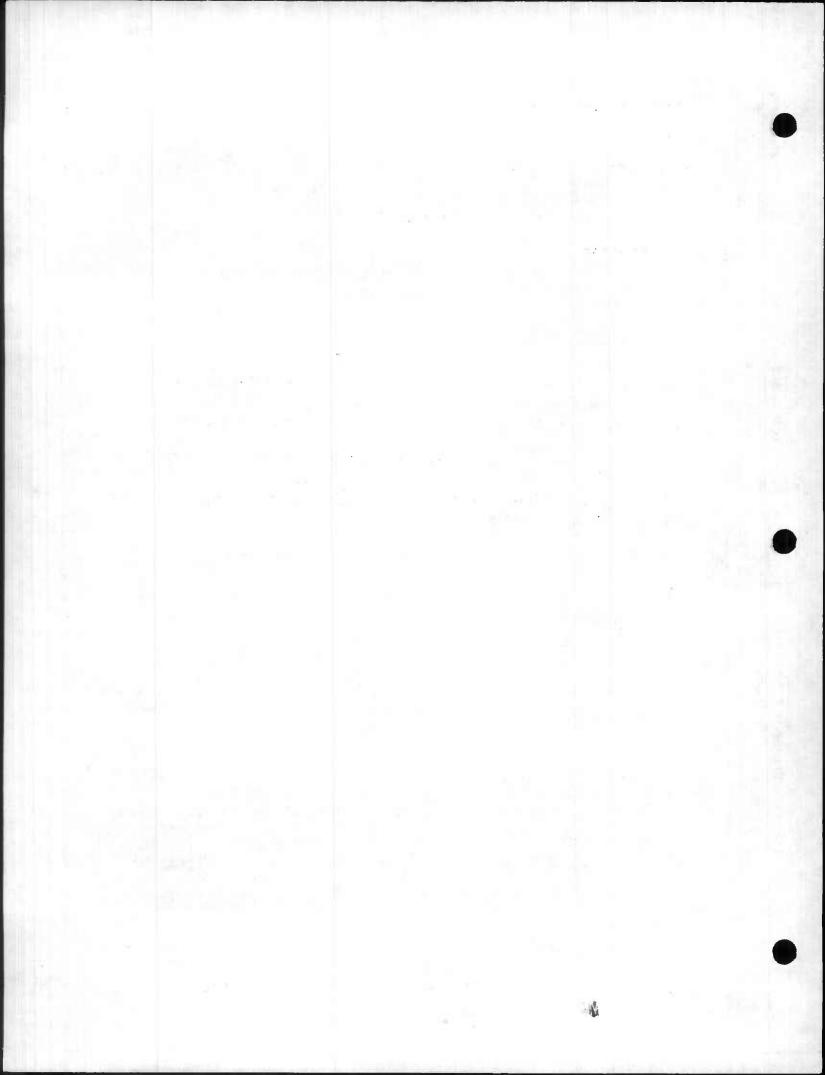
State Registrar

Medicai

32. Registrant Signature

Sparks

252055



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death May 21, 1999 Ralph Henry BLANK 10:58 PM 4e Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Frederick Frederick Memorial Hospital Frederick 8. Date of Birth Jan. 7, 1920 If Under 1 Yeer | If Under 24 Hrs. 5. Sociel Security Number 218-10-9568 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Months Days Hours Min XXM 20F Mary Tand 79 Yrs. Usual Residence of Decedent 10d. Inside City Limits 10a State 10b County 10c. City. Town or Location 1 Yes 2 No Frederick Frederick Maryland 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 8441 Edgewood Church Road 21702 U.S.A. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1XXVes 2 □ No If Yes, Give 1041–16 14. Race - American Indian, Black, White, etc. 1 Never Merried Married res, Give Year or Dates: 1941-1945 1 ☐ Yes 2 ☑ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Brick-Stone Mason Construction 18. Mother's Neme (First, Middle, Maiden Surname) 17. Fether's Name (First, Middle, Last) Effie Virginia DELAUTER Wilfred Guy BLANK 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) 8441 Edgewood Church Road, Frederick, Md. 21702 Mrs. Gloria Blank, wife 20a. Method of Disposition ◆ Burial 2 □ Cremation 3 □ Removal from State 20b. Place of Disposition (Name of 20c. Location - City or Town, State Date cemetery, crematory or other place) Resthaven Memorial Gardens, May 26, 1999 Frederick, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Keeney and Basford P.A. Funeral Home MO0255 106 East Church St., Frederick, Md. 23a. Part1. Enter the disease, or complications lhift caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause in each line. Approximate Interval Between Onset and Death Immediale Ceuse (Final disease or condition resulting in death) Multi-Organ Failure Days Due to (or as a consequence of) Left Hip Fracture Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury thel initiated events resulting in death) Last Due to (or es e consequence of): Renal Failure Due to (or as a consequence of) Pulmonary Edema Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | XUnknown 24b. Were autopsy findings avelleble prior to completion of cause of death? 24a. Wes en eutopsy 1 Yes 2 XNo 1 Tyes 2 No 25. Was case referred to medical 26. Place of Death (Check only one) 1 XInpatient 2 ☐ ER/Outpatient 3 ☐ DOA

Physician /Medical Examine

The law requires that the death cartificate be axecuted

or Attending Physician:

Hospital

death.

this After this funeral o

Director: A

24 hours aft Funeral Di letaly filled in

To the Hosp within 24 ho To the Fune completaly f

Division of Vital Records, P.O. Box 68760.

permit. Pagas 1 end 2 should be file Department of Health end Mental Hy, Important: If Item 27 Is marked other any Injury or other traumatic event page.

Baitimore,

Physician

/Medical

Examiner

Directo

Funeral

þ

Completed

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner maint be notified at

e filed within 72 hours efter all Hygiena.

the Maryland

death

Examiner physician end s the burial-trans Physiclan/Medical the been signed by t should be detach by Completed paga certificate director. Be

P

Certification:

edicai

IDDM, COPD, CHF

1⊠ Yes 2□ No 27. Manner of Death

28e. Date of Injury (Month, Day Year) 5 Pending investigation 6 Could not be

28b. Time of Injury May 12,1999 945 p 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)
Nursing Home

28c. Injury at Work? 1 ☐ Yes 2 XXNo

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

Fell while walking 28f. Location (Street end Number of Rural Route Number City or Town, State) 200 East 16th St

Frederick, Maryland

29a. Certifier

1 Netural

2X Accident

4 Homicide

3 ☐ Suicide

1 Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, date and place, end due to the ceuse(s) and manner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature mottle of certifier

29c. License number D35164

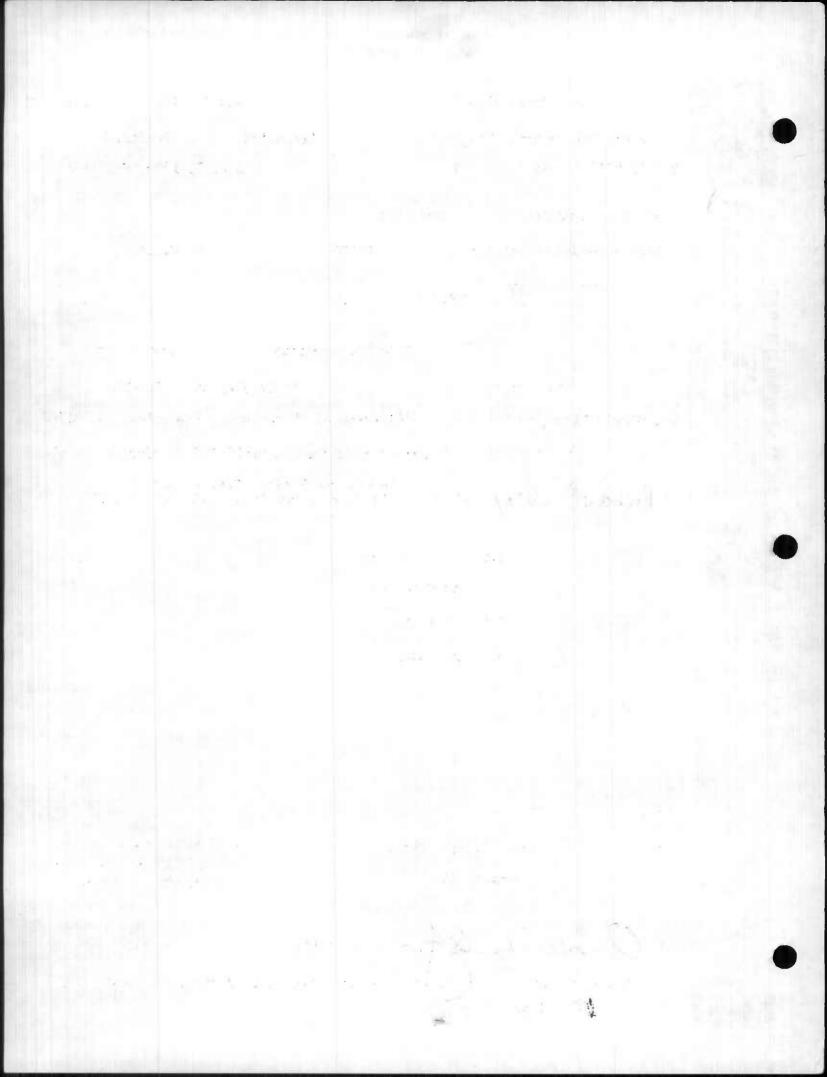
29d. Dale signed (Month, Day, Year) May 24, 1999

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

Andrew Zarick, Jr, M.D., (1080 West Patrick Street, Frederick, Maryland 21703 1999 Registrary Signature 31. Date filed (Month, Dat

B. Spark

State Registra

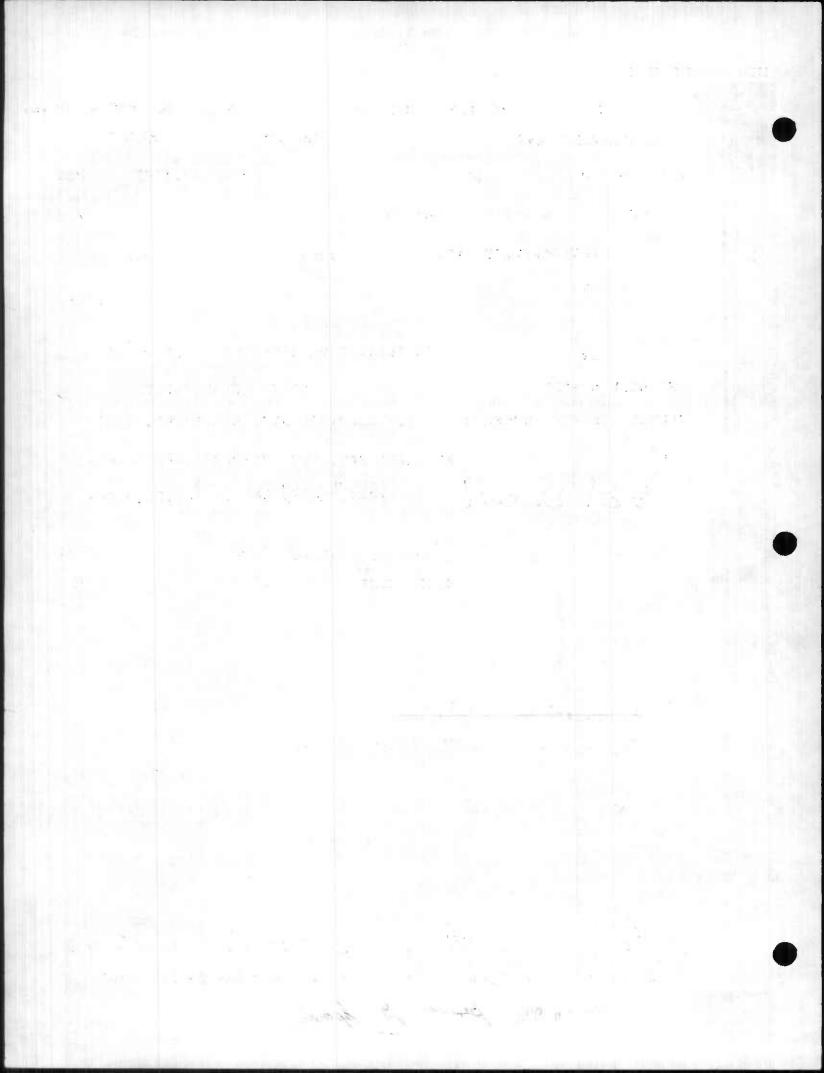


State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: #23PART I, II PER MEO G772 6-9-99 WR. t. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Dev Year Month **Physician** 4:30a.m. APRIL 24,1999 COFPER DEMAR ELAINE /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Neme (If not institution, give street end number) Examiner TALBOT EASTON 107 GLENWOOD AVE if Under 1 Year | If Under 24 Hrs. Birthplaca (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Yeer) **Funeral** Days Months 1 M 2 B Hours Yrs. Director 214-34-7788 63 JULY 17,1935 MD. Usuel Residence of Deceden the Marylend 10c. City, Town or Location 10d. Inside City Limits 10e. State 10b. County r than "naturel", or items 23s or 28s-f show the Medical Expressor must be notified at TALBOT MD. EASTON Yes 2 No Director 10g Citizen of What Country? 10e. Street end Number 10f. Zip Code 107 GLENWOOD AVE. 21601 U.S.A. Funeral death 14. Race - American Indien, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Stetus Pages 1 and 2 should be filed within 72 hours efter ment of Health and Mantal Hygiene.
ant: If Item 27 Is marked other than "naturel; or the ury or other traumatic event, Its Medical Experimentry or other traumatic event, Its Medical Experiment 1 ☐ Yes 2 No If Yes, Give 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ 3 Widowed 4 Divorced BLACK Year or Dates: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) ENVIRONMENTAL SERVICES HOSPITAL 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be WENDELL MURRAY ROSIE LENAR TURNER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) WALTER COPPER/ HUSBAND 107 GLENWOOD AVE. EASTON, MD. 21601 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from State permit. Page Depertment of Important: If any injury or 4/29/99 4 ☐ Donation 5 ☐ Other (Specify) EASTON, MD. RICHARDS MEM. PRK 22. Name and Address of Facility 21. Signature of Funeral Service Licansee SHIELL FUNERAL DOVER ST. SERVICES EASTON, MD. 21601 Approximate Intervel Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician /Medical Immediate Cause (Final Ci 2 WW disease or condition resulting in death) Examiner Due to (or es e consequence of): Examine DIABETES MELLITUS 10 YEARS the death certificete be axecuted physician end s the buriel-trensit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequence of) Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): 89 use 0 signed by the a 23b. Did tobacco use contribute to the cause of death? Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings evallable prior to Completed mental Syndrome 24e. Wes en autopsy performed? completion of cause of death? s certificata has b director, page 2 s 1 Yes 2NNo 1 ☐ Yes 2 ☐ No Division of Vital director, 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) Be Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Tyes 2N No 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Dete of Injury (Month, Day Year) funeral 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death 28b. Time of Certification: Aftar Attending 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No death. investigation by the f 2 Accident 6 Could not be determined 28e. Placa of Injury - Al home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) or A after 4 Homicide To the Hospital or A within 24 hours after To the Funeral Directorn pletely filled in by 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated. edical 2 Madical Examinar: On the basis of examination and/or investigetion, in my opinion, death occurred et the time, date and placa, and due to the cause(s) end menner stated. (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) LAWRENCE D. BOHAN, MD 606 DUTCHMANS LANE EASTON, MD. 21601 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

Registrar

APR 2 6 1999

Deneva



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

linknown 99-119

State of Maryland / Department of Health and Mental Hy

giene	9	0	1	8	0	-	6
	4	-	1	V	U	7	1

			BEL RODRIQUEZ CONT	ist)		1000	rtificate of		2. Data Mon	Reg. No. of Death th Day	Year	3. Tima of Death								
	Physicia /Medic Examin	al	4a Fecility Neme (If not institution, given					4b. City, To	vn, or Location of	Death 4c. Cou	99 inty of Death	4:03 P.M.								
-	Funeral Director			_	OCK Tr a (In yrs. last 38	143.5	If Under 1 Yaar Months Days	A DECEMBER OF THE PARTY OF THE	Min. (Mon	of Birth th, Day, Year)	Cou	place (State or Foreign ntry)								
		To Be Completed by Funeral Director	Usual Rasidance of Dacedant 10a. Stata 10b. County DE SUSSE	X	10c. City, T			afor		27,1961		1 C O 10d. fnside City Limits 1 \(\infty\) \(\text{Y}\) as 2 \(\sqrt{N}\) No								
	ath with th		10e. Street and Number 900 Easter La				10f. Zip Code	1997		Mexic										
-0020 hours effer death with the Meryland urel', or flerns 23s or 28s-f show at Examiner must be notified as	al', or frame		11. Maritel Stetus 1 Nevar Married ANMarried 3 Widowed 4 Divorced	12. Was Decedant I Armed Forcas? 1 Yes 2 N If Yas, Giva Yeer or Detes:			Was Decedent of H If Yes, specify Cub 1 ☑ Yes 2 ☐ No				Race - Amari Black, Whita, ecify:									
Maryland 21215-0020	within 72 one. then "net		15. Decedant's Education (Specify only highest grade complated) Elementery/Secondery (0-12) 9 16a. Decedent's Usual Occupation (Giva kind of work dona during most of work life. DO NOT use retired) 110 m e m a k e r								f Businass/In									
yland	H off		17. Fether's Nama (First, Middla, Last) Carlos Contreras 18. Mother's Name (First, Middla, Maiden Surnama) Susana Rodriquez								ıez									
	1 and 2 Health e		19a. Informent's Name/Raiationship (Carlos Velazc 20a. Mathod of Disposition	,, ,,		900	Easter	Lane		ord , DI		73								
Baltimore,	Pege ment o ant: If ury or		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special Control of Funeral Service Lices)	5y)		tep	esition (Nama of matory or other place Ceme 2. Nama and Addra	tery				, Mexico								
Ba	Departi Departi Import any inj DBCS		Framptom-Hawkins-Eskow F. PO Box 43, Federalsburg, 23a. Perl1. Entar tha disaasa, or complications that caused the death. Do not antar the moda of dying, such as cerdiac or raspiratory errest, shock, or haart failura. List only one ceusa on aach lina.																	
	Physician /Medical Examiner	ıer	ner	Jer.	ner	Jer.	Jer	Jer	ner.	ner	shock, or haart failura. List only Immediata Causa (Final disaasa or condition rasulting in death)			1]	niurie		cerdiac or raspira	iony errest,	1	Approximete Interval Batween Onset end Death
68760,	ficate be executed physician and is the buriel-trensit	edical Examiner	Sequantially list conditions, if any, leeding to immadiate cause. Enter Undarfying Cause (Disease or Injury that initiated events	C	Dua to (or as						1 1 1 1 1 1									
Box 68	- 0.0	-	rasulting in death) Last	d			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					200								
. P.O.	that the death cert ed by the attending deteched for use	by Physician/M	Pert II. Other significant conditions of	contributing to death bu	ut not rasultin	g in the u	nderlying causa gi	ven in Pert i.	238	Did tobacco use		to the cause of death?								
Vital Records	e lew requires that hes been signed t ge 2 should be det	Completed b				1			24a	. Wes an autopsy performed?	CI	Vare eutopsy findings vallable prior to ompletion of ceuse I death?								
/ital F	iclan: The li certificate he rector, page	Be Co	25. Was cesa referred to medical axaminar?					26. Place	of Deeth (Check	only ona)	0 0	Yes 2□ No								
o	Phys this ral di	atlon: To	Pospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing P							Residence 6 Decribe how injury of	curred									
Division	ital or Attending urs after death. ral Director: After illed in by the fune	Certification:	3 Suicide 6 Could not be determined	28a. Place of Injubuilding, ato	c. (Specify)	str	-		Powell	wille Rad,	cean Ga Sylsbury/	Yary loud								
	To the Hospital within 24 hours a To the Funeral Completely filled	fedicai	(Check only one) 2 Medical Example one)	ysician: To the best on niner: On the basis of and manner ste	axamination		vastigation, in my	opinion, deal		tima, date and pla	ce, and due	to the ceuse(s)								
	5 × 5 00	2	29b. Signatura and titla of certifiar	000			29c. Licans	se number		29d. Data si	gned (Month,	, Day, Year)								

O.C.M.E.

Street

Cary or Town, State) Ocean Gafeway for Swelly: It Rad System Many Sens

Cortifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

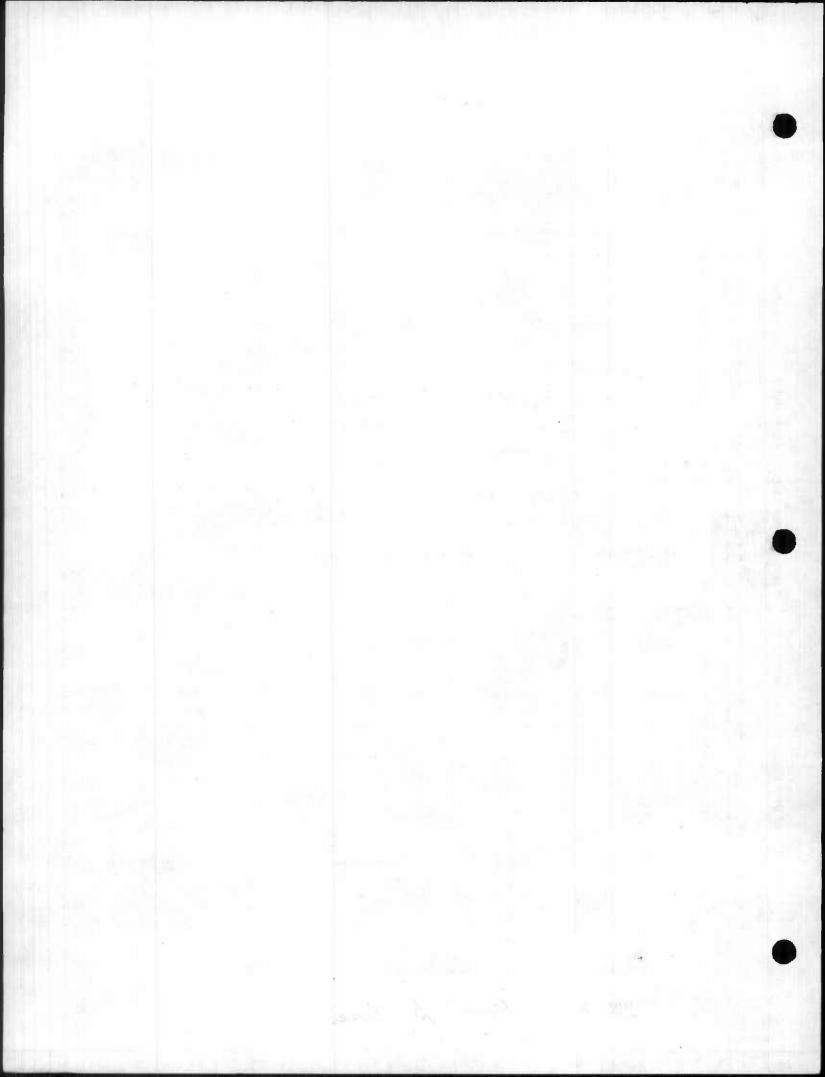
Cary or Town, State) Ocean Gafeway for Swelly: It Rad System Many Sense.

Cary or Town, State) Ocean Gafeway for Swelly: State of Town, State) Ocean Gafeway for Swelly: Swelly: Swelly: State of Town, State) Ocean Gafeway for Swelly: 29d. Data signed (Month, Day, Year) May 28, 1999

30. Name and address of person who complated ceusa of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

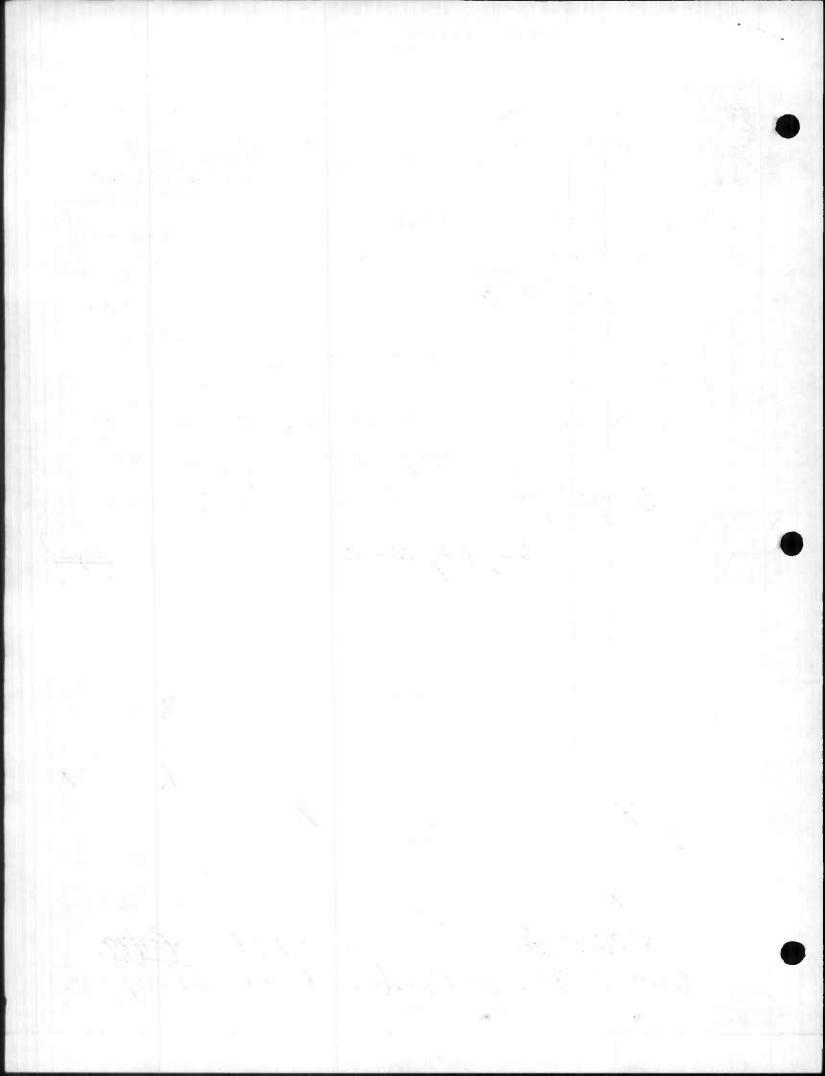
State Registrar 32 Registrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

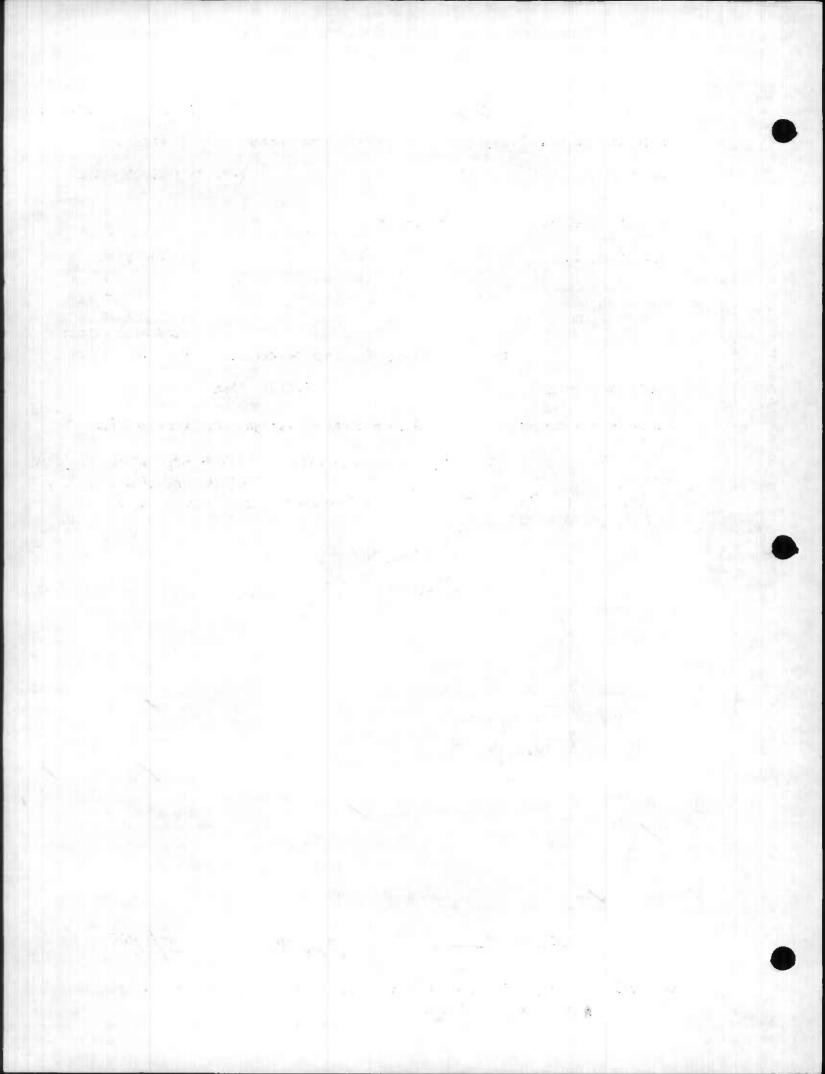
				State of Mar	ryland .		ment of licate of			giene 9	9	8857	
	DI		1. Decedent's Neme (First, Middle, Last,)					2. Dete of De		Vana	3. Time of Death	
	Physic /Medi Exami	cal	Paul William D 4a. Fecility Neme (If not institution, give					4b. City, Town, or I	Month May ocation of Deeth		Year 999 of Deeth	11:15am	
	_ Admi		College View C	enter				Frederi	ck	Fred	erick	,	
	Funeral Director		210-10-2090	7. Age ((In yrs. last		Under 1 Year onths Deys	If Under 24 Hrs.	8. Date of Birl (Month, De	th y, Year) 20, 1921	Birthple Country	ce (Stete or Foreign	
Maryland	fems 23a or 28a-f show	tor	Usuel Residence of Decedent 10e. Stete 10b. County Md. Freder:			own or Locetic						d. Inside City Llmits	
ith the	or 28	Sire	10e. Street and Number			1	Of. Zip Code			10g. Citizen of \	Whet Country	y?	
ath w	234	rai	800 Motter Aver	nue			21701			U.S.	Α.		
21215-0020 d within 72 hours efter death with the Maryland giene. r' than "natural", or items 23a or 28a-f show y the Medical Evaninar must be notified	by Funeral Director	11. Maritel Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Even Armed Forces? In Yes 2 In No If Yes, Give Yeer or Dates:			Decedent of s, specify Cub	Hispenic Orlgin? (S en, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)	14. Red Blac Specify		c.		
-0C	attura En E		15. Decedent's Edu	cation	1	6e. Decedent's	s Usuel Occu	pation		16b. Kind of B	Blac usiness/Indu		
215-	within 7: 9na.		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+)		(Give kind life. DO N	of work done VOT use retire	during most of wor		Sanit			
		Completed	6th	S	anitaı	cy Wo	cker/Tru	ick	Compa	ny			
Maryland	o do	Be	17. Fether's Neme (First, Middle, Last) Pichard H. Dor	18. Mother's Nar	Mothers Name (First, Middle, Maiden Sumeme) Annie M. Dunnmark								
Nould bloud	th end Manta 7 is marked traumatic e	e Richard H. Dorsey											
Ma d2s	27 is r		Mary Ann Dorse					ress (Street and Number or Rurel Route Number, City or Town, State, Zip of tter Ave. Frederick, Md. 217					
o, -	E E		20e. Method of Disposition	. 1	20b. Pleci	e of Disposition	n (Neme of		Dete	20c. Location -			
Baltimore,	Department of important: If it is any injury or once.		1 ☑ Burial 2 ☐ Cremetion 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica License	est Cem. Md. Ness of Facility	lay 28,	Maryl	and						
760, te be axecuted	Physician /Medical Examiner bhysician end Examiner the prival th	edicai Examiner	23e. Pent1. Enter the disease, or complishock, or heart failure. List only or Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Lest	Com Du	ue to (or es	e consequence	ce of):	ng, such es cardiec	or respiretory er	rrest,	fi	oproximete ntervel Between Onset end Death	
death certifice	attending physi d for use as the t	Physician/Med	d	l									
F be the	igned by the atte be detached for		Pert II. Other signiffcant conditions con	tributing to death but r	not resultin	g in the under	ying cause gi	ven in Part I.	23b. Dld 1	V		he cause of death? bly 4 Unknown	
VITAL MECOLOS,	s been s 2 should	Completed by							24a. Was perfo	an autopsy med?	eveil	a autopsy findings able prior to pletion of cause path?	
The T	pega 2	E							101	res 2 No	10	Yes 20 No	
1 : u	certificata rector, per	Be	25. Wes case referred to medical examiner?					26. Place of Dec	th (Check only o	nne)			
OI VIII Physician:	l dire	2	1 ☐ Yes 2 No	lospital:	2□ER/	Outpetient 3	□ DOA Ot	her: 48 Nursing H	ome 5 Resid	dence 6 DOth	er (Specify)		
onding P	within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	Certification:	27. Manner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Y	(ear) 28	b. Time of Injury	28c. Inju Wo 1	nyat nrk?]Yes 2 □ No	28d. Describe h	now injury occur	red		
DIVISION To the Hospital or Attending	s after de al Direct ed in by t	Certific	3 ☐ Suicide 6 ☐ Could not be determined	28e. Pleca of Injury building, etc. (- At home (Specify)	, farm, street, f	factory, office		28f. Location (S City or Tox	Street end Numb vn, Stete)	er or Rural F	Route Number,	
Mospil	n 24 hou	edicai	29a. Certifier (Check only one) Certifying Physical Examfr	icien: To the best of ner: On the basis of ex end manner stated	caminetion	dge, death occ end/or Investig	urred et the ti gation, In my	me, date end place opinion, deeth occu	and due to the cred et the time,	ceuse(s) and ma date end place,	anner as stat end due to th	ed. ne ceuse(s)	
Toth	within To th comp	Me	29b. Signature and title of certifier	form			29c. Licen	1390	1/	29d. Date signer 5/24	Month, Di	ty, Year)	
			30. Name end eddress of person who do	mpleted cause of deat	th (Item 23	a) (Type, Print	enic	KN	10 3	2/70)/		
	Sta		31. Dete filed (Month, Day, Year)	32. Registrar's	s Signature	29	398			1 /	1		

State Registrar



					Ce	rtificate of	Death	R	leg. No.		000
		1. Decedent's Name (First, A	fiddle, Last)				West to	2. Dete of Dea Month	th Dey	Year 3.	Time of Death
F	hysician /Medical	Anthony		Dipple				May 26			:40 a.m.
	Examiner	4a Fecility Name (# not instit	lution, give street and				4b. City, Town, o	or Location of Death	4c. County	of Death	
		Frederick N	lemorial Ho				Frederi			lerick	
	rector	5. Societ Security Number 216-80-1719 Usuat Rasidence of Deceder	6. Sex 1 1 1 M 2 □ F		s. lest birthdey) Yrs.	If Under 1 Year Months Days			1940	9. Birthplece Country) England	(Stete or Foreign
fand		10a. State 10b. Co		10c. C	City, Town or Lo	ocation				10d. i	nside City Limits
Mary	tor to	Maryland Fre	derick	F)	rederic	k				1	Yes 2⊠No
the the	x 28; a not	10e. Street and Number				10f. Zip Code		1	log. Citizen of V	Whet Country?	
th wi	23a c	6405 Kelly	Court			21703			United	States	
5-0020 72 hours after death with the Maryland	"natural", or items 23e or 28e-f show bolical Examiner must be notified at leted by Funeral Director	11. Marital Status 1 Never Married 2 3 Widowed 4 Divo	Married Armed	ecedent Ever in Forces? s 2 No Give X		Was Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☐ No		(Specify Yes or No- erto Ricen, etc.)	14. Rac Bied Specify	e - American Ir ok, White, etc. :: White	
5-0		15. Dec	edent's Educetion ighest grada complete	d)	16e. Dece	usiness/Industr					
T .S		Elementery/Secondary (0-	12) College	(1-4or 5+)	life.	kind of work done DO NOT use retire	d)	roiking	Frederi		
00	Cor			+	Cance	r Resear			Researc		er
Maryland d 2 should be fill th end Mental Hy	marked other than imatic event, tra M To Be Comp	17. Fether's Name (First, Mic						leme (First, Middle,	Melden Suman	1a)	
arylan should be	matic a	William Di 19a. Informent's Name/Rela			10b Matti	na Address (Stree		. Thorpe Rurel Route Numbe	r City or Town	State 7in Coo	(0) 01020
Mar d 2 sho th end	27 is r or traus										000
	item 2 other	Joanne Jewel 20a. Method of Disposition	e/aaugmen	20b.	Place of Disp	osition (Nama of metory or other pla	us veu	ght Dr.,	20c. Location -	City or Town,	Stata
Pages ent of	Yor	1 Burial 2 Cremate 4 Donation 5 Other		m State				E/20/00	Hannett	auna M	anuland
Baltimore	ortant: if injury or	21 Signature of Funeral Ser	1	/ Inc		wn Crema 2. Name and Addr	Control of the Control	5/30/99			
B 180	grad /		UN	h	0		2	tauffer F			
-		23a Part Enter the diseas	e. or complications the	it caused the fe	oth. Do not en	621 Opos lee the mode of dvi	sumtown	Pike, Fre	derick,	Apr	1702 proximate
Phys	ician	23a Park Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart taliure. List only one cause on each line.									erval Batween set and Death
	edical	Immediate Cause (Final		0	100000	Accent	0 00 0				< Linus
Exa	miner	disease or condition resulting in death)		Due-to	(or as a conse	guenoe,aft:	RIATHM			-	THYMA
10	iner in			C	ORDINA	y Ports	ay D	dere		1	150025
9	ial-transit Examine	Sequentially list conditions.	(Due to	(or as a conse		0	4107		1)	
90,											
68760,	a the bu	that initiated events resulting in death) Last	1	Due to	(or as a consec	quence of):					
-	D 5	DISTRIBUTION OF THE PARTY OF TH									
Вох	for use							E was well			77.00
P.O.	20 E	Part II. Other significant cor	ditions contributing to	death but not re	esulting in the s	inderlying cause gi	ven in Part L	1950/01/01/01	-		cause of death?
	y Ph	126Wa	Insul!	1emy				101	res 221No	3 Probabi	y silunanown
Division of Vital Records, or Attending Physician: The law requires in after closts.	and be der	D.	0 -	01				24a. Was a	an autopsy	24b. Were a	autopsy findings
8 8	es sho	Kewa) HEAN	Jam D				pertor	med7		ole prior to stion of cause th?
B B	certificate has rector, page 2 b Be Comp							101	00 2 0 No	1 D Ye	/
tal in	setificat sotor, p	25. Was case referred to me	dical				26. Place of D	Seath (Check only o			
of Vita		examiner? 1 Yes 2 No	Hospital: 11	Inpatient 2	☐ ER/Outpatie	nt SEROOA O	har	Home 5□ Resid	No. of the latest the	er (Specify)	
0 #		27. Manne of Death	28a. Da	te of Injury onth, Day Year)	28b. Time o		ry at	28d. Describe h	sin holisili megi kirdi hilisah eneri kasah er	in the latest and the	
Vision Attending or death.	r: An	E. L.J. Photohybern	vestigation		1,440		Yes 2□No				
VIS	al Director: After to ad in by the funeral Certification:	3 ☐ Suicide 6 ☐ Co 4 ☐ Homicide de	ould not be stermined 28e. Pia	oe of Injury - At	home, farm, st	reet, factory, office		281, Location (S City or Tow		er or Rural Ro	rute Number,
0 94	Ser Ser										
Division To the Hospital or Attend Within 24 hours after death	To the Funeral Dir completely filled in Medical Cert	29a. Certifier 1D Cert	tifying Physician: To t	the best of my kr	nowledge, deet	h occurred et the t	ime, date and pia	ce, and dua to the occurred et the time.	ceuse(s) end me	enner es stated	d. cause(s)
the t	Med Med	one)	and m	anner stated.							
P ₹	000	29b. Signeture and title of ca	Malaku	11	17		se number		29d. Date signe	OC.	, rear)
		1	Court in			Vo	29191		0/21/	/) /	
		30. Name and address of pe									
		Dr. Mark P.	Rubin, 201	Thomas Registrar Sign		n Drive,	Frederi	ck, Maryl	and 21	702	
	State	31. Dete filed (Month, Dev.)	AN 0 0 4000	. rregistral Sig	noturd	8	2				

DHMH 16 Rev 6/95

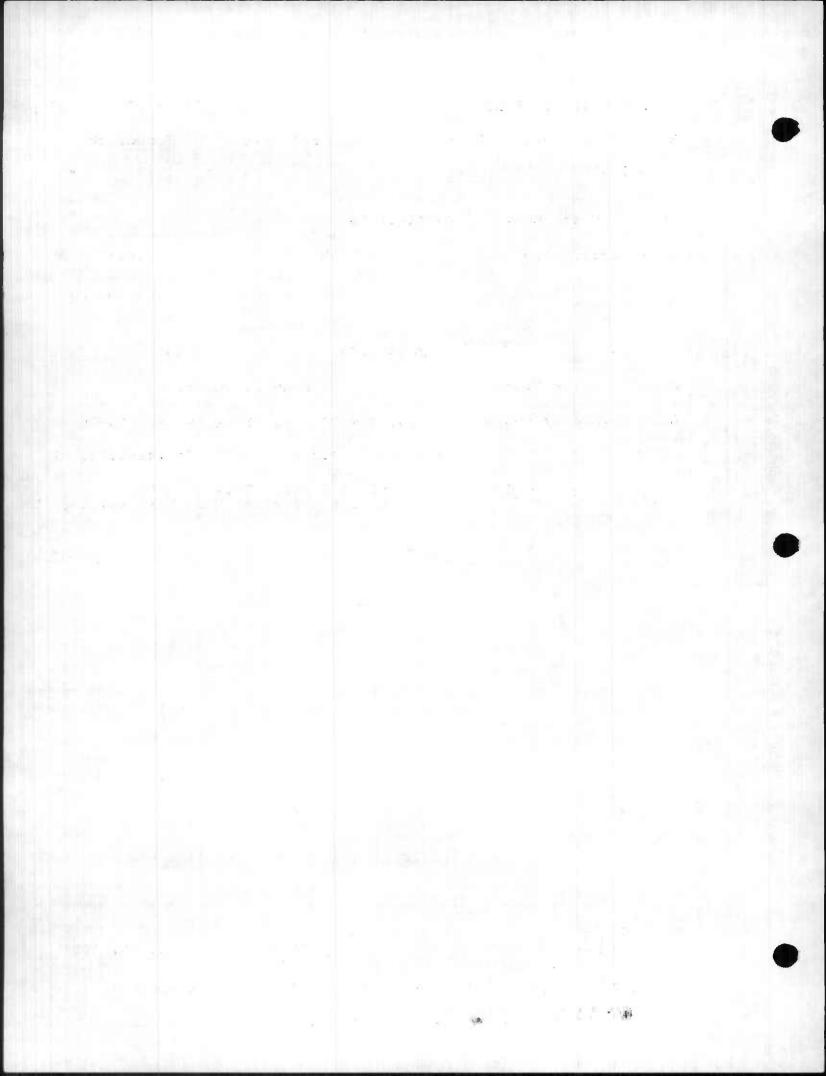


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

1	0	0	pro-	0
1	1	11	5	-
	10	1	10	00 3

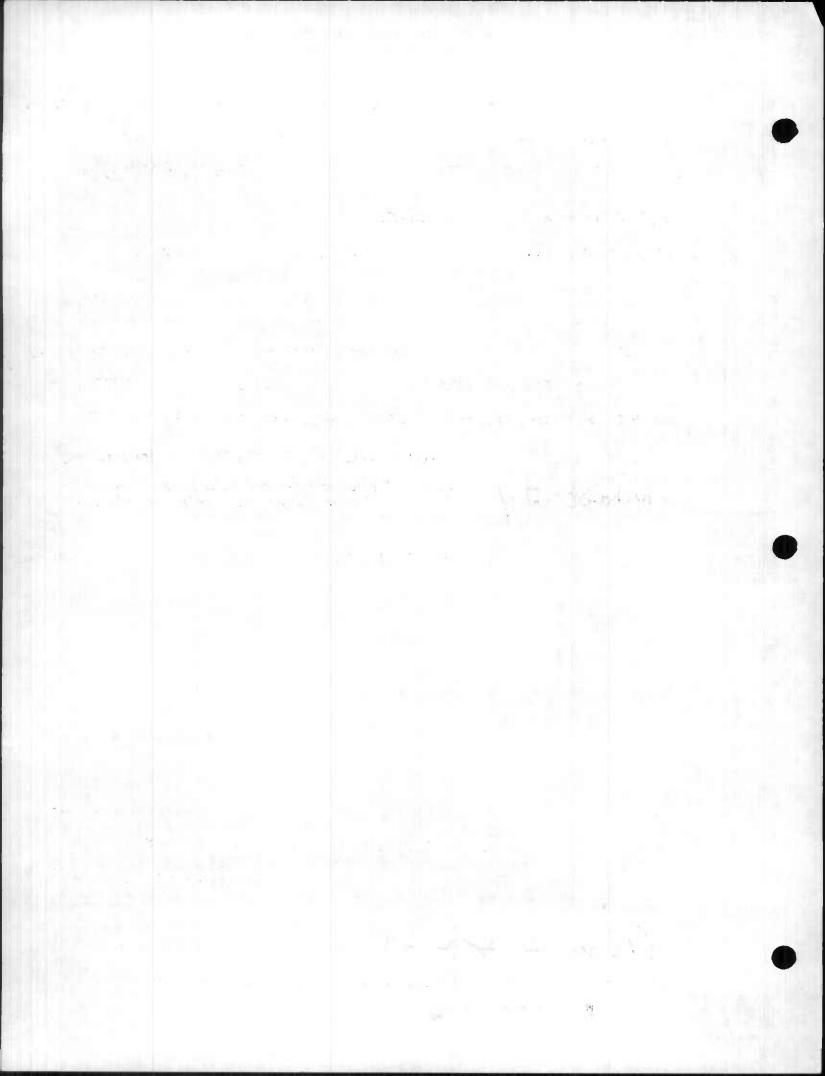
				Cen	tificate	of Death		Reg. No.		
Discontinu	1. Decedent's Neme (First, Middle,	Last)					2. Date of D	eeth Day	Year	3. Time of Death
Physician /Medical	EMILY TINN	NEY DARBY	Z					23 199		3:47 pm
Examiner	4a Facility Neme (If not institution,	give street and numbe	er)			4b. City, Town, o	r Location of Dea	th 4c. County	of Death	
	Northampton N	Nursing H	lome			Freder			eric	
Funeral Director	214-10-4066	Sex 1 M 2 F 7. /	Age (In yrs. 80	last birthday) Yrs.	If Under 1 Months	Year If Under 24 Hi Deys Hours Mi		irth Pay, Year) 2 1919	9. Birthpla Counti	ace (State or Foreign ry) MD
2 3	Usual Residence of Decedent 10a. Stete 10b. County		10c City	y, Town or Loc	eation			10d. Inside		
r ahow		gomery		allsv:						1 Yes 2 No
28s-f al	10e. Street end Number	Jonet y	DC	allov.	101. Zip (code		10g. Citizen of V	What Count	ry?
riter death with the market a creek a	19811 Darnest	own Road	3		208	139		11.	S.A.	
me 2	11. Marital Status	12. Wes Deceder Armed Force		S. 13. W		nt of Hispenic Origin? (y Cuben, Mexicen, Pue	Specify Yes or N		e - Americe	
by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces 1 Yes 2 d If Yes, Give Yeer or Dates	No			y Cuben, Mexicen, Pue	erto Rican, etc.)	Specify	ok, White, e	ite
natur netur	15. Decedent's (Specify only highest	Education	200	16a. Deced	ent's Usual	Occupation	orkina	16b. Kind of B	usiness/Indi	ustry
E	Elementary/Secondary (0-12)	College (1-4o	or 5+)			done during most of w retired)				
Hygiene that the ont, the	10			House	ewife		(F)	Domes		
T to e	17. Father's Name (First, Middle, La							e, Meiden Suman	76)	
Men Men To	James Patrick						E. Shel			
snorth shorth sh	19a. Informant's Name/Relationship					Street end Number or				
r Heelth fem 27 other tr	Harry D. Dark	y/spouse		P.O.			llsvill		208	
nent or	20e. Method of Disposition 1 □ Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spe	nocacy	ce of Disposition (Neme of leftery, crematory or other place) OCACY Cemetery Dete 20c. Location - City or Town 5/27 Beallsville							
Department Important any injury page.	21. Signature of Funeral Service Lie	Kill		H	iltor	Address of Facility Funeral Beallsvi	Home	208		11e. MD
of the central of the standard of the strength	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b	Due to (o	or as a consequent as a consequent of as a consequent of the conse	uence of):					
attendin for use		d								
by the a tached tached	Part II. Other algnificant conditions	contributing to death	but not resi	ulting in the un	iderlying ca	use given in Part I.		11		the cause of death?
igned by be deta							_ 1	Yee 2 No	3 Prob	ably 4 Unknow
been s should							24a. Wa	is en autopsy formed?	ava	re autopsy findings ilable prior to appletion of cause deeth?
ate hes pege 2							10	Yes 2 No	1□	Yes 2□ No
certificate rector, peg	25. Was cese referred to medical	1				26 Place of F	eath (Check only			
nysicia his cert il direct	examiner?	Hospitel:	atient 2	ER/Outpatient	t 3□ DO	Other: \/		sidence 6 □Oth	ser (Specify	()
	27. Manner of Death	28a. Date of Ir (Month, I		28b. Time of		c. Injury at Work?		e how injury occur		,
ath. r: After is funan	1 Natural 5 Pending 2 Accident investiga		Dey rear)	Injury	М	1 Yes 2 No				
2 2 E	3 Suicide 6 Could no determin	t be ed 28e. Place of building,	Injury - At ho etc. (Specify	ome, farm, stre	et, factory,	office	28f. Location City or T	(Street and Numi own, State)	ber or Rura	l Route Number,
24 hour Funer Pately fill dical			of examina			the time, date and pla n my opinion, death oc				
within To the comple	29b. Signature end title of certifier				29c.	License number		29d. Date signe	ed (Month, L	Day, Year)
· s - 0	· Ulala				-	DIECO		Marr	25	1000
	30. Name and address of person w	Completed course	d doub fitce	23a) (Tune 1	Duint)	2022	-	May	25,	1999
			HAID DISSEL .							
	TO DONNI	TAD 900	6 4	4,0	R~	myret	MI	21711		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 99 18860

				Certificate of	Death	R	eg. No.	
		1. Decedent's Name (First, Middle, Last)			2. Dete of Dea		3. Time of Death
	Physician	Caro1	Lynn	DEVILBIS	S	Month May	23 1999	11:28 am
	/Medical Examiner	4e Fecility Name (If not institution, give	· · · · · · · · · · · · · · · · · · ·		4b. City, Town, or L	ocation of Death	4c. County of De	
	Examinic.	7730-B Sundays L	ane		Freder	ick	Frede	rick
	Funeral	Social Security Number 6. Se		oirthdey) If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth	(Year) 9. E	Birthplace (State or Foreign Country) Tyland
	Director	216-48-7187	^{3 M 2 □} X ^F 52	Yrs.	110013	June 24	, 1946 Ma	ryland
	p ,	Usual Residence of Decedent	40a Citu Ta	um aut acation	==			10d. Inside City Limits
	enyla ehov	10a. State 10b. County		wn or Location				1 ☐ Yes 2 🕅 No
	Sa-f	Maryland Frederic	c riede				log. Citizen of Whet	
	or 2	10e. Street and Number		10f. Zip Code	2		Country?	
	filed within 72 hours efter death with the Menyland thygiene. Pygiene. ther than "neturel", or items 23s or 28s-f show mit, the Medical Examinar must be notified at a Completed by Funeral Director.	7730-B Sundays La		21702			U.S.A.	EWILL A
	ar de	11. Marital Status	12. Was Decedent Ever in U.S. Armed Forces?	13. Was Decedent of I	Hispanic Origin? (Sp en, Mexican, Puerto	Rican, etc.)	Black, W	merican Indien, hite, etc.
20	or or or or or or or or or or or or or o	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2\(\overline{\dagger}\) Yes, Give	1 ☐ Yes ŽŽNo	Specify:		Specify: W	hite
8	"natural",		Year or Dates:	a. Decedent's Usual Occu	nation		16b. Kind of Busines	pe/Industry
21215-0020	ed within 72 ho ygiane. for than "natural, ft, the Wedcell Completed	15. Decedent's Edu (Specify only highest grad		(Give kind of work done life. DO NOT use retire	during most of work	king	Tob. Kind of Busines	samuusiiy
12	ane. than	Elementery/Secondary (0-12)	College (1-4or 5+)	Secretary/Tr			Construct	ion Company
	Hygin Hygin	17. Father's Name (First, Middle, Last)		3.	7	e (First, Middle,	Maiden Sumame)	
an	hould be filed within d Mantal Hygiane. marked other than matic event, the Ma	Elbert S	anders CHEEKS		Shirl	ey	CAD	ELL
Maryland	10 C = =	19e. Informant's Name/Relationship (T)	ype, Print) 15	9b. Mailing Address (Stree	t and Number or Ru	ral Route Numbe	r, City or Town, State	a, Zip Code)
Ž	CENL	Joseph F. Devilbi	ss, Sr., Husband	7730-B Sunda	ays Lane,	Frederi	ck, Md.	21702
re,	一工を与	20a. Method of Disposition	20b. Placa	of Disposition (Name of tery, crematory or other pla	nce)	Date	20c. Location - City	or Town, State
Baltimore,	0 0	1 Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State	stown Cemeter		7, 1999	Lewistow	n, Maryland
	permit. Peg Department Important: I any Injury o	21. Signature of Funeral Servica Licens			1.			
ä	Per Per Per Per Per Per Per Per Per Per	Richard	May M00255				uneral Ho	
		23a. Part1. Enter the disease, or composhock, or heart tailure. List only o	lications that caused the deeth. Dr	106 East	Ing. such as cardiac	or respiratory ar	lerick, Md	Approximate
	Physician	shock, or heart tailure. List only o	ne cause on each line.					Interval Between Onset and Deeth
	/Medicai	Immediate Cause (Final					T 12 . 4	
	Examiner	disease or condition resulting in deeth)	a. Traumatic			Immediate		
	je je		Due to (or as a	a consequence of):				
	eath cartificate be executed attending physician and for usa as the burlat-transit clary/Medical Examiner	Sequentially list conditions	bDue to (or as i	e consequence of):				
oʻ	exec an ar rial-tr	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events						
68760,	artificete be executed ling physician and sa as the burlat-transit Medical Examil	Cause (Disease or injury that Initiated events resulting in death) Last	c Due to (or as a	a consequence of):				
99	ding phase as the	resulting in death) cast						
Вох	iendii r usa		d					
	et the death of by the attendateched for us	Part II. Other significant conditions con	ntributing to death but not resulting	In the underlying cause g	iven In Part I.	23b. Dld t	obacco use contrib	ute to the cause of death?
P.0	thet thade ned by thas a datached y Physic					101	res 2 No 3	Probably 4 Unknown
Ś	5 90						T	
Record	been sign should be						an autopsy med?	b. Were eutopsy findings eveilable prior to
ec.	D 2 S							completion of cause of deeth?
<u> </u>	Tha la ata ha page					101	es 2 XNo	1 ☐ Yes 2 ☐ No
Viita	certificata rector, pa	25. Was case reterred to medical examiner?			26. Place of Dea	th (Check only o	ne)	
o o	Y Sip	1 X Yes 2 No	Hospital: 1 ☐ Inpatient 2 ☐ ER/0	Sutpatient 3L DOA			lenca 6 XOther (S	pecify) Farm
	ding Ph h. After th funaral	27. Manner of Death 1 Naturel 5 Pending	28a. Date of Injury (Month, Day Year) 28b	Time ot 28c. Inju			low injury occurred	1
000	Attending in death. Sector: After by the fune lifeation	2 ☑ Accident investigation	May 23,1999 11	L:28 a ^M 1 ^C	Yes 21X No			cned on victi
Division		3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of Injury - At home, building, etc. (Specify)	farm, street, factory, office		28f. Location (S City or Tox	Street and Number of m, State)773()-]	B Sundays Ln
0	is af led led led led led led led led led led		Farm			Fred	erick, Mai	ryland
	To the Hospital or within 24 hours after To the Funeral Dir complately filled In Medical Cert	(Check only 2X Medical Exami	sician: To the best of my knowled iner: On the basis of examination of					
	the Print 2 min 2	one)	end menner stated.					
	To the comple	29b. Signature and title of cartifier	> 0A		164		29d. Date signed (M	
		Milalur	by 1	_ / U35	104		May 24	, ביידי
		30. Name and address of person who co			mont Ti-	dont de	Mozer-1 1	21702
		Andrew Zarick, Jr		t Patrick St	reet, Fre	ederick,	Maryland	21/03
	State	31. Date filed (Month, Day Year)	32. Registra s Signature	w h	1			



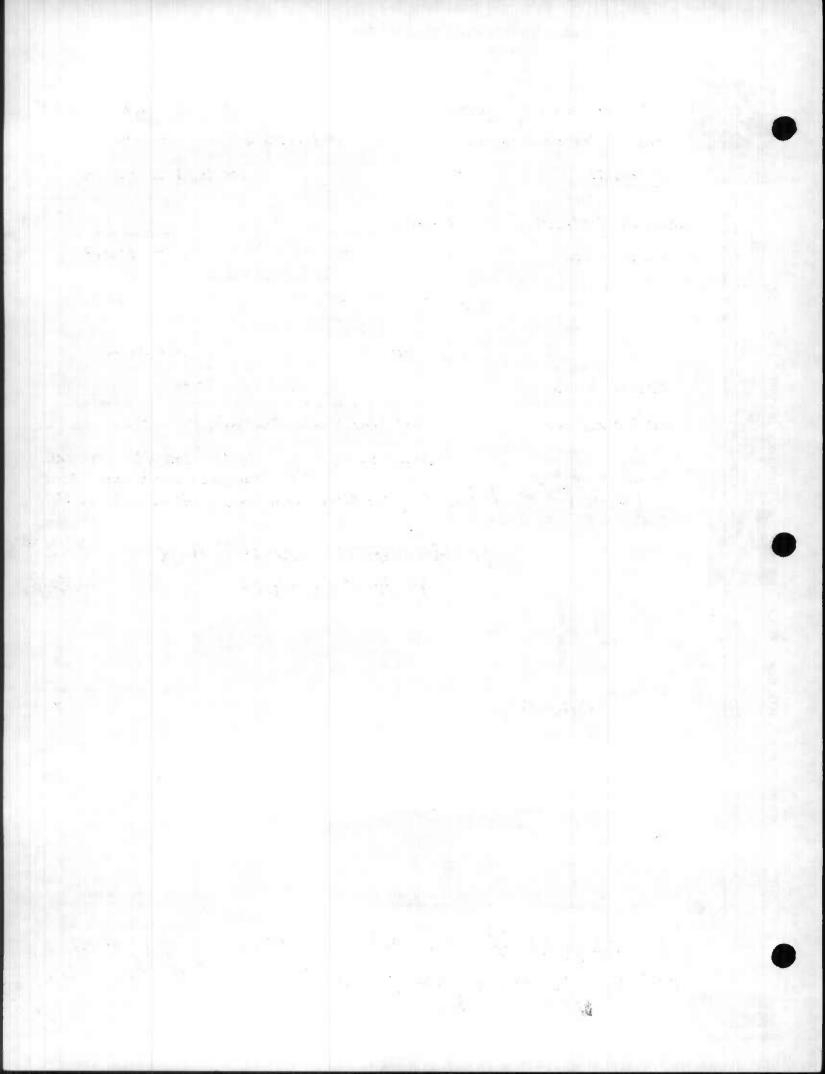
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dev **Physician** Richard Ambrose May 1999 2:55 PM /Medical 4c. County of Deeth 4b. City, Town, or Location of Death 48 Fecility Neme (If not institution, give street end number, Examiner Frederick Frederick Memorial Hospital Frederick If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Yeer) Birthplece (State or Foreign Country) **Funeral** 1 M 2 □ F Months Deys Hours Yrs. Director 060-18-3770 May 25. 1922 New York Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 10d. inside City Limits r 28a-f show 1 ☐ Yes 2 ☐ No Directo Frederick Maryland Frederick 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? with h and Mentel Hygiene. 7 is marked other than "natural", or itema 23a or traumatic event, the Madical Examiner was be-United States 21703 5594 Dover Court Peges 1 and 2 should be filed within 72 hours efter death inent of Heath and Mentel Hygiene.

In it flow 27 is marked outher than "natural", or fterme 23, mry or other traumatic event, in Mentel Experience muny or other traumatic event, in Mentel Experience muny. Funeral 12. Wes Decedent Ever in U.S. Armed Forces? 1 XY Yes 2 □ No If Yes, Give Year or Detes: 1942-45 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Bace - American Indien Bleck, White, etc. 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: specity: white g 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) builder self-employed 18. Mother's Neme (First, Middle, Meiden Surneme) 17. Fether's Neme (First, Middle, Last) Be Charlotte Pepper William Ferris 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) 5594 Dover Court, Frederick, MD 21703 Lois Ferris/ wife 20b. Place of Disposition (Neme of cemetery, cremetery or other plece) 20c. Location - City or Town, Stete Important: If its any injury or oth 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 6/1/99 Rockville, Maryland Parklawn Cemetery 22. Name end Address of Fecility Stauffer Funeral Homes, P.A. 21. Signuture of Funeral Service Licensee 1621 Opossumtown Pike, Frederick, MD 23a. Part1. Enter the disease, or complications that caused the death. Do n shock, or heart failure. List only one ceuse on each line. enter the mode of dying, such es cardiac or respiretory errest, Approximete Intervel Between Onset end Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical **Examiner** Examiner physician end the bunel-transit the deeth certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) P.O. Box 68760. Physician/Medical Due to (or es e consequence of): 88 USB 0 23b. Dfd tobacco usa contributa to the cause of death? by the e Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 | Yes 2 | No 3 | Probably 4 SUnknown Division of Vital Records. à 24b. Were autopsy findings aveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed hes is certificate he i director, page 1 ☐ Yes 2 500 1 ☐ Yes 2 ☐ No 25. Wes case reterred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 1 Minpatient 2 ER/Outpetient 3 DOA this 28e. Date of injury (Month, Dey Year) 28d. Describe how injury occurred 27. Menner of Death Certification: 28c. Injury et Work? After or Attending 1 Maturel 5 Pending investigation 1 ☐ Yes 2 ☐ No death. Director: A 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 3 ☐ Suicide 28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours efter Funeral Dire letely filled in b efter 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end plece, and due to the ceuse(s) end manner stated. 29a. Certifier edicai (Check only one) within 2
To the F 29d. Dete signed (Month, Dey, Year) 29b. Signeture and tilby of certifier 29c. License number who completed cause of deeth (Item 23e) (Type, Print) 30. Neme end eddress of BLOG-H-6 FREDERICK, MD SOL YOU HOUSE ME State Registrar

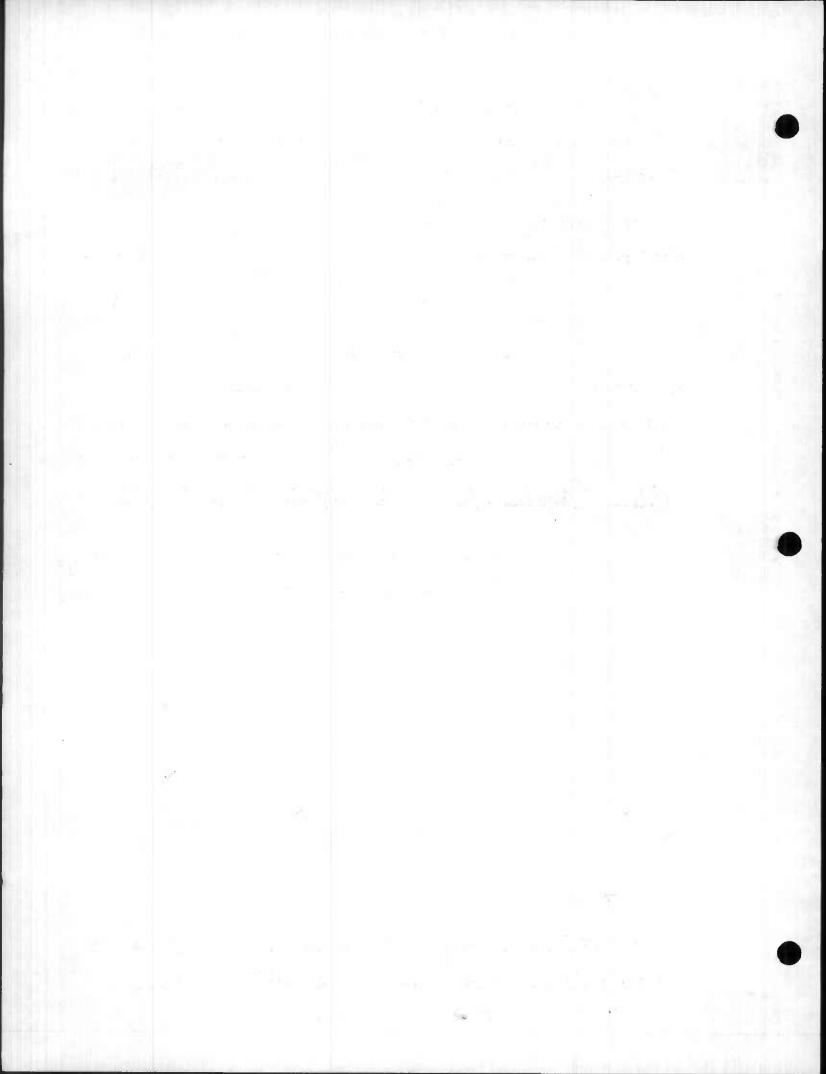
DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene

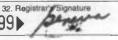
0 / 11 0 =	.~3	10101				
ygiene	9	9	8	8	6	2

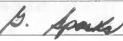
						Ce	rtificate	e of	Death			Reg. No.			
			. Decedent's Name (First, Middla, L	ast)							2. Date of De	eeth		3. Tima of Deeth	
	sician			Harrie	ett P.	Five	s				Month May	Day 25	Yaer 1999	7:03pm	
	edical miner		a. Fecility Nama (If not institution, g						4b. City, To	wn, or L	ocation of Deat		nty of Deeth	1.03bm	
/ LXai	militer		Glade Valley Nu								ville		rederi	ck	
Fund	vol.	_			ga (In yrs. les	t birthday)	if Undar 1	1 Yaa			8. Date of Bi				
Funer Direct			224-72-6438 Isuel Residence of Decedent	1□M 2\\ F	79	Yrs.		Deys	Hours	Min.	(Month, D	ey, Year) 19,1919	New	pleca (State or Forais ntry) Jersey	
ylenc		1	0a. State 10b. County		10c. City, 7	Town or Lo	ocation							10d. Inside City Limit	
the Mer 28a-f st	Director		Maryland Freder	ick	Monr	ovia	10f. Zip (Code				10g. Citizen o	d Mhat Carr	1 ☐ Yes 2 🖾 N	
s 23a or	eral Dir		4983 Linganore W				2	217				Unite	d Sta	tes	
be filed within 72 hours after deeth with the Meryland hal Hygiene. The Hygiene of other than "natural", or Hems 23a or 28e-f show event, its Medical Earn or a notified and a notified an	by Funeral		Never Married 2 Married Married 2 Married Married 3 Midowed 4 □ Divorced	12. Was Decedant Armed Forces? 1 X Yes 2 If Yes, Give Year or Dates:	No		Was Decede If Yes, speci				ecify Yes or No Ricen, etc.)	0- 14. R B	lace - Amari lack, White,		
d 2 should be filed within 72 hours af the not Mantal Hygiene. 7 Is marked other than "natural", or traumatic event, its Medical Esan.	eted		15. Decedent's ((Specify only highest g	Education		18a. Dece	dent's Usuel	k done	during mos	t of work	rina	16b. Kind of			
within lene. than	Completed		Elementary/Secondary (0-12)	College (1-4or	5+)	Iife.	usewif	e retire	ed)			Own	Home		
Hyg H	Ü		7. Father's Name (First, Middle, Las	t)		110	ab Cwill		18. Mothe	er's Nam	e (First, Middle				
2 should be filed within on the Mental Hygiene. Is marked other than raumatic event, the M	To Be	i	Harry Wilson								anary	, woodon our	omey		
d 2 should th end Mer 7 is marke traumatic	-		9e. Informent's Neme/Relationship	(Type, Print)		19b. Meili	ng Address	(Stree	et end Numb	er or Rur	al Route Numb	per, City or Tox	vn, State, Zip	Code)	
1 and 2 : Heaith ar em 27 is			Kathleen A. Wilk	inson/Daug	hter	4983	Linga	no	re Woo	ds I	Orive,	Monrovi	a. Md	21770	
of He Item			Da. Method of Disposition		20b. Plac	e of Dispo	osition (Nem	a of			Date	20c. Locatio			
permit. Peges 1 end Depertment of Heeith Important: If Item 27 any injury or other tr			4 Donetion 5 Othar (Spec	ity)		Ceme	etery				29/99	Winter	Park	, Florida	
permit. Depertu	DUCE.	1	Palm Cemetery 5/29/99 Winter Palm Cemetery 5/												
		2	3a. Part1. Entar tha disease, or cor shock, or heert feilure. List onl	polications thet caused	d tha daath.									20872 Approximete Intervel Between	
Physicia	an	1												Onset end Death	
/Medic	_		nmediate Ceuse (Final	Δ<	p'ra	tra	PA	0()	inne	Nin				0,	
Examin	er		esulting in deeth)	е	bua to (or as	s a consec	quance of):	<u> </u>						Years	
n =	ner ner		e. Aspiration Pueums Nin e. Aspiration Pueums Nin e. Pertinson's Discose b. Pertinson's Discose												
icate be executed physician end s the burial-transit	Examiner	S												12013	
ifficate be exe g physician es the burial-			equantially list conditions, eny, leading to immediate ause. Enter Underlying euse (Diseese or Injury hat initiated events	C	Dua to (or as		ruanca ofli								
ing artif	Ž		esulting in deeth) Lest	d	Dua to (or as	a conseq	quance or):								
the ettend	Physician	P	art II. Other significant conditions	contributing to death b	out not resulting	ng in the u	indarlying ca	use g	iven In Pert I	l.	23b. Did	tobacco use	contributs to	o the cause of death	
d to	y Phy										10	Y88 200 No	3 □ Pro	bably 4 Unknow	
aw requires been so 2 should	pleted								_		24e. Wes	an autopsy ormed?	av	ere eutopsy findings elleble prior to impletion of cause death?	
The le	0										10	Yes 20 No	1 [☐Yes 2☐No	
iclan: The certificete rector, peg	Be (2	5. Was case refarred to medical						26. Piece	of Deat	h (Check only	one)			
Physician: this certific	10		axaminer? 1 ☐ Yes ≥ No	Hospital: 1 Inpatie	ent 2 ER	/Outpatler	nt 3 DOA	A O	her: 4 Nu	ırsing Ho	ma 5 Resi	idence 6 🗆 C	ther (Specia	(y)	
B 95		27	7. Manner of Death 1 Neturel 5 Pending 2 Accident investigation	28a. Dete of Inju (Month, Da	lry Year) 28	b. Time of Injury	f 28	C. Inju				how injury occ			
5 # # E	Certification:		3 ☐ Suicide 6 ☐ Could not determined	28e. Place of Inj	ury - At home c. (Specify)	e, farm, str	reat, factory,	office				(Street and Nur wn, Stete)	n <i>ber</i> o <i>r Rur</i> e	el Routa Number,	
To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edicai C		9a. Certifier Certifying P	hysician: To the best of miner: On the basis of end menner sto	f examinetion	dge, deeth end/or in	h occurred el vestigation, I	t the ti	ime, dete en opinion, dea	d plece, th occur	end due to the red et the time,	cause(s) end dete end plec	menner es s e, end due to	iteted. o the cause(s)	
o the	₹		9b. Signeture end title of certifier				29c.	Licen	se number			29d. Dete sign	ned (Month,	Dey, Year)	
⊢ s ⊢ ŏ			· wito	-	110			M					26-6		
		-	Nome and address of	γ C	VI) (T		n C	0516	,(0		3-	-	1	
		30). Name end address of person who	completed cause of d	leeth (Item 23	sa) (Type,	OU	ic	VV	nh	1	171.2			
		2.	Data filed (Month Day Vacal	TELY TIL	T +	THE	ace	10	M 1	11		1 10 9	-		
	State istrar	3	I. Data filed (Month, Dey, Yaer) MAY 2 8	1999 32. Registr	er's Signature		4.	do		,					
11091			111111 - 0	.000	-			7	- COO						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** 23, 1999 7:59pm GRUNING Theresa Mary May /Medical 4a Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** I jamsville Frederick 10008 Old National Pike 8. Date of Birth (Month, Dey, Year) Mar 21, 1941 Birthplace (State or Foreign Country) If Under 1 Year If Undar 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Days Months Hours 1 M 2 X F 202-30-6192 58 Yrs. Pennsylvania Director Usual Residence of Decedent with the Maryland 10a. State 10d. Inside City Limits 10b. County 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at I jams ville Frederick Maryland 1 Tyes 2 X No Directo 10g. Citizen of What Country? 10e Street and Number 10f. Zip Code 21754 10008 Old National Pike U.S.A. death Funeral 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. filed within 72 hours after Yes 2⊠ No f Yes, Give 1 □ Never Marriad 2 □ Married White Baltimore, Maryland 21215-0020 1 Yes 2 No Specity: Specify: by 3X Widowed 4 ☐ Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Construction Hygiena. Elementery/Secondary (0-12) College (1-4or 5+) Bookkeeper/Accounting EGS Inc L. Pages 1 and 2 should be filed with ment of Health and Mental Hygien and L. I is marked other the luny or other traumatic event, the 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be WANALISTA McANDREW Ann Michael 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Pnint) Barbara Gallagher/Sister 12520 Saint James Road, Rockville MD 20850 20b. Place of Disposition (Neme of cemetery, cremetory or other place)
Heffner Crematory 20c Location - City or Town, State 20a. Method of Disposition Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State May 29,1999 York, Pennsylvania 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Address of Facility
Keeney & Basford P.A. Funeral Home
106 East Church St, Frederick, Maryland 21701 of Funeral Service Licens Kothersen M00706 Part1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cerdiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Luna Years disease or condition resulting in death) Examiner Examiner physician and s the burial-transit requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): attending ph Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Threm Bosis Venous þ 24b. Were autopsy findings available prior to Completed 24e. Was an eutopsy performed? completion of ceuse of death? paga 2 s has 2KINO 1 Yes 1 ☐ Yes 2 ☐ No certificate or Attending Physician: funeral director, Be 25. Was cese referred to medicel examiner? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 28c. Injury at Work? 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: Natural 5 Pending 2 No 24 hours after death. investigation 2 Accident 6 Could not be determined 28e. Place of fnjury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) filled in by 4 ☐ Homicide Hospital 29a. Cartifiar Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. To the Hosp within 24 hor To the Fune completely fi Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. (Check only one) 29d. Data signed (Month, Day, Year) 29c. License number 29b. Signature and titla of certifiar May 24, 1999 D51610 ol mo 30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

Registrar

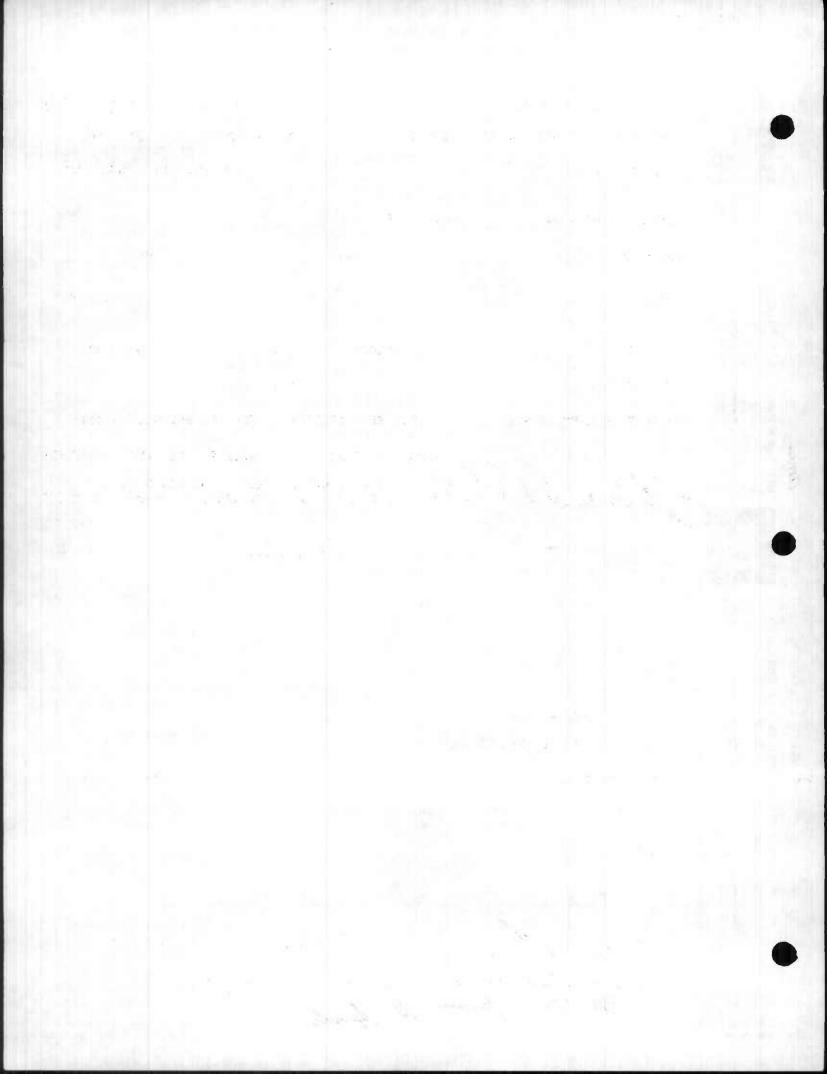




Michael A. Tolino, M.D., 1475 Taney Avenue, #204, Frederick, Maryland 21702-5127

DHMH 16 Rev 6/95

State Registra



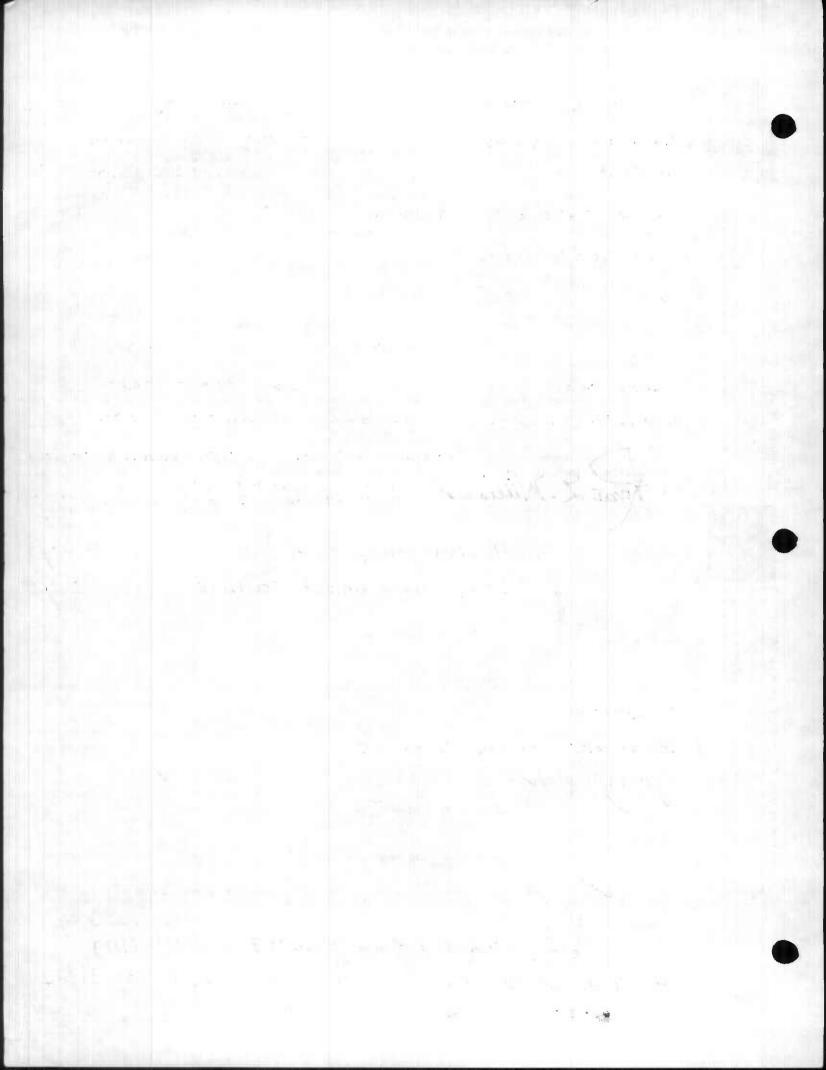
State of N

	-	,				
Maryland / Department of Health and Mental Hygiene	9	9	8	8	6	5
Certificate of Death			Τ.			

						Ce	rtificate of	f Death	1		Reg. No.		
		1. Decedent's Name (First, Mic	ddie, Las	t)						2. Date of De	ath Day	Year	3. Time of Death
Physic		Elma c		Kesse	11					Month		999	9:05 A.M.
/Medi Exami		4a Fecility Name (If not Institu	tion, give					4b. City, To	own, or L	ocation of Deat	-	y of Deeth	
Exami	ner							Essa d		1.	E	1	1.
		Frederick Mem 5. Social Security Number	011a	1 Hosp	7 Age (In ves	. last birthday)	If Under 1 Yea	Fred	r 24 Hrs.	8. Date of Bir		deric	
Funeral					1. Ago (m yro	Yrs.	Months Day		Min.	(Month, Da	ay, Year)		place (State or Foreign intry)
Director	м	220-16-0258 Usuel Residence of Decedent								Nov. 8	, 1921	Vir	ginia
pue *		10a. Stete 10b. Cour	nty		10c. C	ity, Town or Lo	ocation						10d. Inside City Limits
eho	ò	Maryland Fr.	eder	i ale	Tal	oodsbo	ro						1 ☐ Yes 2 1 No
7 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Director		euer	ICK		OOUSDO					40= Chines -4	Mills of Co.	
£ 8	ä	10e. Street and Number					10f. Zip Code				10g. Citizen of	AALIOL COL	muyr
1 23 eth v	a	10918 Green	Va1					798			U.S		
72 hours effer deeth with the Merylend naturel', or frems 23s or 28s-f show acel Examiner must be nortified at	Funeral	11. Marital Status		12. Was Dec Armed F	cedent Ever in I orces?	J,S. 13.	Was Decedent of If Yes, specify Cu	Hispanic Or ban, Mexice	rigin? (Sp an, Puerto	pecify Yes or No Rican, etc.)		ice - Amer ack, White	nican Indien, n, etc.
e e		1 Never Married 2 M		1 ☐ Yes If Yes, G	2XI No		1□ Yes 2√2 N	o Specify	7:		Speci	itv:	
ours	1 by	3⊠ Widowed 4 □ Divord	ed	Year or I	Dates:		***					Wh	ite
d within 72 hours of giene. It than "naturel", or the medical Exam.	Completed	15. Deced (Specify only hig)	16a. Dece	dent's Usual Occ kind of work don DO NOT use reti	upation	st of worl	kina	16b. Kind of B	3uslness/li	ndustry
5 5	d d	Elementary/Secondary (0-12			(1-4or 5+)			red)					
filed with Hygiene. ther ther	Ö	8				Home	emaker				Own	Home	
be filed tal Hygid d other	Be (17. Father's Neme (First, Midd	le, Last)					18. Moth	er's Nam	ne (First, Middle	, Maiden Suma	me)	
nd 2 should be flich and Mental Hy 77 Is marked other traumatic event	ToE	Leroy Whet	ze1					Min	nie	Cather	ine Ru	inion	
2 should be and he maintained		19a. fnforment's Name/Relation	onship (T	ype, Print)		19b. Maili	ng Address (Stre	et and Numb	ber or Ru	ral Route Numb	er, City or Town	n, State, Z	ip Code)
end 2 sh saith end n 27 is m	4.4	Diana B. Luck	- Da	aughte	r	9112	Gue Roa	d. Da	masc	us, Mai	yland	2087	2
		20a. Method of Disposition					osition (Name of matory or other p	-		Date	20c. Location	- City or T	fown, State
00-2		1 ☑ Burial 2 ☐ Cremetic			State					E /21 /00	011	7	
permit. Peges 1 of Department of He Important: If itsm any injury or othy DRCe.		4 □ Donation 5 Sother			ну		wn Metho			5/31/99	Clarks	burg,	, Maryland
permit. P Departme Importan any Injur		21. Signature of Funeral Servi	•	7. /)	2. Name and Add			TD. A	E 1	TT	
70F 29		23a. Part1. Provided the disease, shock or heart failure. L	(. ,	Null	cams	2	lin L. M 6401 Rid	oreswo	ortn	Damasc	runeral Mar	vland	20872-01
		23a. Part1. Por the disease,	or comp	lications that	caused the dea	th. Do not en	ter the mode of d	ying, such es	s cardiac	or respiratory	errest,	1	Approximete Interval Between
Physician		Shoot of Tall land o. L	act only c	710 04430 011	oudif into.								Onset and Death
/Medical	н	Immediate Cause (Final			Acuina	4'0	0 0 0		^	~			5 Dave
Examiner		disease or condition resulting in death)		a/	ISPITO	KTI DI	quence of):	unc	>17/6	-		1	001/3
	ē				, Due to	or as a conse	quence or).		-			1	6 days
betr Insit	声			b	onge	or as e conse	hea	7+	ra	Llere		1	0 - 47 -
icate be executed physician end s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying			100 10	or as e conse	quence on.						
ifficate be exe g physician es the buriel	a	Cause (Disease or Injury that initiated events	<	c	V							1	
ertificate be executed ling physician end e es the buriel-transit	edical	resulting in death) Last			Due to (or as a consec	quence or):						
deeth certifica	2			d									
deeth c	lan											1	
0 0 0	by Physician	Part II. Other significant cond	itfons co	entributing to	death but not re	sulting in the u	inderlying cause	given in Part	l.	23b. Dld	tobacco uas c	ontributa	to the causa of death
thet the ed by the detech	P.	1:-6 NOS	,							1 🗆	Yes 2 1 No	3□Pr	obably 4 Unknow
gne g	þ	Diabetes											
	8	0									s an autopsy ormed?	6	Were autopsy findings eveileble prior to
law requires been 2 shoul	plet	Coronary	0	21+6	my o	1500	298_						completion of cause of death?
The law ete hes pege 2	Completed	" - 1		HCV	1					1□	Yes & No		1 ☐ Yes 2 ☐ No
Ician: The certificete rector, peç		TYPETTEN.	910	N				an Di-			V		100 2010
Physician: this certific ral director,	o Be	examiner?		Hospital:	/			other		th (Check only			
this aid	-	27. Manper of Death		28a. Date		28b. Time of	IN SLI DOA	4011	lursing H	ome 5 Res	how injury occ		uty)
	0	Natural 5 Pen		(Mo	nth, Day Year)	Injury	M		This	200. 0030100	now injury occi	21100	
or Attending effer death. Director: After d in by the fune	cat	Z E / NOOIGOTIL	stigation Id not be					Yes 2	7140				
or Attend efter death Director: /	Certification:	4 ☐ Homicide dete	mined	200. Flat	e of Injury - At I ding, etc. <i>(Sp</i> ec	nome, f <i>a</i> rm, st <i>ify)</i>	reet, factory, offic	8			(Street and Nun wn, State)	nper or Hu	ural Route Number,
led in the	C	/											
Hospital of 24 hours e Funeral Dietely filled	Ca	29a. Certifier Certifier (Check only	Hig Phy	sician: To th	e best of my kn	owledge, deat	h occurred at the	time, date a	nd place	, and due to the	cause(s) and r	nanner as	stated.
To the Hospital or within 24 hours effe to the Funeral Dir completely filled in	edical	one)	Z		nner stated.	anon end/or ir	gation, in m	opinion, de	atti oocu		, Jako and place	, and 008	10 110 0000(3)
To the within 2 To the comple	Σ	29b. Signature and title of con-	fier)			29c. Lice	nse number			29d. Date sign	ed (Month	n, Day, Year)
		1	MD	5 51	book to	4'renk	Arymus.	516	42	3	5/2	7/9	9
		30. Name and address of per-	NO WHO I	ompleted cer			-					11	1
		Ho Than	~ 0	71		7		100	F~	eden	al.	no	21702
C.	ate	31. Date filed (Month, Day, Ye	ar)		Registrar's Sign	nature	LIT	100	1			- Park	-1102
St. Regist	ate rar	MAY	9 9 1	194-	Senen	-	9. Ac	acto	/				
		TAT	NU	133-	7								

DHMH 16 Rev 6/95

MAY 2 8 1995



State of Maryland / Department of Health and Mental Hygiene 99 | 8866

			Certificate of	Death	Reg. No.	
		Decedent's Name (First, Middle, Last)		2. Dete of De Month	eth 3. Time of	Deeth
L	Physician /Medical	David Marcellus	KEMP	May 24		45
	Examiner	4e Fecllity Neme (If not institution, give street end number,		4b. City, Town, or Location of Deet	4c. County of Deeth	
*		Frederick Memorial Hos	_	Frederick	Frederick	
	Funeral Director	216-14-6035 1\(\frac{1}{3} \) \(\frac{1} \) \(\frac{1} \) \(\frac{1}{3} \) \(\frac{1}{3} \) \(\f	92 Yrs. If Under 1 Year Months Deys	If Under 24 Hrs. 8. Date of Bir Hours Min. (Month, Da March	th ly, Year) 9. Birthplece (Stete o Country) 22, 1907 Marylan	r Foreign nd
	and **	Usual Residence of Decedent 10e. Stete 10b. County	10c. City, Town or Location		10d. Inside Cli	ty Limits
	f she	Maryland Frederick	Fr	ederick	1 🔀 Yes	
	outh the Mar t or 28a-f si be mourted Director	10e. Street end Number	10f. Zip Code	EGELICK	10g. Citizen of Whet Country?	
	3a o	104 West College Terra	ce	21701	U.S.A.	
020	of 2 should be filed within 72 hours after death with the Maryland and Mantial Hygiane. 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinar must be notified at To Be Completed by Funeral Director.	11. Meritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Armed Forces 1 X Yes 2 H Yes, Give Year or Dates:	Ever In U.S. No 1942 to 1946 1946 1946 13. Wes Decedent of Fif Yes, specify Cubic 1 Yes 2 2 No	lispenic Origin? (Specify Yes or No an, Mexican, Puerto Rican, etc.) Specify:	14. Raca - American Indien, Bleck, White, etc. Specify: White	
215-0	be filed within 72 hor tal Hygiane. d other than "nature event, pre Medical E	15. Decedent's Education (Specify only highest grede completed)	16a. Decedent's Usuel Occup (Give kind of work done life. DO NOT use retired	durina most of working	16b. Kind of Business/Industry	
21	Hygiane. Hygiane. Hygiane. Hygiane. Hygiane. Hygiane. Hygiane.	Elementery/Secondary (0-12) College (1-4or	Banker		Banking	
aryland 21215-0020	marked other marke	17. Fether's Neme (First, Middle, Last) Harrison Monroe Kemp		18. Mother's Name (First, Middle Marcella		
~ '	and is me	19a. Informant's Neme/Relationship (Type, Print)		and Number or Rural Route Numb		
	ifem 27	Isabelle P. Kemp/Wife			Frederick, Md. 2	1/01
more,	50 50 50	20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ Removel from State	20b. Plece of Disposition (Name of cametery, crematory or other plant. Olivet Cemetery	Dete May 27 1996	20c. Location - City or Town, State Frederick, Md. 2	2170
- Carrier	Demit. Pag Department Important: I any injury o ance.	4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee	7 022100 00002)		Trederick, Iki.	21/0.
e B	pemit. Pag Department Important: if any injury o	23a, Pert T. Enter the disease, or complications that cause	d the death. Do not enter the mode of dvir	and Basford Fune t Church Street	Frederick, Md. 2	1701
	hysician /Medical	shock, or heart failure. List only one cause on each			Intervel Bet Onset end I	
	Examiner	disease or condition resulting in deeth)	enos chotic Con Due to (or es e consequence of):	ardiovesaler	131246 19	1cv
	Ine law requires mat me death certificate be executed ate has been signed by the attanding physician and page 2 should be datached for use as the bunial-transit completed by Physician/Medical Examiner.	Sequentially list conditions,	Due to (or es e consequence of):			
60,	ician di bunal	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury c				
6876U	physicials the burner of the b	that initiated events resulting in death) Lest	Due to (or es e consequence of):			
ROX	ding use a	d				
ď	attandii d for use	Dot II Other classificant annellitant annellitant annellitant	unt and annualization in the sundand in a course who	on in Book 1 22h Did	tobacco use contribute to the cause of	of dooth?
0	es that the death or igned by the attand be datached for us.	Pert II. Other significant conditions contributing to death t			Yes 22 No 3 Probably 4	
	o dat	Melanoma par	otid gland		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ö	been sig should b	V			en eutopsy 24b. Were eutopsy f	lindings
00	cate has been s page 2 should				completion of c of deeth?	
ř	te has page 2			10	Yes 200 1 Yes 20	No
<u> </u>		25. Was case referred to medical		26. Place of Death (Check only	one)	
>	nysici his ca il direc	examiner? 1 ☐ Yes 2 No Hospital: 1 ☐ Inpati	ent 2 ER/Outpatient 3 DOA Oth	ner: 4□ Nursing Home 5□ Res	dence 6 □Other (Specify)	
Division of Vital Records,	2 00 00	27. Manner of Death 1 Drieturel 5 Pending (Month, Diese Pending Investigation	ury Year) 28b. Time of 28c. Injury Wor 1	y et 28d. Describe rk? Yes 2 □ No	how Injury occurred	
DIVIS	2 5 5 E		jury - At home, farm, street, factory, office ic. (Specify)	28f. Location (City or To	Street and Number or Rural Route Num wn, Stete)	iber,
	in 24 hou he Funer pletely fill edical	29a. Certifier (Check only one) Certifying Physician: To the best 2 Medical Examiner: On the basis of and menner s	of my knowledge, death occurred et the tir f examinetion end/or investigation, in my c ated.	me, dete and place, end due to the pinion, deeth occurred et the time,	ceuse(s) end menner as stated. date end plece, end due to the ceuse(s	ş)
	Within Com	29b. Signeture and title of certifier	29c. Licens	se number	29d. Date signed (Month, Day, Year)	
		30. Name and address of person who completed cause of	0	9689	May 27, 1999	
		A Austin Poarro Ir		nth Street Fred	lerick Md 21701	

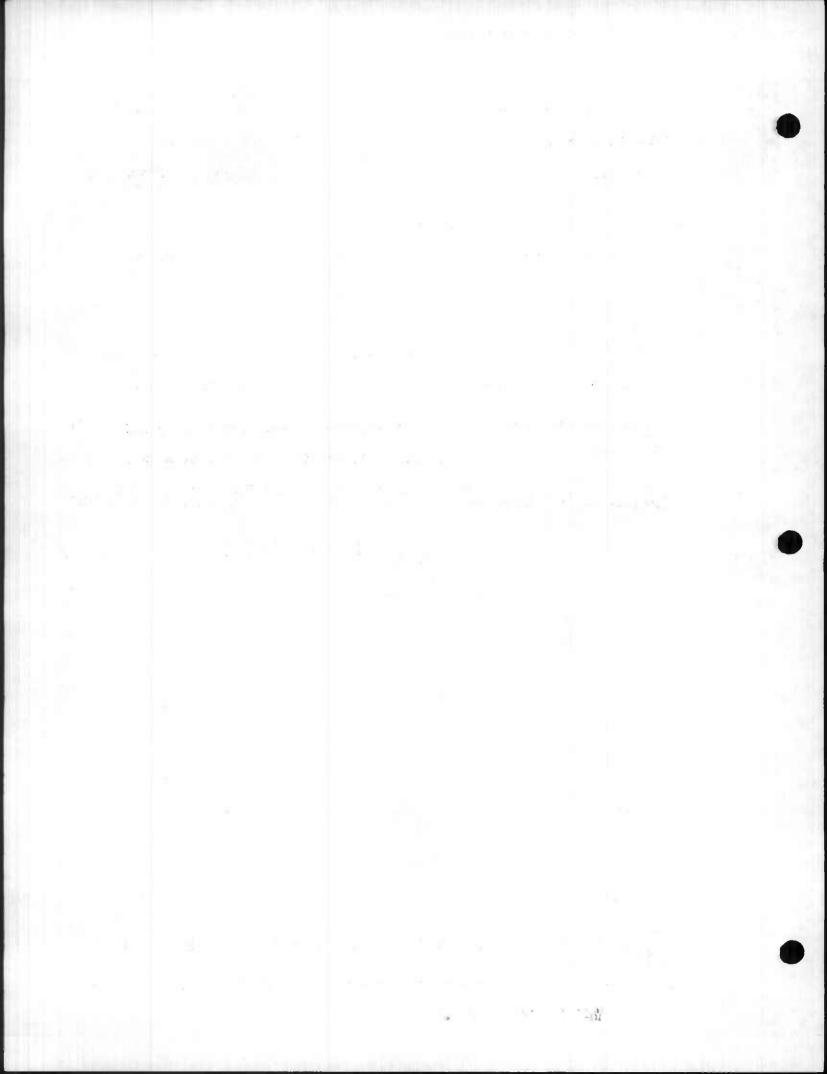
State Registrar



State of Maryland / Department of Health and Mental Hygiene 99

18867

		Decedent's Name (First, Middle, Las.	t)		Cer	uncau	e of I	Jeani	2. Date of De	Reg. No.		3. Time of Deeth
Physicia	n			77.4					Month	Day	Year	
/Medica	al	Doroth	-	King				t Chu Taura	May	23,	1999	6:00 A
Examine	er	4e. Fecility Name (If not institution, give							Location of Death			
		22600 Clarksburg				W.11.		Boyds			gomer	2
Funeral		5. Social Security Number 6. Se	X 7. Ag □M 20XF	e (In yrs. lasi	birthday) Yrs.	If Under Months	Days	If Under 24 Hr. Hours Mir	. (Month, De	h y, <i>Year)</i>	9. Birthpi	ece (State or Forei
Director -		218-56-3596		93	115.				Februar	y 22,19	06 M	aryland
D .		Usual Residence of Decedent 10a. State 10b. County		10c. City. T	own or Lo	cation					1/	Od. Inside City Limi
eho e	2	100.000.1,		roo. Ony, i	01111 01 201	oution					10	1 ☐ Yes 2 ☐ N
N 90 N	Director	Maryland Montgon	nery	Boy	ds							
20 1	5	10e. Street end Number				10f. Zip				10g. Citizen of	Whet Count	try?
23	ā	22600 Clarksburg	Road			2	2084	L		U.S.	Α.	
	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 2 □ Married	12. Was Decedent Armed Forces? 1 Yes 2 XI If Yes, Give			_		spanic Origin? (n, Mexicen, Pue Specify:	Specify Yes or No rto Ricen, etc.)	14. Rad Ble	ce - Americe ck, White, e	etc.
E E	P P	3 ☑ Widowed 4 □ Divorced	Year or Dates:								W	Thite
net	Completed	15. Decedent's Edu (Specify only highest gred	ucation le completed)	8	6a. Deced	kind of wor	rk done d	turing most of we	orking	16b. Kind of B	usiness/Ind	ustry
then the	D.	Elementery/Secondery (0-12)	College (1-4or 5	i+)	IITO. L	JO NOT us	se retired)				
Hygier ther th	Ö	12			Home	make:	r			Own	home.	
el Hygie vent, II	Be	17. Fether's Neme (First, Middle, Last)						18. Mother's Na	ime (First, Middle,	Maiden Sumen	10)	
Aent rkad tic e	2	John Thomas	Mullinear	ux				Lucy	B. Br	andenbu	ırg	
N Du		19a. Informent's Name/Relationship (7)	ype, Print)		19b. Mailin	g Address	(Street	and Number or F	Rural Route Numbe	er, City or Town,	Stete, Zip	Code)
27 ts		John R. King, Jr	- Son		22600	C1	ole ob.	Dani	1 n - 1	37 1	. 2	08/1
He		20a. Method of Disposition	. 5011	20b. Plac	e of Dispos	sition (Nen	ne of	urg_koac	Boyds,	20c. Location	City or Tov	wn. State
nt of		1 Deuniel 2 ☐ Cremation 3 ☐ F		D	etery, crem	natory or o	ther plac	e)	E /26 /00	D		1 1
tant		4 ☐ Donetion 5 ☐ Other (Specify)		Dama					5/26/99	Damascu	s, Ma	ryland
points. Tayasa i and a should be med Deperment of Haalth and Mantel Hygi Important: If item 27 is merked other any injury or other traumetic event, once.		21. Signature of Funeral Service Licens	blesmat	th	01	in L	. Mo	s of Facility lesworth e Road.	P.A., F	uneral	Home land	20872
	П	23a. Part1. Enter the disease, or comp	ications thet caused	the death.	Do not ente	er the mod	e of dyin	g, such es cerdie	ac or respiretory er	rest,		Approximate Interval Between
nysician	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only dire cause on each line.											Onset and Deeth
Medical	Immediate Ceuse (Finel disease or condition resulting in death) a. Con ushive heart failure										1	
kaminer	disease or condition resulting in death) Due to (or es e consequence of):										rant	
	Sequentially list conditions, if any, leeding to Immediate cause. Enter Linderlying.											
ns it	盲	b. hypertension,									- 1/	1ears
ng physician and es the buriel-transit	xar	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying	/	Due to (or as	a consequ	uence of):					1	
cian	E	cause. Enter Underlying Cause (Disease or Injury	0									
g physician and es the buriel-transit	Physician/Medicai	Cause (Disease or Injury that Initiated events resulting in death) Lest		Due to (or es	e consequ	uence of):					i	
	M M										1	
andi use	2	The second second	d									
ate has been signed by the ettendii	<u> </u>	Part II. Other significant conditions con	ntributing to death b	ut not resultin	a in the un	nderlying c	euse aive	en in Pert I	23b. Dld 1	obacco use co	ntribute to	the cause of dea
signed by the ettendir d be detached for use	2				9	idonying o	outo giii		10			ably 4 Unkno
det det									. ''	108 200 110	301100	abiy 4 Dilkin
pis d b	d D								24a Was	en eutopsy	24b. We	re eutopsy finding
been si should	Completed									rmed?	ava	ileble prior to
828	d										of d	leeth?
pag	Ö								101	es 21 No	1	Yes 2□ No
otor,	De De	25. Was cese referred to medical						26. Place of De	eth (Check only o	ne)		
dire.	0	examiner?	lospital:	nt 2DER	/Outpatient	3 DO	Oth	er: 4 Nursing	Home 5 Resid	lence 6 DOth	er (Specify)
era i		27. Menger of Death	28e. Dete of Injur	ry 28	b. Time of		8c. Injun			now Injury occur		
the Atte		1 Neturel 5 Pending Investigation	(Month, De)	Year)	Intury	M		<br Yes 2 □ No				
tor:	Certification:	3 Suicide 6 Could not be	200 Place of Inju	unu. At home	form street				29f Location /5	Street and Numb	or or Pumi	Pouto Number
olrac In by		4 ☐ Homicide determined	28e. Plece of Inju- building, etc	(Specify)	, term, stre	et, lactory	, office		City or Tov		er or narer	modile Mamber,
- I	3											
S 5 6	a	29a. Certifier Check only 2 Medical Exami	stolan: To the best of	of my knowled	dge, deeth	occurred o	et the tim	e, dete end plac	a, end due to the	cause(s) end ma	anner as ste	eted.
uneral shy filled	~	one)	end manner sta	ited.		- sugativity				and one proof,	J.13 200 (0	
he Funeral			0 0	-		290	License	number		29d. Date signe	d (Month, L	Day Magel
within 24 hours To the Funeral completely filled	Medic	290 Signature and little of certifier	// A									Jey, Year)
n 24 hou he Funer pletely fill	Medic	29a Shoushure and little of certifier	Much	m		~	DI	9294		May 24		
within 24 hours To the Funeral completely filled	Medic	John R M	Modeled	m eath (Itam 22) (Turns 1	Print)	DI	9294		May 24		
within 24 hours To the Funeral completely filled	Medic	30. Name and address of person who co					DI	9294	ahuus W		, 1999	9
within 24 hours To the Funeral Completely filled	2	John R M	M.D. 9		sell		D 1	9294 Gaither	sburg, Ma			9



State of Maryland / Department of Health and Mental Hygier
Cartificate of Dooth

			1 December 1 Name / First Middle 1	n net		Ce	rtifica	te of	Death	- 1	2. Date of De	Reg. No.	1	0 0 6 6
	Physici /Medio		Decedent's Name (First, Middle, L Edward	Cha	rles	K	ONESK	_			Month MAY	Day 19, 19	Year 199	3. Time of Death 2117 PM
	Examir	ier	4a Facility Name (If not institution, g CALVERT MEMORIAI								REDERIC			
	Funeral Director		5. Social Security Number 102-12-2298 6.	Sex 7	. Age (In yrs.	last birthday) If Under Months	or 1 Year Days	If Under 24 Hours	Hrs. Min.	8. Date of Bird (Month, Da Sep 27	y, Year) , 1921	9. Birthp Coun New	lace (State or Foreig try) 7 York
	death with the Maryland me 23a or 28a-f ehow	tor	Usuel Residence of Decedent 10a. State 10b. County Maryland Anne A	runde1	10c. Ci	ty, Town or L Lothia								0d. Inside City Limits
	h with the	Funeral Director	10e. Street and Number 247 "B" Street,	Lyons Cr	eek Pa	ark	10f. Z	p Code	20711			10g. Citizen of V	What Coun	try?
020		þ	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Deced Armed Ford 1 2 Yes 2 If Yes, Give Year or Dat	es? □ No 19	42-			lispanic Origin an, Mexican, F Specify:	? (Spe Puerto l	city Yes or No Rican, etc.)	- 14. Rac Bla Specifi	e - Americ ck, White, o	
Maryland 21215-0020	filed within 72 hours after Hygiene. ither than "natural", or Ita ent, the Medical Examine	Completed	15. Decedent's (Specify only highest g	Education rade completed) College (1-4	lor 5+)	(Give	edent's Usi e kind of w DO NOT	ork done use retire	eation during most o	f workir	פי	16b. Kind of B		
land	2 2 2 2	To Be C	17. Father's Name (First, Middle, Las Ignatius	rt)	KON	NESKI			18. Mother's		(First, Middle,	Maiden Suman	ie) IENKI	
	and 2 should saith and Men 27 is marks or treumatic		19a. Informant's Name/Relationship Rose Mary Lindsay									er, City or Town,		Code)
90	Pages 1 a ment of He ant: if Rem any or other		20a. Method of Disposition 1 Burial 2 Cremetion 3 4 Donation 5 Other (Spec		man (Place of Disponency, cress sthave	matory or	other pla		ay	Date 26,199	20c. Location Freder		Maryland
Balt	Departit Departit Importa any inj		21. Signature of Funeral Service Pro	reserv	M007	706 1	106 E	ast (Church	St,	Frede	neral H	ome aryla	nd 21701
	Physician /Medical Examiner		23a. Part1. Enter the disease, or co- shock, or hear failure. List onl Immediate Cause (Final disease or condition resulting in death)	a.	perfe	or as a conse	ai	kins				vogela	Dise	Approximete Interval Between Onset and Death
ox 68760,	entificate be executed ding physician and se es the burlat-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that indieted events resulting in death) Last	c		or as a conse								
0.0	es that the death certifi igned by the ettending be detached for use et	Physician/M	Pert II. Other algnificant conditions	contributing to dea	th but not res	sulting in the I	underlying	cause giv	ren in Part I.					the cause of death
ds, P.	requires that theen signed by:	by										Yes 2□ No an autopsy	3 ☐ Prol	bably 40 Unknown
9	2 8 W	Completed						120		-		med?	col	ailable prior to mpletion of cause death?
<u> </u>	icien: The certificate h rector, page		OS Man and advantage of the last								1,4		15	Yes 2 No
5	Physicien: rthis certific ral director,	o Be	25. Was case referred to medical examiner? ↑ Types 2□ No	Hospital:	petient 2 🛚	TX R/Outpetie	nt 3 0	Ot Ott	voe:		(Check only o	one) dence 6 □Ott	/0	
on of	After fune	tlon: To	27. Manner of Death 1 Natural 5 Pending 2 Accident investigati	28a. Date of (Month)		28b. Time of thirty		28c. Inju		2		how injury occur		<i>y</i> /
á	i or Attending setter death. I Director: After d in by the fune	Certification:	3 Suicide 6 Could not determine	28e. Place o	f Injury - At h j, etc. (Speci	ome, ferm, st	treet, facto				28f. Location (: City or To		per or Rura	I Route Number,
	the Hospital hin 24 hours of the Funeral in heletely filled	edicai C	29e. Certifier (Check only one) 1 Certifying P	hysician: To the b miner: On the bas and manne	is of examina	owledge, deat ation and/or in	th occurred	at the tin	me, date and p pinion, deeth	olace, a	and due to the	cause(s) and m date end place,	anner as si end due to	tated. o the cause(s)
	thin 2	M.	29b. Signature and title of certifier				25	c. Licens	e number			29d. Date signe	d (Month.	Day Year!

State Registrar

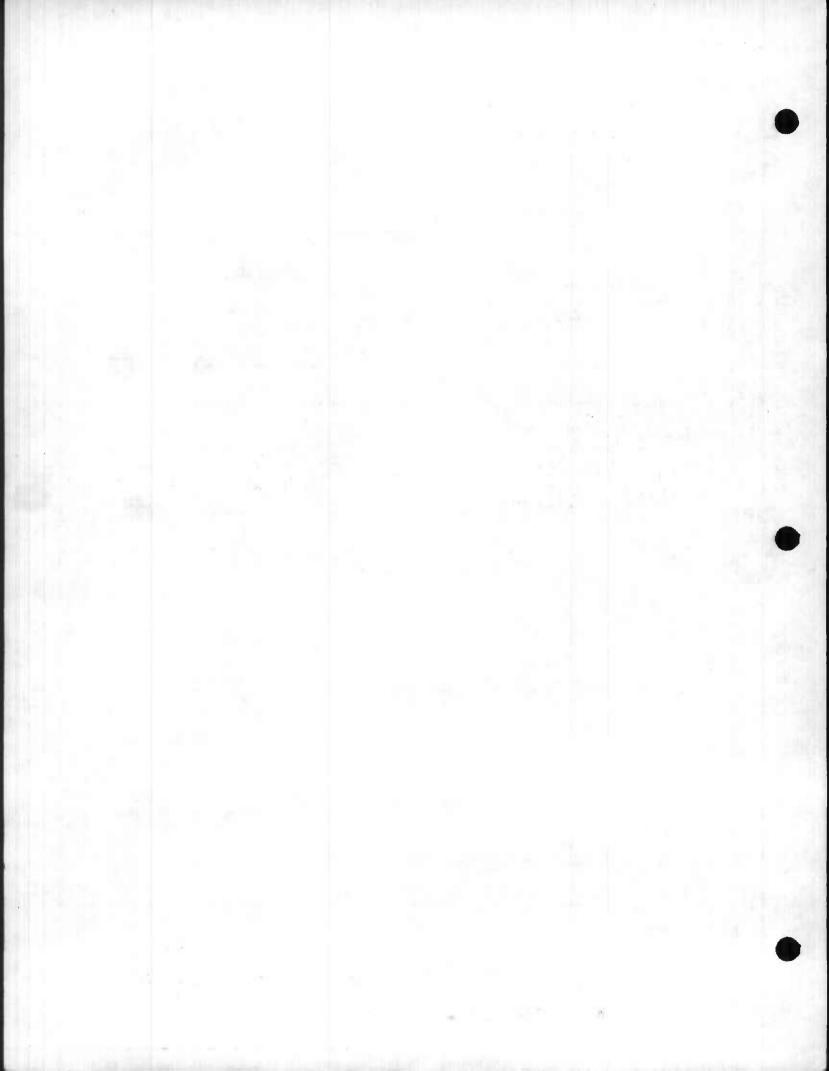
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

29d. Date signed (Month, Day, Year)

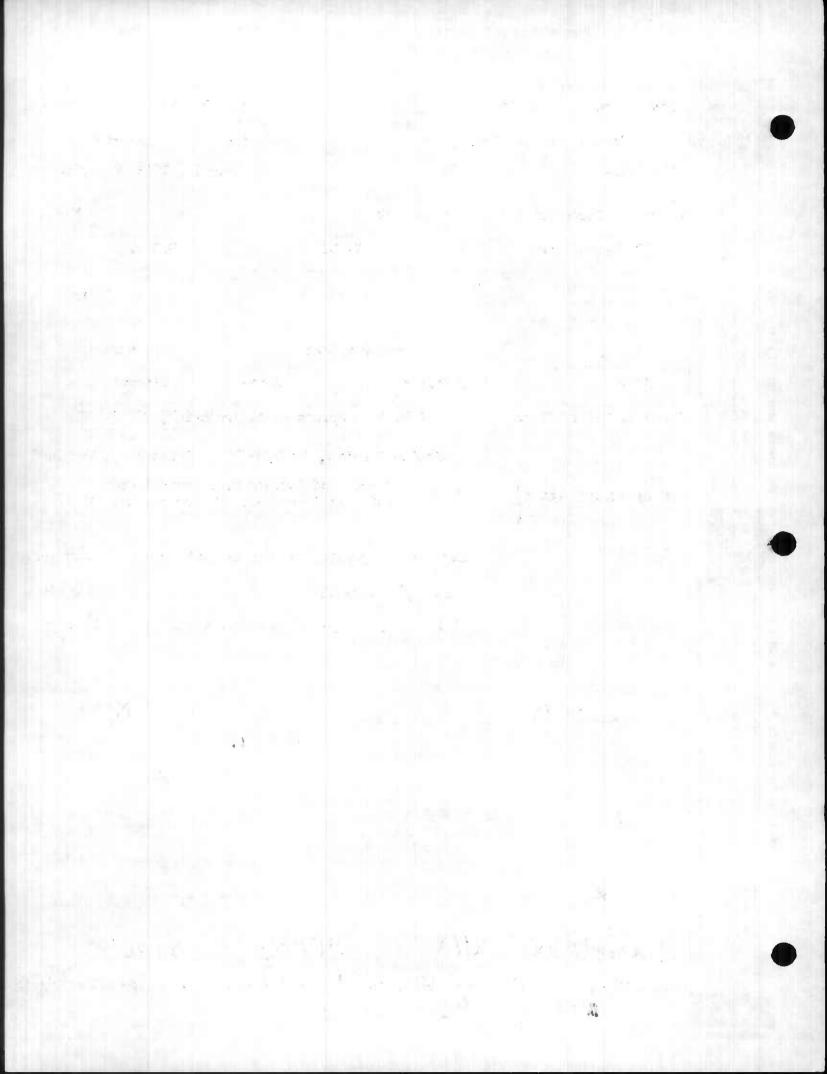
MAY 21, 1999



State of Maryland / Department of Health and Mental Hygiene 9

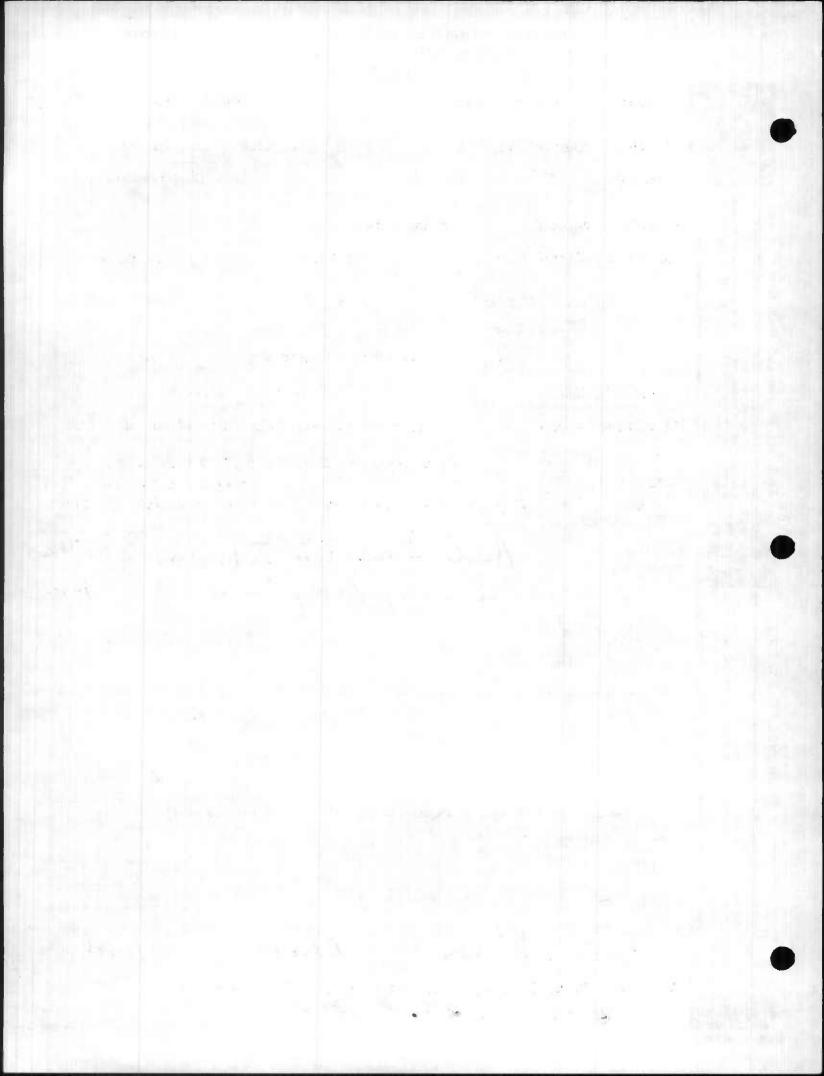
							Ce	rtific	cate of	Death			Reg. No.				
П		1. Dece	dent's Name	(First, Middle, La	ist)							2. Dete of De Month	eth Day	Yaer	3. Time of Death		
	Physician /Medical	Ire	ne A	nn	Nutaite	S						May 26			2:30 p.m.		
	Examiner	4a Faci	lity Nama (If	not Institution, gir	a street and nu	mber)				4b. City, To	wn, or L	ocation of Deet	-	ounty of Dea			
			Freder	rick Mem	orial H	Mospita	1			Fr	eder	ick	F	reder	ick		
	Funeral	5. Socia	I Security Nu	mber 6. S	Sax		s. lest birthdey) If U	nder 1 Yaar iths Deys	If Under Hours		8 Date of Ri	th	O Rie	rthplaca (Steta or Foreign ountry)		
ш	Director	197-	-05-95	48	1□ M 2□ F	86	Yrs.	IVIOIT	itris Deys	riours	IVIIII.	March March	[3, 19	13 Pe	nnsylvania		
	p ,	Usuel R	esidence of [100	Oibe Town and								10d. inside City Limits		
	show		land	10b. County Frederi	ck		City, Town or L rederi						1 M Yes 2 □ No				
	vith the Mar t or 28a-f s be notified Director	11011.)			.CK		Leacti		7.0.1				10- 04				
	Die Die	100. 50	eet end Num	rth Plac	Α.			101	Zip Code 21701			10g. Citizen of Whet Country? U.S.A.					
	within 72 hours after death with the Maryland sha. than "natural, or items 23s or 28s-f show the Medical Evantive must be notified a more propertied."	ad Mari		2 011 1 140	-	edent Evar In	116 13	Was D			igin? /Sn	acifu Vee or No			arican Indian,		
	Hem Hem	11. Man	ital Status	d 2 Married	Armed Fo	orces?	0,3.	If Yes,	specify Cub	an, Mexice	n, Puerto	ecify Yes or No Rican, etc.)		ita, etc.			
20	or or or or or or or or or or or or or o	3 🗆	Widowed 4		If Yas, Gi	va		1□ Ye	es 2XXIO	Specify			S	pecify:	White		
215-0020	"natural",			15. Decedent's E			16a. Dece	edent's	Usuel Occup	pation			16b. Kind	of Business	s/Industry		
215	led within 72 ho tygiena. The Medical of the Medical Completed	Flore		y only highest gr	ede completed) College ((Give	b kind o	of work done OT use retire	during mos	it of work	alng					
21	Hygiena. Hygiena. Hher than Int. Inc. W	Eleni	entery/Secon	dely (0-12)	College (1-401 5+)	As	semb	oly Li	ne			Toy	ory			
	should be filed nd Mental Hygin marked other imatic event, II	17. Fath	ner's Neme (F	First, Middla, Las)					18. Moth	ar's Nem	a (First, Middle					
/a	Mental Mental Mrked o Mric ev		Alex			Nut	aites				Agne	S	Pi	tcavi	g		
Maryland	2 should be and Mental is marked of summit every	19a. Inf		me/Relationship								ral Route Numb					
	s 1 and 2 should be filed within if Health and Mental Hygiena. Item 27 is marked other than other traumatic event, the M To Be Comp	Caro	ol A. I	Mills, N	liece		4899	BII	ie Spr	uce L	ane,	Frede	cick,	Md. Z	1/03		
ore			thod of Dispo	osition Cremation 3 [Bomouel from		. Pleca of Disp cemetery, cre	osition metory	(Nema of or other ple	ice)		Date	20c. Loca	tion - City o	r Town, Stete		
E	Party			5 ☐ Othar (Speci		St.	mithsburg	g Cre	matory.	, May 2	27, 19	999	Smith	sburg	, Maryland		
Baltimore	permit. Page Department of Important: If any Injury or DOGG.	21. Sign	neture of Fun	erel Service Lice	1000	ford	I D A 1	Timore	1 Hom	0							
Ш	20129		Keeney and Basford P.A. Funeral Home 106 East Church St., Frederick, Md. 21701 23a. Parl Enter the disease, or complication that caused the death. Do not enter tha mode of dying, such as cardiec or respiretory arrest, interval Between the shock, or heart failure. List only one cells on each line.														
	- N - H -	23a. Pa	art1. Enter the	e disease, or con	plications that	caused the de	ath. Do not er	nter tha	mode of dyi	ng, such as	cardiec	or respiretory	irrest,	,	Approximete interval Between		
20	Physician			. Tomoro: Giot only	0.10				-91						Onset end Deeth		
	/Medical	Immedi	ate Cause (F	inal		5	ntin	-5	Show	ek-	-14	oper	u 810	N/	244 core		
	Examiner	4	g in deeth)		θ.	Due to	(or as a opne	quence	of):			The			- 101000		
-	axecuted in and faltransit			+44		<	400	CO	DIANE						4840VX		
	and trans	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury c.										r (
30,	sian surial.		Enter Underl (Disease or in	lying	^		Lynn	av.	TV	ract	110	efaction Duys					
68760,	the property of the b	that Initi	that Initiated avants resulting in death) Lest Dua to (or es a consaquence of);												7		
×	entificate be ling physicia as the bui																
Bo					0.												
0	at the death c d by the attendetached for us Physician	Pert II. C	Other signific	ant conditions	contributing to d	eath but not r	esulting in the	undariy	ing cause gi	ven in Pert	l.	23b. Did	tobacco us	se contribut	ta to the cause of death?		
0.	nat the deby detac		(20P	0							1 🗆	Yee 2 🗆	No XI	Probably 4 Unknown		
ds,	signed in the debt of											240 18/04	en eutopsy	, 24h	. Were autopsy findings		
0	been s should												omed?		available prior to completion of cause		
3ec	5 0 D												,		of deeth?		
18	Cate ha											10	Yes 30	No	1 ☐ Yes 2 ☐ No		
Vital Record	Physician: The this certificate ral director, page to Co.: To Be Co.	exe	s cese referre miner?	ed to medicel	Hospital:	/			0		e of Dee	th (Check only	one)				
of	hys hys		Yas 2	lo	7		☐ ER/Outpetie		J DOG		ursing Ho	ome 5 Res			ecify)		
	After funer funer funer		ner of Death Natural	5 Pending	(Mor	of Injury oth, Dey Year)	28b. Tima injury		28c. inju Wo		NI-	28d. Describe	now injury	occurred			
Sic	tend seath tor: / the the		Accident Suicide	investigetion				М		Yes 2	INO	Oof Leasting	(Oterat and	Alumbasas	Pural Pauta Number		
Division	tal or Attending P rs after death. at Director: After t led in by the funers Certification:		Homicide	determined	208. Flau	e of Injury - At ing, etc. (Spe	home, ferm, s cify)	treet, 1e	ictory, office			City or To	wn, Stete)	rvum <i>ber or r</i>	Rural Route Number,		
_	Plant of filling of fi	29a. Ce	rtilior 1	Certifying Pl	welsien. To the	hast of mult	noviledas das	th cool	read at the ti	mo data a	ad place	and due to the	(2)021100	nd mannar a	ne stated		
	To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the Medical Certifical	(CI	heck only 2	Medicai Exa	miner: On the b	easis of exami	netion end/or l	nvestige	etion, In my	opinion, de	eth occur	red et the time	date end p	lace, and du	ue to the ceuse(s)		
	of the other of the omple	29b. Sig	neture apd,h	tie of cention	0110 11101				29c. Licen:	se number			29d. Date	signed (Mor	njh, Day, Year)		
	- 5 - 0		100	Dortul	9UT	WIC			12	475	1/0		1	211	45		
		30. Nam	ne and addres	sayof perach who	completed ceu:	se of death //	em 23e) /Tvo	Print\		1/1	0		01	401	7.73		
		(i)	100	44 1	TCHUC	(C) 4 /	WAIA	18	TIH	CULA	Va	4.k /	000	FOO	1501/ HILL		
	State	31. Data	a filed (Monti	Day Year)	32. F	Registra s Sig	nature	10	!	1	+01	NAKI	LIYE	TICE	DECK MIN		
	Registrar			MAY 2	8 1999	per		10	. 1	oas	1						
						f				-							

DHMH 16 Rev 6/95



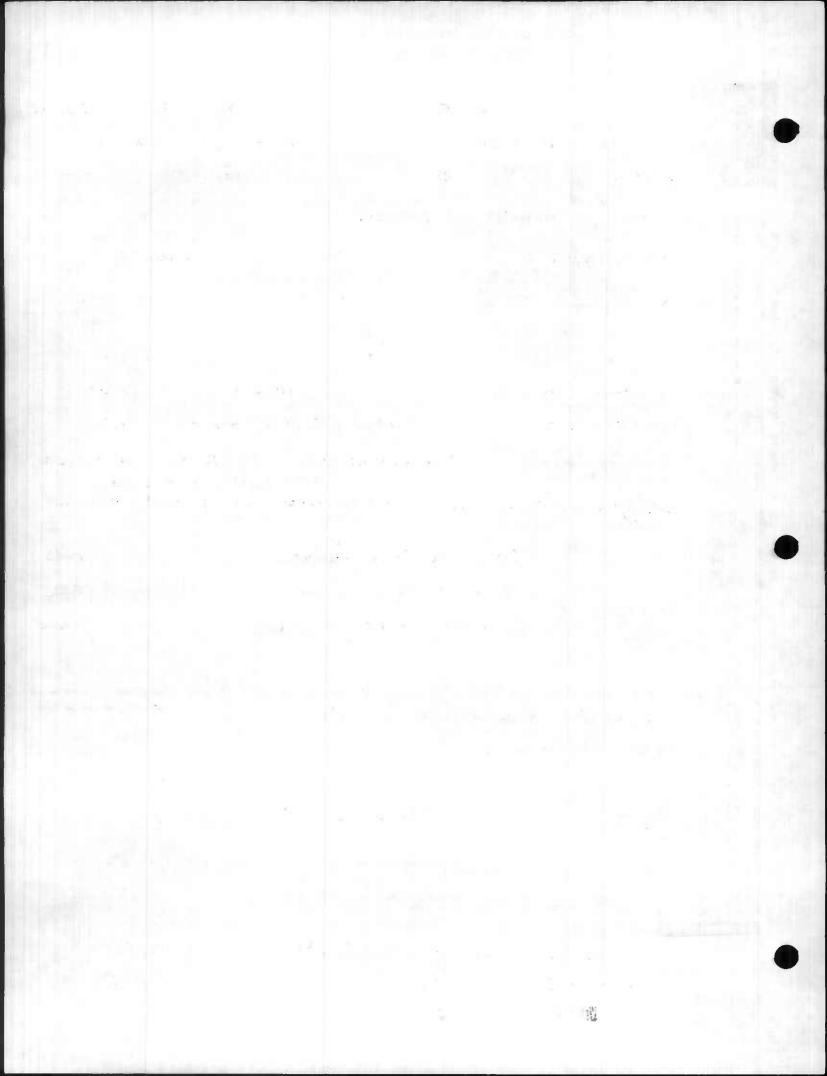
State of Maryland / Department of Health and Mental Hygiene 99 18870

	Certificate of Death	Reg. No.									
Physician	Donald Crozier Noble Donald Crozier Noble Donald Crozier Donal	2. Date of Death May 23, 1999	Year 3. Time of Death 9:10 pm								
Funeral Director	4a Facility Name (If not institution, give street and number) 4b. City, Town, or Frederick Memorial Hospital 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Wonths Days Hours Min 11 14 2 F 52 Usual Residence of Decedent	CR Free S. Date of Birth (Month, Day, Year)	nty of Death derick 9. Birthplace (State or Foreign Country) Pennsylvania								
uth with the Maryland 23a or 28a-f ehow unt be notified at ral Director	10a. State 10b. County 10c. City, Town or Location Maryland Frederick Middletown 10e. Street and Number 10f. Zip Code	10g. Citizen o	10d. Inside City Limits 1 □ Yes 2 ☑ No of Whet Country?								
or Hems 23	3223 Old National Pike 11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced 2 □ National Pike 2 □ 13. Was Decedent of Hispanic Origin? (\$\frac{1}{2}\text{If Yes, specity Cuban, Mexican, Puer If Yes, Specity: Year or Dates:} 1 □ Yes 2 □ No Specity:	Specify Yes or No- to Rican, etc.)	States Place - American Indian, Plack, White, etc. Silve: White								
within 72 ene. then "net he Medical	15. Decedent's Education (Specify only highest grade completed) Elemantary/Secondary (0-12) 16a. Decedant's Usual Occupation (Give kind of work done during most of work	orking 16b. Kind of	Business/Industry								
ital H d oth ever	17. Fathar's Nama (First, Middla, Last) 18. Mother's Na										
ges 1 and 2 and 1 to f Health ar if frem 27 is or other treu	Linda Noble / wife 20a. Method of Disposition 1 \(\mathbb{N} \) Burial 2 \(\mathbb{C} \) remation 3 \(\mathbb{R} \) Removal from State 4 \(\mathbb{D} \) Donation 5 \(\mathbb{O} \) Other (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other place) Christ Reformed Cemetery	e, Middletown, Date 20c. Location	MD 21769 on - City or Town, State								
permit. Pa Departmen Important any Injury ance.	21 Separature of Funeral Service Licensee 22. Name and Address of Facility S	Stauffer Funera Pike. Frederic	l Homes, P.A. k, MD 21702								
Physician /Medical Examiner	23a. Part1. Enter the disease, or complications that caused the deat shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or as e consequence of):/		Approximate Interval Batwaan Onset and Death								
ing physicia e as the bur	Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
ires that the death certifus signed by the attending doe detached for use a by Physician/Me	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did tobacco use	contributa to the causa of death								
aw requisite been 2 should		24a. Was en autopsy performed?	24b. Were autopsy findings available prior to complation of cause of daath?								
lcian: certific rector	25. Was case refarred to medical examiner?	1 ☐ Yes 2 ☑ Algorithm (Check only one) Home 5 ☐ Residence 6 ☐									
her thi	27. Manner of Death 1	28d. Dascribe how injury oc									
To the Hospital or Attendition within 24 hours after death. To the Funeral Director: A complataly filled in by the tumeral Medical Certification	29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred et tha tima, date and place of the composition of the basis of examination end/or invastigation, in my opinion, death occurred et the tima, date and place of the composition of the basis of examination end/or invastigation, in my opinion, death occurred et the tima, date and place of the composition of the basis of examination end/or invastigation, in my opinion, death occurred et the tima, date and place of the composition of the basis of examination end/or invastigation, in my opinion, death occurred et the tima, date and place of the composition of the basis of examination end/or invastigation, in my opinion, death occurred et the tima.	curred et the tima, data and place	ce, and due to the causa(s)								
To the com	29c. Signature and the of complete course of death (New 23a) (Time Right)	29d. Date sig	JOSES								
State	30. Nama and address of person who complated cause of death (Item 23a) (Type, Print) Dr. Edward P. Riuli, 310 W. 9th Street, Frederick, March 1981. Date filed (Month, Day, Year) 32. Report 1982.	aryland 21701									



State of Maryland / Department of Health and Mental Hygiene 99 1887

					Certi	ficate of	Death		R	eg. No.	,	0011	
		1. Decedent's Name (First, Middle, L	ast)					2	Date of Daat	th	Mari	3. Time of Death	
П	Physician (Martinal	EMILY W	OL	DFIELD					Month May	27,	Year 1999	5:50 A.M.	
١.	/Medical Examiner	4a Facility Nama (If not Institution, g	iva straat and number)	2 41 - 54			4b. City, Tov	wn, or Loca		4c. County			
A		Vindobona Nu	rsing Home				Bradde	ock H	eights	Fred	eric	k	
	Funeral		Sex 7. Ag	je (In yrs. last l		If Under 1 Yea Months Day	r If Undar 2		Data of Birth		9. Birthp	elace (State or Foreign	
	Director	050-07-0992 Usual Residence of Decedent	1□ M 2√ F	89	Yrs.	Months Day	S Hours		ug. 26			nsylvania	
	yland	10a. State 10b. County		10c. City, To							1	Od. Inside City Limits	
	Me Me	Maryland	Frederick	F	reder	ick						1 ☐ Yas 2, ☑ No	
	ter death with the Merylan teme 23a or 28a-f show free mast be notified at -uneral Director	10e. Street and Number				10f. Zip Code			1	0g. Citizen of V	Vhat Coun	itry?	
	th wi	6705 Springhil	Dr.			2170)2			United	Sta	tes	
	fier death v r items 23s free must	11. Marital Status	12. Was Decedent Armed Forces?		13. Wa	s Decedent of	Hispanic Origiban, Mexican,	gin? (Specif	y Yas or No- can, atc.)		e - Americ	ean Indian, etc.	
21215-0020	or, or	1 ☐ Naver Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ It Yes, Give Year or Dates:	No		Yes 2 N				Specify		hite	
5-0	72 Par 4	15. Decedent's (Specify only highest g		16	a. Deceden	it's Usual Occ	upation e during most	of working	16b. Kind of Business/Industry				
21	within than than than than than than than tha	Elementary/Secondary (0-12)	College (1-4or	5+)	life. DO	NOT use reti	red)	0, 110,114,19					
	Hygien ther the mt, the Con	12			Sale	es				Real		te	
Maryland	B SEE	17. Father's Name (First, Middla, Las								Maiden Sumam			
yla	Mer Mer To		S. Whele					orenc			Alb		
Var	2 sh end is m	19a. Informant's Name/Relationship			-					r, City or Town,			
-	s 1 end f Health Item 27 other tu	Susan Wallace / o	laughter				nill Dr		-	K, MD.	Ciby or To		
Baltimore	80=2	1 ☐ Burial 2 💢 Cramation 3 4 ☐ Donation 5 ☐ Other (Spec				on (Nama of tory or other p n Crema						Maryland	
ati	mit. Pa partmen sortant: / injury	21. Signatura of Funeral Service Lice	nsae		22. N	lame and Add	lress of Facility	y Stan	ffer F	uneral	Home		
0	89E : 8	120 hours	Dates.	(m)	163	21 Opos	ssumtow			derick,		21702	
		23a. Part 1. Ephy the disease, or to shock, or heart failura. List on	inplications that causa	d tha death. D	T	-						Approximate	
	Physician	shock ochean failura. List on				Onsat and Death							
	/Medical	Immediate Cause (Final disease or condition	Cong	entere	hon	At Ca	10,00					Wears	
2.	Examiner	resulting in death)	a. Corre	Due to (or as	a conseque	nce of):					1	7-2013	
			dine	talic	dus	Genet	ion					110015	
	cate be executed physiclen and s the buriel-trensit	Sequentially list conditions.	b. Colus	Due to (or as	a conseque	nce of):	.070					oper is	
o,	en ar infel-t	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	PANT	nary	an	1011	dine	210			i	years	
68760,	ifficate be executing physicien and es the buriel-trer	that initiated events resulting in death) Last	c	Due to (or as	a consaque	nce of):						1	
	5 00	10001117 2001	l d										
Вох	es thet the death cert igned by the ettendin be deteched for use by Physician/M	Part II. Other algorificant conditions			a to the condu	ad the server	nhan in Dari I		225 Did s	aheana waa aa	ntelburto te	o the cause of death?	
0	the cy the sched	Part II. Other algniticant conditions							1 □ Y	/		bably 4 Unknown	
0	gned be determined by PI	Recurrent	transiene	- 15ch	emi	c att	acks,		,,,,	as 292 NO	3 110	bably 4 billion	
of Vital Records,	requires that seen signed be hould be determined by Phetaletta by Phetal	0.000							24a. Was a		24b. W	ere autopsy findings	
00	The law require sate has been single 2 should Completed	Renal Insuff	ccercy						perfor	med?	CO	railable prior to empletion of causa death?	
Re	The law ate has b page 2 s	0								05/10			
a	certificate rector, pag	OF Management to modical					00.5	1.5	1 Y		11	☐ Yes 2☐ No	
5		25. Was cese referred to medicel examiner? 1 \(\sum \) Yes 2 \(\omega \) No	Hospital:	- A∏ 5D/	0 1	- DOA (Whose d		Check only or	ne) ence 6 □Oth	/C!	4.1	
o	Physic rthis c ral dir	27. Manner of Death	1 ☐ Inpati		Outpatient o. Time of	3 DOA 28c. In				ow Injury occur		y)	
Division	or Attending Peter death. Director: After In by the funer	1 Natural 5 Pending 2 Accident investigati	(Month, Da	ıý Year)	Injury		lork? ∐Yes 2∐!	No					
isi	death death ctor: A y the f	3 Suicide 6 Could not	be one Place at to	jury - At home,	tarm, street	t, factory, offic	>e	28			per or Rur	al Route Number,	
5	tel or Attending P rs efter death. el Director: After t led in by the funer Certification:	4 Homicide		c. (Specify)					City or Tow	n, State)			
	To the Mospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral Medical Certification:	29a. Certifier 1 Certifying F (Check only one) 2 Medical Ext	thysician: To the best miner: On the basis of and manner st	t examination	ige, death o	ccurred at the stigation, in m	time, date and y opinion, deat	d place, an th occurred	d due to the c at the time, d	cause(s) and ma date and place,	anner as s and due t	itated. o the cause(s)	
	within To the comple	29b. Signature and title of certitier	and mainer si			29c. Lice	nse number		2	29d. Data signa	d (Month,	Day, Year)	
	F≯Fŏ	120111	(1) 520	MIA		רכת	072			5/27/	90		
		Runulen	W OHIN	dooth (the con-	a) (Temps P.	45/				01-11	1		
		30. Name and eddress of person who Kathleen W 3		ceath (Item 23	NIN	. 1 0	PRA	IIM AL	nel	Md. o	2171	6	
	01.1	31. Date filed (Month, Day Year)	_ 32 Regief	ra's Signature	10111	1	-1 DA	WIWW	vice,	1017 -	-1 / [<i>w</i>	
	State Registrar	MAY 2	8 1999 N	Cher	~	Ø	lon "	1,					
	J			· Alexander	7			3/					

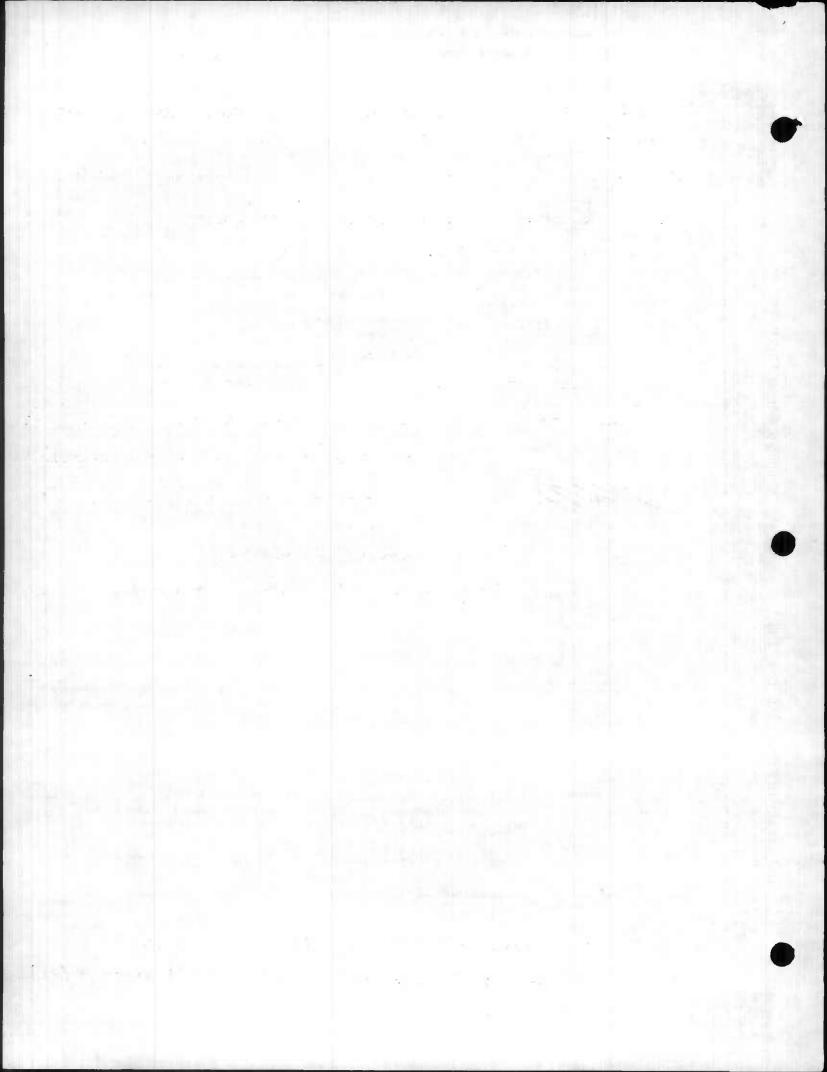


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

3	0	0	-7	0
	0	Ü	1	he

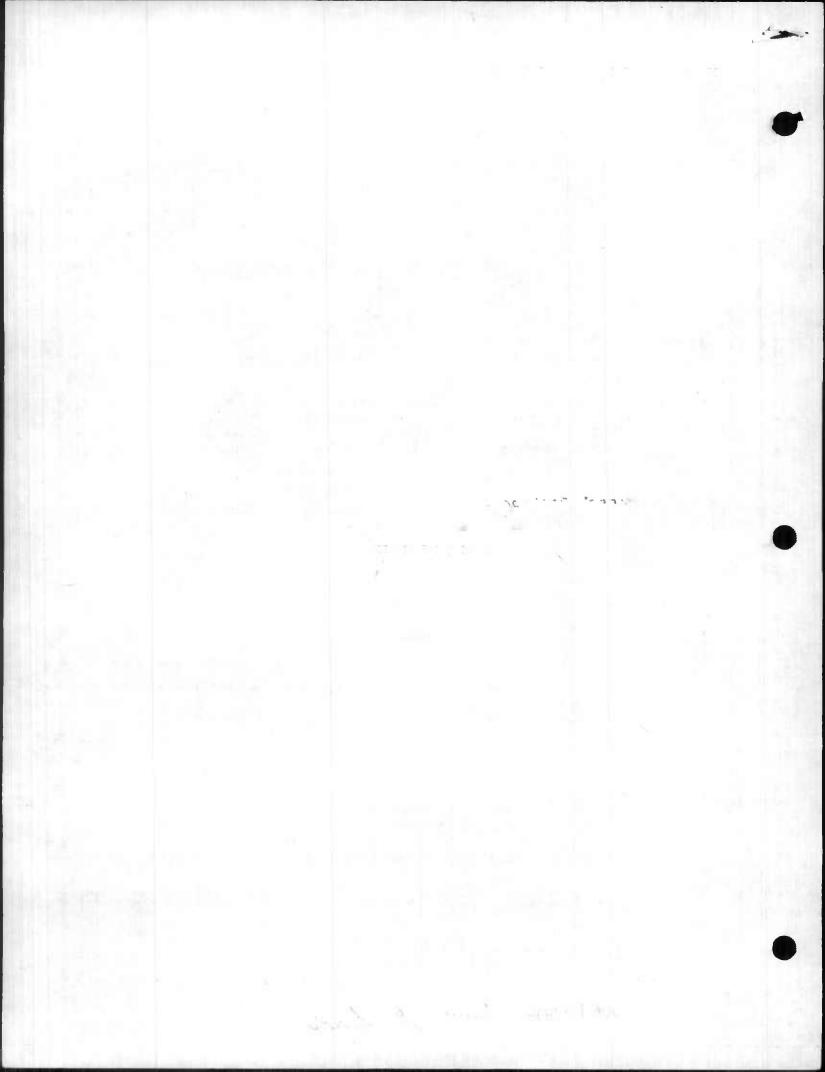
							C	ertificat	e of	Death		F	Reg. No.					
	1	-	1. Decedent's Neme	(First, Middle, La	st)								2. Dete of Deeth Month Dey Yeer 3. Time of Death					
	Physician /Modical	-	Archie	ncis	I	Payme	Jr.					-	1661	4:38 pm				
1	/Medical Examiner		te Fecility Neme (If			er)	ayııc	,		4b. City, Town	, or Location	of Deeth	4c. County	of Deeth	4.30 PIII			
		ı	Frederi	ck Memo	orial Ho	spit	al			Frede				deri				
	Funeral Director		5. Social Security Nu 227-56-8 Usuel Residence of I	097	Sex NOMM 2□ F	Age (In yrs. 56	last birthda Yrs	Months		If Under 24 Hours		ate of Birtl Nonth, Dey 1 – 0 7			olece (Stete or Foreign otry) ginia			
	dend w m	-		10b. County		10c. Ci	ty, Town or	Location	Cha	rles	Town			1	Od. Inside City Limits			
	a-fah		WV	Jeffe	rson	113	N.	Charl	es	Stree	t A	parti	ment 3		XXYes 2□No			
	uffer death with the Marylen r flems 23e or 28e-f show floer mant be notified at Funeral Director		10e. Street end Num 113 N. C		Street	Apt	. 3	10f. Zip	Code	2541	4		10g. Citizen of t USA	Whet Cour	ntry?			
020	urs after des al', or items Evammer m by Fune	2	11. Meritel Status 1 Never Marrie 3 Widowed 4		12. Wes Decede Armed Force 1 Tes 2 If Yes, Give Year or Dete	es? ⊠No	l,S. 1	3. Was Deced If Yes, spec		Hispenic Orlgin en, Mexican, F Specity:	n? (Specify ' Puerto Ricar	res or No- i, etc.)	14. Rad Ble Specify	ck, White,	ean Indien, etc. ite			
215-0020	ed within 72 hours ygiena. Per then "natural", It, re Maural Eta Completed by	2010		15. Decadent's Ed y only highest gre			(G	16e. Decedent's Usuel Occupation (Give kind of work done during most of work					16b. Kind of B	usiness/in	dustry			
2121	within iena. than		Elementery/Secon			College (1-4or 5+)			se retire	d)		Cont			tracting			
CA	be filed will tell Hygient and other the event, the Be Corr		17. Fether's Name (F	First, Middle, Last)		Co	rpent	er	18. Mother's	Neme (Fir	t. Middle.	Maiden Sumen		.111g			
an	should be filed within the Mentel Hygiena. marked other then matic event, the Marian To Be Comp	5	Archie F			JSr.					e Cod							
Maryland	d 2 should th and Men 7 is marke traumatic		19e. Informent's Nar	ne/Relationship (Type, Print)		19b. M	ailing Address	(Street	t end Number	or Rurel Ro	rte Numbe	ar, City or Town,	, Stete, Zip	Code 2 5 4 1 4			
Ž	and 2 ealth a n 27 is		Doris An	n Payne	е		113	N. C	har	les S	tree	Ap:	t. 3 C	harl	es Town			
re,	- I E E		20e. Method of Dispo				Place of Di	sposition (Ner	ne of		De		20c. Location					
E	0 0 - 7			Cremetion 3 C	Removel from Sta	ate		ce Mo			6-3	3-99	Furnac	e Mo	ountain, V			
	permit. Page Department of Important: If any Injury or ange.	21. Signeture of Funeral Servica Licansee 22. Name and Address of Facility Hall Funeral Home																
_	40 5 e a	Box 896 Purcellville, VA 20134																
68760,	daath certificate be executed the attending physician end dor use as the buriel-transit clan/Medical Examiner	100	disease or condition resulting In death) Sequentially list con if eny, leeding to imr cause. Enter Under Ceuse (Disease or it that initiated events resulting in death) Le	ditions, nediate lying njury	b. P	Dyle to (or es e con	sequenca of):	h	a cvzr	mil	An	enry	fn				
Вох	th certification or use e				d													
P.O.	requires that the death cer een signed by the attendir hould be deteched for use eted by Physician/N		Pert II. Other signific	eant conditions o	contributing to deat	h but not res	sulting In th	e underlying o	cause gi	ven in Pert I.		23b. Did 1	1		o the cause of death bably 4 🗆 Unknow			
of Vital Records,	ew requests been 2 should	a possidir					78.						en eutopsy rmed?	6/	Pere autopsy findings reliable prior to prompletion of cause death?			
<u>=</u>	Page Co	5										1 🗆 1	res 2₩ No	1	☐ Yes 2☐ No			
=======================================	ysiclan: The I is certificate ha director, page		25. Wes case referre exeminer?	ed to medical	Hoopitals A				0		of Deeth (Ch	eck only o	nne)					
10	Physician: this certific ral director.		1 Yes 2	10	Hospital: Inp		ER/Outpe		JA		-		dence 8 Oti		fy)			
ion	Attending F ir death. ector: After by the funer iffication:		27. Manner of Death 1 Naturel 2 Accident	5 Pending investigatio	n	Dey Year)	28b. Tim Inju	y M	28c. Inju Wo 1 □	ork?]Yes 2□No		28d. Describe how injury occurred						
5	tal or Attending P rs effer death. al Director: Affer t led in by the funera Certification:		3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	206. LIGOR 01	28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify)						28f. Location (Street end Number or Rural Route Number, City or Town, Stete)						
	To the Hospital or Attending Ph within 24 hours effort death. To the Funeral Director: Affor th completely filled in by the funeral Medical Certification:		29a. Certifier (Check only one)	Certifying Ph	nysician: To the be niner: On the basi end menne	s of exemine	owledge, de etion end/o	eeth occurred r Investigation	et the ti	ime, dete end opinion, deeth	pleca, end o	lue to the the the time,	ceuse(s) end m dete end placa,	anner es : , and due !	steted. to the ceuse(s)			
	ithin on the omple	5 [OOL Cinneline and b	itle of certifier		TOTAL CONTRACT		290	c. Licen	se number			29d. Date signe	ed (Month,	Dey, Year)			
	F 3 F 8		1 5	van n	szur	M		1	181	114			5-31-	55				
		-	30 Neme end eddre	ss of person who	completed cause	of deeth (Ite	m 23e) (Ty	pe, Print)	Jot	twson	ont	207	FREDE	FRICE	x, mel 2170			
_			O VV rIVY/	MITTH	עומי ניאמ	110	110	V 4-11.17	-						,			

Registrar

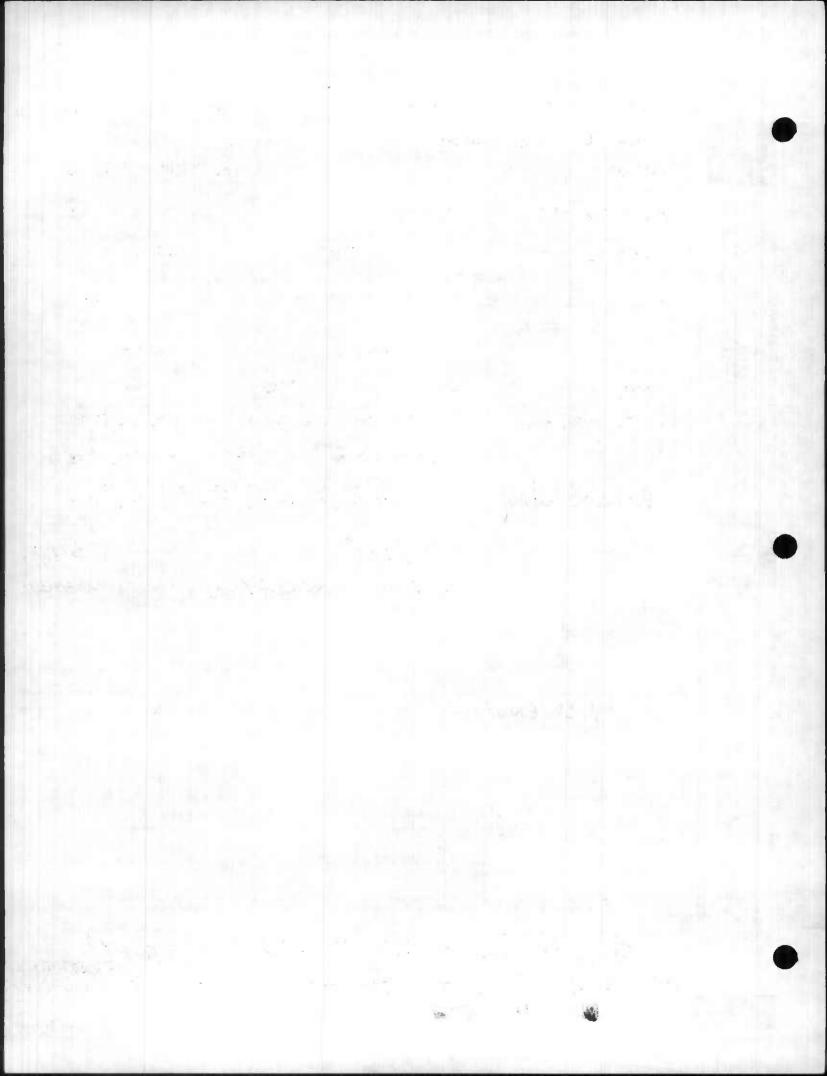


PERSON	ITEN	MS: #23 PART I, 27, 28	A-F PER MEO	G772 6	-10- Ger	tifica	te of	Death	ariu iv	fental Hy	Reg. No.	9 1	3873				
Phys	sician edical	Decedent's Name (First, Middla, L THOMASINE PERSO	ast)							2. Data of Dec Month MAY		Year	3. Tima of Death 4:42P.M.				
Exa	miner	49 Facility Name (If not institution, give street end number) 40 City, Town, or Location of I 41 MONTGOMERY GENERAL HOSPITAL 42 OLNEY									MONTG	OMERY	ce (Stete or Foraign				
Funeral Director		578-70-8181 Usuat Rasidence of Decedent	1 M 20 F	45	Yrs.	Months	Days	Hours	Min.	8. Date of Birt (Month, Da 12-03-	-53		Bistric				
Maryland af ahow	tor	MD 10b. County Montgon	ery	10c. Cit	y, Town or Loc	ation del	ohi					10d. Inside City Limits 1 ☐ Yas 2 ☐ No					
with the	al Director	10e. Street and Number 8901 Trapper Co	ourt			10f. Z	ip Code 2078	3			10g. Citizen of t USA	What Country	17				
15-UUZU 172 hours effer death with the Maryler 172 hours effer death with the Maryler 17 hours 23a or 28a-f show	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedar Armed Forca 1 Tas 2 t If Yas, Giva Yaar or Datas	s 2 ∰No Giva 1 ☐ Yes 2 ∰No Specify:						14. Race - Amarican Indian, Black, Whita, etc. Specify: Black							
		15. Decedent's (Specify only highest g Elementary/Secondary (0-12)		r 5+)	(Give I lifa. D	ia. Decedent's Usual Occupation (Give kind of work done during most of wo life. DO NOT use retired) ACCOUNTANT				ing		d of Businass/Industry					
Taryland 212 2 should be filed withing and Mentel Hygiene. Is marked other than summittee event, great	To Be C	17. Father's Nama (First, Middla, Las Howard Pendergr									Maiden Suman Dickers		cson				
		19a. Informant's Neme/Relationship C urtis Person -								adelphi,	MD 20	, Stata, Zip C)783	ode)				
altimore, mit. Peges 1 an partment of Heal portent: If Item 2 y Injury or other		20a. Mathod of Disposition 1 \(\mathbb{D}\) Burial 2 \(\mathbb{C}\) Cremation 3 4 \(\mathbb{D}\) Donation 5 \(\mathbb{D}\) Other (Spec		_ (Place of Disposematary, crem rt Linc	atory or	other pled		6	Data 5-01-99	20c. Location -	- City or Town					
pemit. Peg Department Important: it	Duce	21. Signeture of Funeral Service Licensee 22. Nama and Addrass of 3831 Georgia								_			20011				
deeth certificate be associated by deeth certificate be associated by a strending physician and corres as the burial-transit	dical Examiner	Immediata Causa (Final disease or condition resulting in death) COCAINE INTOXICATION Due to (or as a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as a consequence of):															
d by th	Physician/Me	Part II. Other significant conditions	contributing to death	but not ras	ulting in the un	darlying	ceusa giv	en in Part f.			lobacco use co Yes 2 No	ontribute to t	he cause of death?				
requii	eted										an autopsy med?	avail	e autopsy findings abla prior to plation of gausa eath?				
Physicien: The iew requirer this certificate has been a grain director, page 2 should	B	25. Was case referred to medicat axaminer?	Hospital: XZZ				Oth Oth		of Deat	h (Check only o	one)						
The Property of the Property o		1]() Yes 2 No 27. Manner of Death 1 Netural 5 Pending 2 Accident investigation	28a. Deta of in (Month, E		28b. Tima of fnjury UNKNOWN	M 3□ C	28c. Injur Wor	40 140			Residance 6 Othar (Specify) ribe how injury occurred						
DIVISION To the Hospital or Attending within 24 hours effer deeth. To the Funeral Director: Afte completely filled in by the fune	- Spine	3 ☐ Suicide 6 ♣ Could not determine	ory, office			City or Tox	8f. Location (Street and Number or Rural Route Number, City or Town, Stata) UNKNOWN										
Hoep 24 hor Fune ietely fi	edical	29a. Certifier 1 Certifying P (Check only ane)	hysician: To the bes miner: On the basis and mannar:	of axamina	wledge, death tion and/or inv	occurre astigatio	d et the tin n, in my o	ne, date en pinion, daal	d place, th occur	and due to the red at tha tima,	ceuse(s) and m data and place,	annar as stat end due to ti	ed. ha cause(s)				
To th Withir	M	25b. Signature and title of certifier	+	Λ.		2	9c. Licens	e number			29d. Date signe	ed (Month, De	ey, Year)				
		30. Name and produces of person who	coproleted causa of	death (Iten	n 23a) (Type, F	Print)	O.C.	M.E.]	MAY 26,	1999					
	State	31. Date filed (Mohith, Date Year)	Rest	trer's Signe	er		Penr	n Stre	æt,	Baltim	ore, Ma	ryland	21201				

DHMH 16 Rev 6/95



	1. December 19 Name / Francisco		Cer	tificate of	Death		Reg. No.		2 Time of Death			
ian cal	1. Decedent's Name (First, Middle, Lest) Helen Virgini	yder				6, 1999	Yeer	3. Time of Death 10:22 pn				
er	4a Fecility Neme (If not Institution, give str				4b. City, Town, or I							
	Frederick Memori 5. Social Security Number 214-10-3912 6. Sex		s. lest birthday)	if Under 1 Year Months Deys	Freder If Under 24 Hrs. Hours Min.	8 Date of Birt		erick 9. Birthpla Mary	ce (State or Foreign			
	Usual Residence of Decedent 10a. State 10b. County	10e C	City, Town or Lo	cation				100	d, inside City Limits			
5	Maryland Frederick			100	1 des 2 No							
Dy Funeral Director	10e. Street and Number 12 Sunny Court			10f. Zip Code 21788	3		10g. Citizen of W	het Countr	y?			
	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	Was Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	H	Ves Decedent of H Yes, specify Cub	lispanic Origin? (S an, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	Bleck	- America k, White, et	c.			
l	15. Decedent's Educa (Specify only highest grade of		(Give	lent's Usuai Occup	during most of wor	king	16b. Kind of Bus	siness/Indu	istry			
-	Elementary/Secondary (0-12)	College (1-4or 5+)	life. L	oo NOT use retire nemaker	d)		Own H	ome				
e completed	17. Fether's Name (First, Middle, Last)		1101	MARKEL	18. Mother's Nar	ne (First, Middle,	Maiden Sumame					
200	John	Fuln	ner		Mary			ank				
	19a. Informant's Name/Retationship (Type	e, Print)		-	end Number or Ru							
	David L. Lewis, son				Snow Cour							
	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donation 5 ☐ Other (Specify)		Place of Dispo- cemetery, crem cunt Oliv	natory or other ple	y, May 29,	1999						
	21. Signeture of Funeral Service Licensus 23a. Part1. Enter the disease, or complice shock, or heart failure. List only one	MOO2	255 I	06 East 0	nd Basfor Church St	Frede	erick, M	d. 21	Approximate			
	shock, or heart failure. List only one Immediate Cause (Final disease or condition resulting in deeth) e	cause on each tine.	51 Re	OKE					Interval Between Onset and Death			
Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	Due to	(or as a consequence of consequence	L FIE uence of):	BRICLA	1100		C	NKNOWN			
Clar	Part II. Other significant conditions contri	ibuting to death but not re	esulting in the ur	ndedving cause gi	ven in Part I	23b. Did tobacco use contribute to the cause of death?						
Dy Pinys		5N910N	southing at the or	addiying daddo gi		1 Yes 20 No 3 Probably 4						
Completed							an autopsy rmed?	avai	re autopsy findings flable prior to apletion of cause eath?			
						10	Yes 2000	10	Yes 2□ No			
90	25. Was case referred to medical examiner?					eth (Check only o	one)					
2	1 ☐ Yes 2 ☐ No Ho 27. Manner of Death		ER/Outpatien	t 3L DOA			dence 6 Othe)			
Certification:	1 Matural 5 ☐ Pending 2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be	(Month, Day Year)	M 1 □ Yes 2 □ No									
	4 Homicide determined	28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State)										
	29a. Certifier 1 Certifying Physic	r: On the basis of examin	nowledge, death	occurred at the ti	me, date and place	a, end due to the urred at the time,	cause(s) and ma date end place, a	nner as sta and due to	ated. the cause(s)			
2	(Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause and manner stated.											
Medical		and manner stated.	ME		se number	1	29d. Date signed	Month, E	Day, Year)			



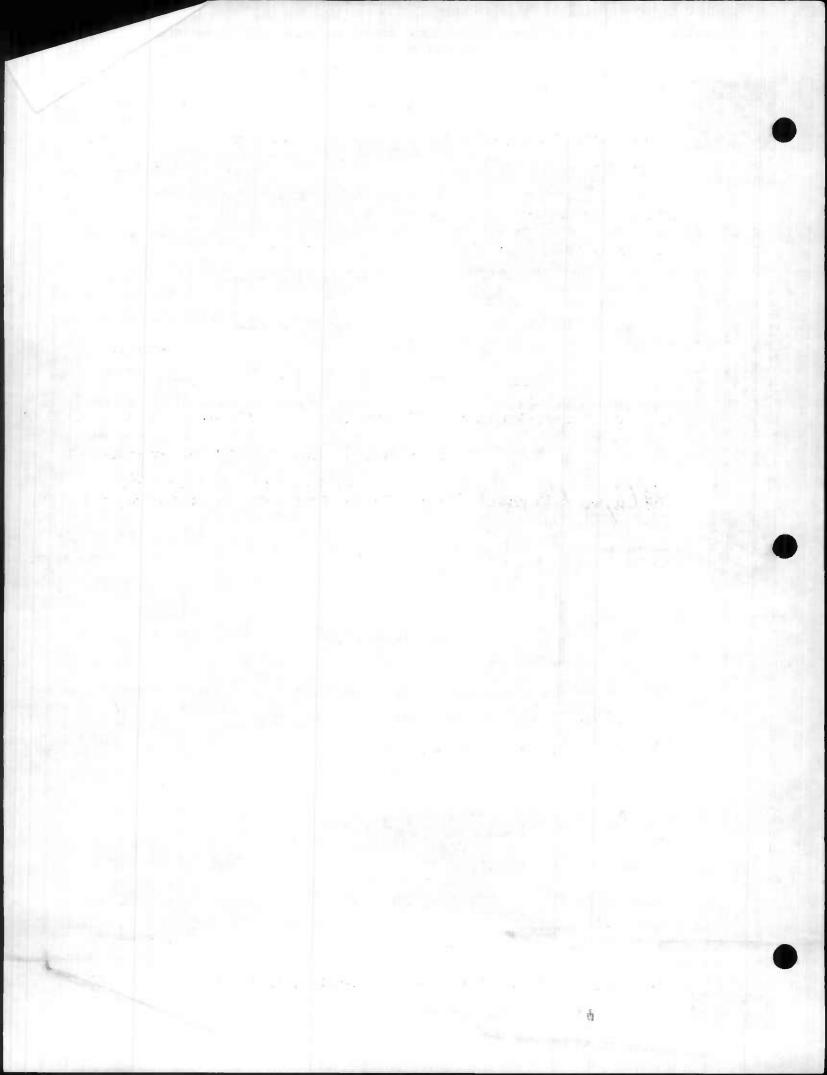
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month May 26, **Physician** 1999 Catherine Betty WILSON 4:22pm /Medical 4a Fecility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 1421 Taney Avenue, #605 Frederick Frederick 8. Date of Birth (Month, Dey, Yeer) Feb 11, 1933 If Under 1 Yaar Birthplace (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) **Funeral** 1 M 2 X F Months Deys Hours Min 220-28-2707 Yrs. 66 Maryland Director Usual Residence of Decedent the Meryland 10c. City, Town or Location 10d. Inside City Limits permit. Peges 1 and 2 should be filed within 72 hours after death with the Merylan Department of Health and Mentel Hyglene. Important: If Item 27 is marked other than "natural", or frems 23a or 28a-f show any lojury or other traumatic event, tra Medical Examine trause to notified at once. 10e Stete 10b County Maryland Frederick Frederick 1⊠Yas 2□No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1421 Taney Avenue, Apt 605 21702 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Datas: 14. Race - Amaricen Indien, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Bleck, White, etc. 1 Navar Married 2 Married 1 Yas 21 No Specify: White Specify: by 3 Widowed 4 N Divorced Completed 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) Elementery/Secondery (0-12) Cook Restaurant 12 18. Mother's Name (First, Middle, Maiden Sumama) 17. Fether's Name (First, Middle, Last) John Edwin KING Annie TOMS 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Neme/Reletionship (Type, Print) 225 West Patrick St, #6, Frederick, Maryland 21701 Tina Marie Osborne/Daughter 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition Dete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from Stata Linden Hills Cemetery May 29,1999 Frederick, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility Keeney & Basford P.A. Funeral Home 21. Signature of Funeral Service Line M00706 Kobepen 106 East Church St, Frederick, Maryland 21701 23a. Pall 1. Enter tyle diseasa, or complications that ceusad tha daath. Do not entar tha moda of dying, such es cerdiac or respiratory arrest, shock, or heart feiture. List only one ceuse on each line. Approximete Interval Batwean Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) ARDIOMYOGATHY Several yre. Examiner Examiner The law requires that the death certificate be executed physician end s the buriel-trans Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): for use es Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? thed signed by t HEART FAILURE 1 Yes 2 No 3 Probably 4 □ Unknown Completed by 24b. Were eutopsy findings available prior to 24a. Was an autopsy should SEVERE MITRAL REGURGITATION peed completion of ceuse of deeth? Hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: director, 25. Was case referred to medical examiner? Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1☐ Yes 2 No this After this 28e. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred 27. Manner of Deeth 28c. Injury at Work? 28b. Time of Certification: To the Hospital or much within 24 hours effer death. To the Funeral Director: After memorately filled in by the fur Neturel 5 Pending 1 Yes 2 No 2 Accident Investigation MA 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 12 Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, and due to the ceuse(s) end menner as stated. 2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pieca, and due to the ceuse(s) and manner stated. edicai 29a. Certifier (Check only one) 29b. Signature and tiple of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) May 27, 1999 D18063 30. Name end address of person who completed ceuse of deeth (Item 23e) (Type, Print)

Abdul Majeed, M.D., 801 Tollhouse Avenue, C-3 Frederick, Maryland 21701

32. Registrar Signetura

MAY 28 1900 >

State Registrar 31. Dete filed (Month, Dey, Year)



Lois Wunderlich

					State	e of M	arylan		artment <i>rtificate</i>			Mental Hy	rgiene 9)	68/6	
r	Physiciar		ecedent'a Nama									2. Data of D Month	Day	Year	3. Time of Deeth	
Š,	/Medica Examine	4 - 1	Lois Elaine Wunderlich 4s Facility Nama (If not Institution, give street and number) 4b. City, Town, o								June or Location of Dea	June 1 1999 5:501 ocation of Death 4c. County of Death				
	Funeral Director	5. S	he Mem ocial Security No 18-20-3	orial umber 899	Hospi 6. Sex 1 M 2	tal		last birthday) Yrs.	If Under 1		Easton Hunder 24 H Hours Mi	8. Data of B (Month, D June 1	Talk irth ay, Year) 7, 1926	9. Birthpi	lace (State or Foreign try) y land	n
	pu a		State	Decedent 10b. County			10c. City	y, Town or L	ocation	-				10	0d. Inaide City Limits	
	Mary Med ah	Ma	ryland	Caro	line		De	enton							Yas 2□No	,
	or 28e-f	10e.	Street and Nun	nber					10f. Zip (Code			10g. Citizen of V	What Coun	try?	
	23a	14	0 Sunse	t Driv		Danadasa	Consider III	6 40		1629		(Casaita Van aa N		States		
020	filed within 72 hours after death with the Maryland Hyglana. ther than "natural", or itema 23a or 28a-f ahow mit, the Medical Examinat must be notified at the Medical Examinat must be notified at the Medical hyd Eurassa Medical	11.1	1 Never Married 2 Married 3 Widowed 4 Divorced			Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 □\No If Yes, Give Yaar or Datas:			If Yes, speci	fy Cub	Specify:	(Specify Yas or N erto Rican, etc.)	Specify	ice - American Indian, ack, White, atc. ify: ICasian		
21215-0020	be filed within 72 ho tal Hygiana. d other than "natura event, pre Medical	E	lementary/Secon	15. Decedent's Education (Specify only highest grada completed) stary/Secondary (0-12) College (1-4or					DO NOT use	k done e retire	during most of w d)	vorking	16b. Kind of Bu	Businass/Industry		
d 2	Hygied Hygied	17.1	12 Fether's Nama (First, Middla,	Last)		100		Homema	ake.		ame (First, Middle	e, Maiden Surnam	Home	2	
/lan	Mental Mental Mental		J	ohn Wi	lliam E	mory					Mary	Eva Webs	ster			
Maryland	and and and and	19a			hip (Type, Print)								ber, City or Town,		Coda)	
e,	1 and Health Frm 27 ther to	-	isa A. Mathod of Disp			Daugl	20b. P	lace of Disp	osition (Name	a of		Data Data	yland 2.		wn. State	
altimore,	Pages nent of int: If Its ary or o			Cremation	3 Removal fi	rom Stata	C	emetary, cre	metory or off cemeter	her pla	ce)	6/4/99	Denton			
alt E	permit. P Departme importan eny injur		Signature of Fur				De		2. Nama and	-	ss of Facility	0/4/33	Demoon	, IIUI	y Luna	
m	SOE S	13	Kau	Defell,	P. Moc	ne	_	M 1	foore 1	Fun-	eral Hon Second S	me, P, A. Street, I	Denton, N	Maryl	and 21629	
	Physician /Medical Examiner	Imn dise resi	nediate Cause (l lase or condition ulting in death)	Final			050		r'c			SCJ/A/	-		Intarval Batween Onset end Deeth	
Box 68760,	requires that the deeth cartificate be executed been signed by the attending physician and should be deteched for use as the burial-transit and by Physician Macdine Exemines	Sec if ar cau Cau that resu	uentially list con ny, leading to im se. Enter Under ise (Disease or i initiated events itting in death) L	ntury	c			r as a conse								
	deeth ed for	Part	II. Other signifi	cant conditio	ns contributing t	to death b	out not rasu	ulting in the u	ındariying ca	usa gi	ven in Part I.	23b. Die	i tobacco use co	ntribute to	the cause of death?	?
s, P.O	v requires that the deeth cardiff, been signed by the attending p should be deteched for use as	_	Hyportensian, Hyporcholatraclania									10	Yes 22 No	3 Probably 4 Unknown		
Records,	3 5 6	_											s an autopsy formed?	avi	era autopsy findings milable prior to mpletion of causa death?	
	cata has to page 2 a											10	Yas 20 No	10	Yas 20 No	
Vital	Physician: this certific ral director, To Be		Was case refarrexaminer? 1 ☐ Yes 2 1		Hospital:			/		Oti	ner.	eath (Check only		40 4		
Division of	To the Hospital or Attending Physician: The is within 24 hours sitar death. To the Funerel Director: After this certificate hat completely filled in by the funeral director, page Medical Certification: To Re Com		Manner of Death Natural Accident	5 ☐ Pendin invastiç	g 28a. D	I ☐ Inpation Bete of Inju Month, Da	ıry	28b. Tima o tnjury		Sc. Inju Wo	4 LI Nursing	1	sidence 6 Oth how injury occur		0	
DIVIS	tal or Attending P rs star death. el Director: After t led in by the funera		3 ☐ Suicide 4 ☐ Homicide	6 Could detarm	ined 208. P		jury - At ho c. <i>(Specif</i>)		reet, factory,	office	Z.s		(Street and Numb own, Stete)	oer or Rura	l Routa Number,	ets No
	To the Hospital within 24 hours To the Funeral completely filled		(Check only one)	2 Medical I	Examiner: On the and r	the best na basis o mannar st	f axaminat	wledge, deet tion end/or in	vestigation,	in my o	opinion, deeth oc	ce, end due to the curred et the time	e ceuse(s) end me o, date and place,	and dua to	tha causa(s)	
	To To E	296	Signature and	nie of cedifie	175	//	//		29c.	Licens	a number		29d. Data signe	a (Month,	Day, Year)	
		30.1	Gur Name and addre	as at parson	who complited	cause of d	Seath (Item	23a) (Type,	Print)		2176	0	0/0	177		7
		24 1	udwig J			D.	505	Dutch				on, Mary	land 21	601		
	State Registrar		J'	UN - 4	1999	Sep	rer's Signa	B.	Apo	n.K.						

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

DHMH 16 Rev 6/95

Showing the second than a soul

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 8877 State of Maryland / Department of Health and Mental Hygiene AMENDED ITEM #2 PER M.D. G772 6/14/99 AH Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Physician Marie HOAMS TILDA 4b. City, Town, or Location of Death 0:30 AM /Medical 4a Facility Nama (If not institution, give street and number) 4c. County of Death Examiner 7. Age (In yrs. last birthday) If Under 1 Year Months Deys 1dERCATE RUMUEL Towson BALTIMORG 5. Social Security Number If Under 24 Hrs. 8 Date of Birth Hours Min. (Month, Day, Year) 6. Sex Birthplace (State or Foreign Country) **Funeral** 1 M 2 TF 96 Director EB 28, 1903 Maryland **Usual Residence of Decedant** 10c. City, Town or Location 10a. Stata 10b. County 10d. Inside City Limits r than "natural", or items 23a or 28a-f ahov the Madical Examinar must be notified at BAITIMORE Lutherville 1 Pras 2 No Director Marylma 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21093 USA Lincoln 124 "natural", or items 23a 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11 Marital Status 14. Race - American Indian, Black, Whita, atc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specity: plack à 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Item 27 Is marked other than "any Injury or other traumatic avent, the Messary Injury or other traumatic avent. Elementary/Secondary (0-12) College (1-4or 5+) Private from les Domestic grade 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Be Sterreti Florence MyGrs 60314UB 19a. Intorment's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2/2/3 805 E. Coldspring LANE Bolti How, harylows EUNICE Briscos Drughter 20b. Place of Disposition (Name of cemetery, crematory or other p 20a. Mathod of Disposition Data 20c. Location - City or Town, Steta _1 Burial 2 ☐ Cremation 3 ☐ Removal trom Stata Post Cemetery Towson, 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility CHA THAN - Harris F.H. 21. Signature of Funeral Service License 23a. Part1. Enjer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line. Approximata tntervel Between Onset and Death **Physician** /Medical Immediata Causa (Final disease or condition rasulting in death) arteriosclerate cornery artery disease Examine Due to (or as a consequence of): physician and s tha burial-trans Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Dementia Division of Vitai Records, à 24a. Was an autopsy parlomed? 24b. Ware autopsy findings available prior to completion of cause of death? Completed 1 Yes 2 KNo 1 ☐ Yas 2 ☐ No 25. Wes case refarred to medicat examiner? 8 26. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28b. Tima of 28d. Describe how injury occurred Certification: 28a. Deta of Injury (Month, Day Year) 28c. Injury at Work? After Attending 1 Natural 5 Pending death. 1 Yas 2 No 2 Accident investigation Director: 6 ☐ Could not be detarmined 3 Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, term, street, tactory, office building, etc. (Specify) To the Hospital or A within 24 hours after To the Funeral Direct complately filled in by after 4 ☐ Homicide 29a. Certifier edical 1🗷 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end dua to the cause(s) end mennar as stated. 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner steted. (Check only one) 29c. License numbar 29d. Date signed (Month, Day, Year) 29b. Signature and titla of certifier harm Konleule 6-10-99 021022

Registrar

DHMH 16 Rev 6/95

31. Data filed (Month, Day, Year) JUN 1 4 1999 32. Registrar's Signatura

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

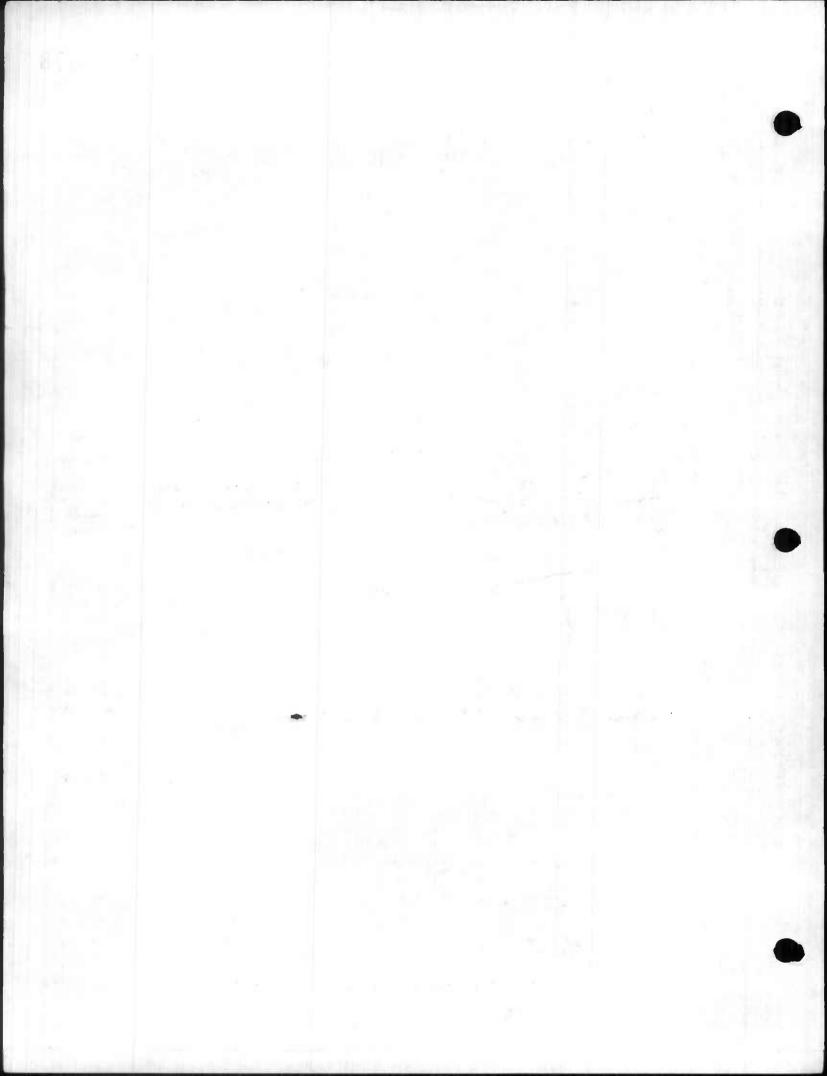
M. KOWALLOSKI SIYSANDDIPSA CINCLE SALTOWN 2236

A CHE CALL TO 202

State of Maryland / Department of Health and Mental Hygiene

					Cer	tificate d	of Death		Reg	. No. 9	9 1	8818	
Discrete:		1. Decedent's Name (First, Middle, Las	1)	0.00				1 140	e of Death		Yeer	3. Time of Death	
Physici /Medi		George Burnett	Bryson					Jür	ne 10,	Day 1999	1001	8:23 P.M	
Examin		4a Facility Name (If not institution, give						n, or Location	of Death	4c. County			
		Franklin Square Ho	ospital Ce	nter				edale		Balti	more		
Funeral Director		5. Social Security Number 6. Se 139-03-4434	7. Age	(In yrs. last b	virthday) Yrs.	If Under 1 Y Months Da	ear If Under 2 ays Hours	Min. 8. Dat	e of Birth inth, Day, Y 7 27,	1916	9. Birthpla Countr Cali	ace (State or Foreign Fornia	
P .		Usual Residence of Decedent											
Manyla a-f ehov	tor	Maryland Baltimore	9	Middle							10	d. tnside City Limits 1 ☐ Yes 2\(\overline{\text{D}}\)No	
20 after deeth with the Marylar or Nerna 23a or 28a-f ehow	al Director	10e. Street and Number 11 Left Wing Drive	9		10g	U.S.		ry?					
21215-0020 of within 72 hours after death with the Maryland giene. In then "natural", or herm 23a or 28a-f show in the Weddell Expensive must be notified at	by Funeral	11. Marital Status 1 Never Married ZXMerried 3 Widowed 4 Divorced	ver in U,S.			of Hispanic Ong Cuban, Mexican, No Specify:	in? (Specify Ye Puerto Rican,	s or No- etc.)		e - America ck, White, e			
72 hours	Completed	15. Decedent's Edu (Specify only highest grad	ication	166	a. Deced	lent's Usual Oc	ccupation	of working	16	b. Kind of B	usiness/Indu	ustry	
within sone.	ple	Elementary/Secondary (0-12)	Cottege (1-4or 5-	+)	life. E	OO NOT use re	one during most of tired)	or working	-				
d 212 filed withi Hygiene. fther than	Con	12		E	lect	ronics	Technic			S. Go		ent	
Maryland 2 d 2 should be filed th and Mental Hygi 7 is marked other traumatic event, is	Be	17. Father's Name (First, Middle, Last)					18. Mother	's Name (First,	Middle, Ma	iden Suman	10)		
arylan should be nd Mental marked o umatic eve	9	George B. Bryson					Myrt]	e Leib	ig				
and land		19a. Informant's Neme/Relationship (T)				_	reet and Number						
		Eleanor L. Bryson	(wife)	-			g Drive,	1					
2 2 2 2 2		20a. Method of Disposition 12 Burial 2 Cremetion 3 4 Donation 5 Other (Specify,		comet	ODL COM	sition (Name of natory or other on Meth	niecel	n. 6/14		arfor		.Marylan	
Baltimo permit. Peg Department: If important: If any Injury or		21. Signature of Funeral Sel Collins		1	E	ruzdzi	nski Fur	neral Ho				nd 21221	
/Medical Examiner	Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate	b. VAS	Due to (or as a Due to (or as a Due to (or as a	Di	seare	ary A	RREST			1		
eeth certificate be executed attending physician and for use es the bunal-transit	Physician/Medical E	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	c	Due to (or as a	consequ	uence of):							
deel he att	sici	Part tl. Other significant conditions co	ntributing to death bu	t not resulting	In the ur	nderlying cause	e given in Part I.	23	Bb. Dtd tobe	ecco use co	ntribute to	the cause of death?	
s that the de	by Phy	Sergne Disor	der,	strok	e,	Hype	ntersi	~	1 🗆 Yes	2 No	3 Prob	ably 4 Unknow	
he law requires that the deeth ce has been signed by the attendia age 2 should be detached for use	Completed					.,	1113	24	e. Wes en e performe	eutopsy ed?	ava	re eutopsy findings ilable prior to npletion of ceuse leeth?	
2 6 6	EO								1 🗆 Yes	2)(Z)(No	10	Yes 25 No	
an:	Bec	25. Was case referred to medicel					26. Place	of Death (Chec	k only one)	_			
Physician: This certificat	To	axaminer? 1 ☐ Yes 2 ☐ No	Hospital: 1 Inpatier	nt 2XXXER/C	Outpatien	t 3 DOA	Other: 4 Nur	sing Home 5	Residen	ce 6 Oth	er (Specify,)	
Attending Physic of death. • ctor: After this by the funeral d		27. Manner of Death 1 Netural 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. tnjury at Work?						28d. Describe how injury occurred				
	Certification:	3 Suicide 6 Could not be determined	28e. Place of tnju building, etc.		farm, stre	eet, factory, of	lice		cation (Stre y or Town,		oer or Rural	Route Number,	
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical		sician: To the best of ner: On the basis of and menner stel	examinetlon e									
To the To the Comple	M	29b. Signature and title of certifier	,	[34]		29c. Lie	cense number	100	290	I. Date signe	d (Month, E	Jey, Year)	
- S F O		0 10	tomes.				Dine			6111	100		
10		30. Name and address of person who c	ompleted cause of de	ath (Item 23a)	(Type	Print)	Va146	4		0//1	7	. 73	
1		000	UP. 3508		64	BAL	to nul	212	10				
Ct	10	31. Date filed (Month, Day, Year)	32. Registra		71	VITT	10/1000	010	1				
Sta Registr		IIIN 1	1 1000	Iner	-	4	loo to	•					

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** 1999 Kenneth J. Beegle June 14, 8:45 a.m. /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore 3-B Valley Arbor Court Essex | H Under 1 Year | If Under 24 Hrs. | 6. Date of Birth (Month, Day Year) | 9. Birthplace (State (Month, Day Year) | 1928 | Maryland 5. Social Security Number 9. Birthplace (State or Foreign 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1 M 2 □ F Yrs. 723-14-7753 71 Director Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Maryland Baltimore Essex 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21221 U.S.A. 3-B Valley Arbor Court Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, 11. Marital Status Black, White, etc. COxes 2 No 10/46 If Yes, Give Year or Dates: to 1/48 filed within 72 hours after 1 ☐ Never Married 2 Married 21215-0020 1 Yes 2 XNo Specify: Specify: White p 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) 12 Service Man Vending Company Pages 1 and 2 should be filed w timent of Haalth and Mental Hygien tant: If Itam 27 is marked other ti jury or other treumatic avent, the Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Franklin T. Beegle Mabel R. Robinson 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Neme/Reletionship (Type, Print) 3-B Valley Arbor Court, Baltimore, Maryland 21221 Norma Jean Baker (niece) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ⊠ Burial 2 □ Cremetion 3 □ Removal from State Department of Important: If any injury or once. Md. Veterans cemetery 6/16/99 Garrison Forest, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Auneral Service Light 22. Name and Address of Facility Bruzdzinski Funeral Home, P.A. 23a. Pant. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate Approximate Interval Between Onset and Death **Physician** Immediate Ceuse (Finel diseese or condition resulting In deeth) /Medical · Hyporemia NOUY Examiner Due to (or es a consequence of): Examiner sician and bunal-transit DNC. The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting In death) Last Box 68760. hronic Obstructive Physician/Medical physi the b Due to (or as e consequence of 82 esn. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 Yes 2₺ No 1 ☐ Yes 2 ☐ No certificata or Attending Physician: director, Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5
Residence 6
Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this funeral 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No within 24 hours after death. To the Funeral Diractor: A 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of fnjury - At home, farm, street, fectory, office building, etc. (Specify) 3 4 Homicide filled in Hospital 1 Certifying Physicisn: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the ceuse(s) end manner stated. edical 29a. Certifier completely (Check only one) i e 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 053462 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

State Registrar

Jude

31. Date filed (Month, Day, Year)

Muneses

JUN 1 4 1999

MO

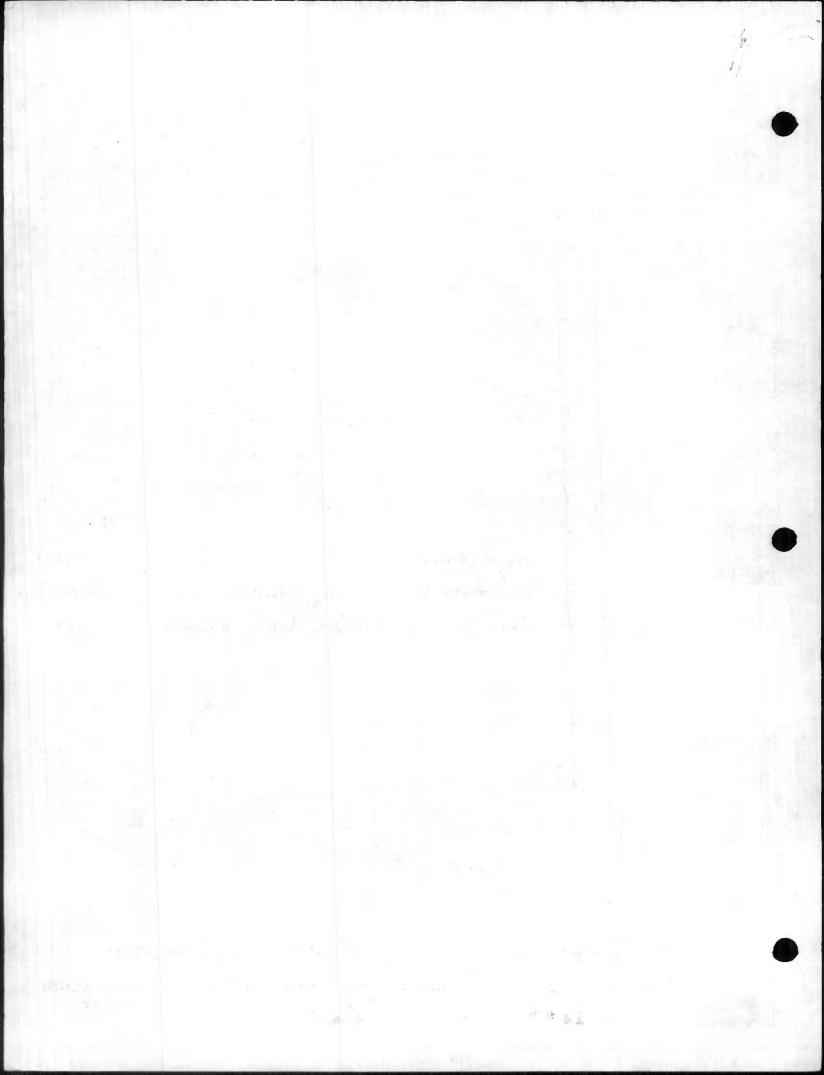
32. Registrer's Signeture

DHMH 16 Rev 6/95

2112 Belair

Suite 9

Hollston, MD



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. AMENDED ITEM #2 PER MD G772 6/14/99 AH 1. Decedent's Name (First, Middle, Last) 2. Dete of Death FRANKLIN BUTTIS Month Physician GEOIGE ₹₈ 1999 9:00 PM LUNE /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner H Under 1 Year H Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Rupo FIRMA 1ERRA 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Funeral 218-05-1648 100M 20 F 1915 mary long Director Usuel Residence of Decedent 10a. State 10b. County 10c. City. Town or Location rati, or items 23s or 28s-f show Exercises must be notified at 10d. Inside City Limits BALTIMORE Yes 2 No Director Mary And 10f. Zip Code 10g. Citizen of What Country? IERRA TIRMA 25/2 21225 USA death 12. Wes Decedent Ever in U,S.
Armed Forces?
102 Yes 2 \(\text{No} \)
11 Yes, Give
Year or Dates: \(\text{Vol.} \) Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11 Marital Status Black, White, etc. 72 hours after 1 ☐ Never Merried 2 ☐ Merried 21215-0020 "natural", or 1 Yes 2 No Specify: Specify: þ Black 3. Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit, Pages 1 and 2 should be lifed within 72.
Department of Health and Mental Hygiene.
Important: if item 27 is marked other than "nets any injury or other theumatic event, the Malica angle. REHLEHEM Steel Elementery/Secondary (0-12) College (1-4or 5+) IRACK MAN 6 th ardde Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) 8 ED MINTER 19b. Mailting Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2/2/19
3003 WYLIC BUE BALTIMOVE, Keary Low 19a. Informant's Neme/Relationship (Type, Print) KEUD STEPHENS DAUghter 20b. Plece of Disposition (Neme of 20c. Location - City or Town, State 20a. Method of Disposition Cometery, cremetory or other place)

Comments of the first of the firs Burial 2 Cremetion 3 Removal from State Ovings mills, 4 ☐ Donation 5 ☐ Other (Specify) Camo 22. Name end Address of Fecility CHATMAN -21. Signeture of Funeral Service Licens Bothware Many 1 NUMS Mary 1000 2121 23a. Part L Enter the decemb, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical fmmediate Cause (Final disease or condition resulting in death) aretheras months Examiner Due to (or as e consequence of): Examine The law requires that the death certificate be asscuted Sequentially fist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of): Box 68760, Physician/Medicai Due to (or as e consequence of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 3 Probably 4 ₺ Unknown 1 Yes 2 No þ 24b. Were eutopsy findings eveilable prior to completion of cause of death? 24a. Was en autopsy performed? Completed 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No or Attanding Physician: 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) examiner?
1 Yes 2 No

27. Mapner of Death
1 Netural Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA After this 28b. Time of Injury 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 24 hours after death. 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier Medical completely (Check only one) To the I within 2 To the P 29c. License number 29d. Date signed (Month, Day, Year)

AH 10+1

DHMH 16 Rev 6/95

State

Registrar

54

S. Eutan

Baltimore MD

30. Name and address of person with completed cause of death (Item 23a) (Type, Print)

32. Registrar's Signature

Christian D Bounds MD

JUN 1 4 1999

5 David to the wife of the contract of the contr

.

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 0 Reg. No. d. Firne of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 8 Day **Physician** Month JUNE 12:05PM NATALIE BRENNER /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6928 MARSUE DRIVE #1C BALTIMORE BALTIMORE If Under 1 Year | If Under 24 Hrs. Months | Days | Hours | Min. 7. Age (In yrs. last birthday) 5 Social Security Number 212-01-7420 Birthplaca (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** 1 M 20 F Months Director MAR.13,1918 MASS Usual Residence of Decedent the Maryland 10a. State 10c. City, Town or Location 10d. inside City Limits 10b. County 1 ☐ Yes 2 No MD BALTIMORE Director BALTIMORE 28a-f 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 Francher must be 6928 MARSUE DRIVE #1C 21215 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11 Marital Status Black, White, etc. Pages 1 and 2 should be filed within 72 hours after nent of Haaith and Mental Hygiene. 1 Never Married 2 Married 21215-0020 1 Yes 2 No Specify: WHITE Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry i Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 HOMEMAKER OWN HOME Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) 8 ALBERT. SEIDEL TDA SEIDEL 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) NATHAN BRENNER / HUSBAND #1C - BALTIMORE, MD 21215 Haaith a 6928 MARSUE DRIVE or other 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Department of Important: If any injury or page. ADATH YESHURUN CEMETERY 6/10/99 BALTIMORE, MD 21. Signature of Juneral Service Licens 22. Name end Address of Fecility SOL LEVINSON & BROS., INC. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ILLE, MD shock, or heart failure. List only one ceuse on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final a Cendro ressura buy disease or condition resulting in death) Examiner Physician/Medical Examiner Marine The law requires that the death certificate be executed the burial-transi Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pue Ketastato wide Box 68760. for use signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Certification: To Be Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? page 2 certificate hes 20 No 1 ☐ Yes 2 No 1 Tyes Attending Physician: 25. Was case referred to medical examiner? 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No this funaral 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at After Division 5 Pending investigation death. 1 Yes 2 No 2 Accident the within 24 hours after deat To the Funeral Director: 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 3 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 8 Hospital 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. Medical 29a. Certifie completaly (Check only one) 9 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) avid em 30. Name and address of person who completed cause of death (ftem 23a) (Type, Print) 3635 Old Ct Rd Swite 610 Pithesville MD21208. avid renn

DHMH 16 Rev 6/95

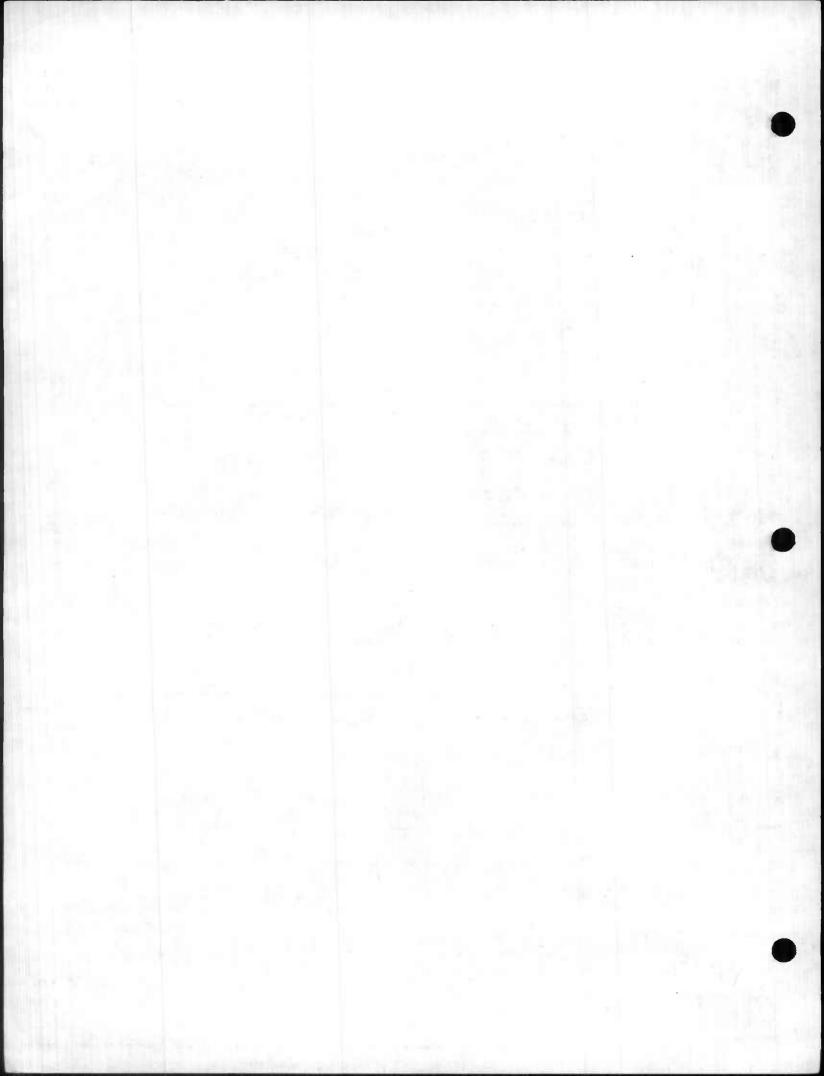
State

Registrar

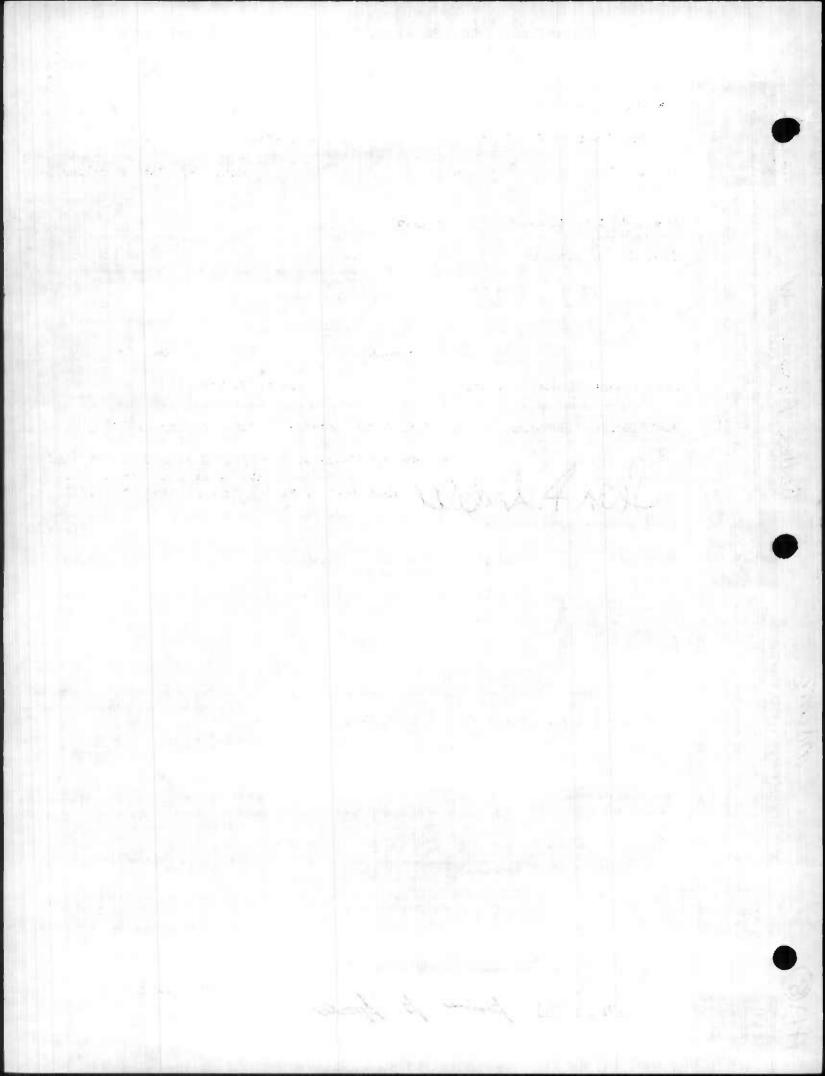
31. Date filed (Month, Day, Year)

JUN 1 4 1999

32. Registrar's Signature



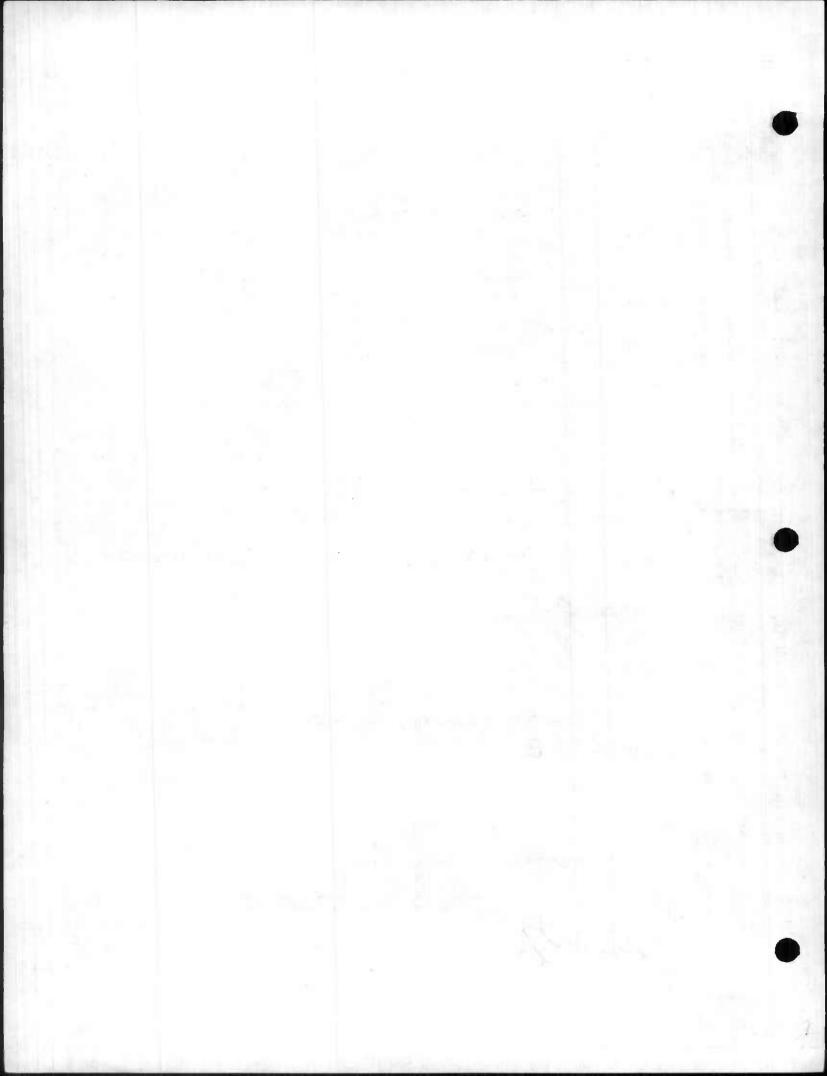
Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Day **Physician** Bessie W. Bolles 10:04 cm 1999 JUNG /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner N/A Union Memorial Hospital Baltimore If Under 24 Hrs. Hours Min. If Undar 1 Yaar 5. Social Security Number 6 Sex 8. Date of Birth (Month, Dey, Year) Oct. 18, 1938 7. Age (In vrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Months Days 1□ M 2⊠ F 217-34-4374 60 Maryland Director Usual Residence of Decedent 10a Stata 10h County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show treumstic event, the Medical Examiner mant be notified at 1 ☐ Yas 2 No Directo Maryland | Anne Arundel Jessup 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 20794 United States 2031 Citrus Avenue Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 11 Merital Status permit. Pagas 1 and 2 should be filed within 72 hours aftar of Department of Haalth and Mental Hygiana. Important: If Itam 27 is marked other than "natural", or iten any injury or other treumetic event, the Medical Examinat 00.09. 1 □ Never Married 20 Married 80 //es, Bessie Wasyland 21215-0020 1 Ves 2 No Specify Specify: P White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Wilbur Carroll Woerner, Jr. Louise M. Gore 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 19e. Informant's Name/Relationship (Type, Print) Scott Bolles/ Husband 2031 Citrus Avenue Jessup, Maryland 20794 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, Steta 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from Stata Meadowridge Memorial Park6/11/99 Elkridge, Maryland 4 Donation 5 Other (Specify) 22. Name and Address of Facility Ambrose Funeral Home, Inc. 1328 Sulphur Spring Road Arbutus, MD 21227 23a. Part1. Enter the disease, or complications that cause in shock, or heart feilure. List only one ceuse on each line. not enter the mode of dylng, such as cardiac or respiretory errest, Approximate Interval Between Onset and Deeth **Physician** /wealca Immediate Ceuse (Final diseese or condition adult respiratory distress syndraine Examiner Due to (or es e consequence of): Examiner ischemic bowel with complications Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avents resulting in death) Last Due to (or es a consequenca of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequenca of): the state of Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown signed by history of left prevmonectory on June 4, 1998 by 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was en autopsy performed? Completed 1□ Yes 2 No 1 Yes 2 No 25. Was case referred to medical Be 26. Piece of Death (Check only one) examiner? Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) P 4 27. Manger of Death 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? 1 Natural 5 Pending invastigation 1 ☐ Yes 2 ☐ No 2 Accident after death Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicida To the Hospital within 24 hours a To the Funeral E 29a. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signatura and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) At More MO P12583 June 12 1999 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Jarrott Moore, MD Parkway Bultimore MD 201 East University 31. Dete filed (Month, Dey, Year)
JUN 1 4 1999 egistrer's Signeture State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

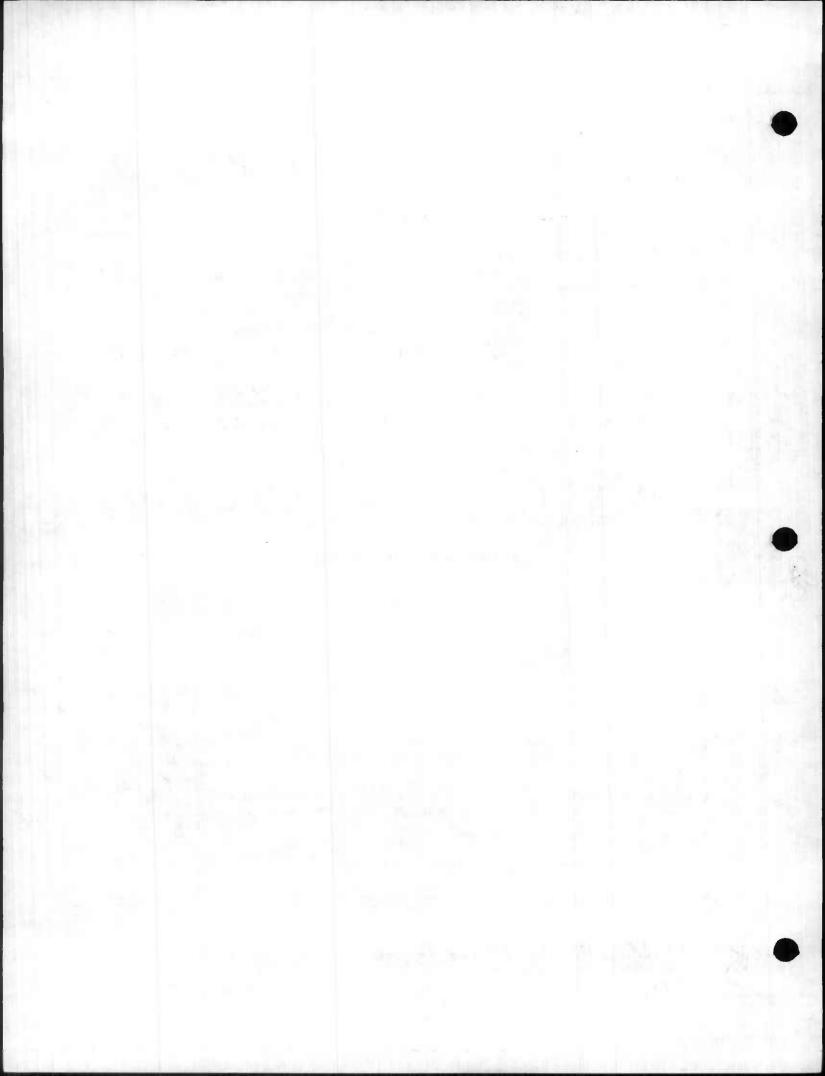
State of Maryland / Department of Health and Mental Hygiene

ITE	MS: #g, 1	13, 18 PER F.H. G772	6-14-99 WR.		Certifica	ate of De	eath		Reg. No. 9 5	18	883	
	Physician	Decedent's Name (First, Middent Carmen		pbell			11/	2. Date of De Month	Dey	Year	3. Time of Death	
	/Medical Examiner	4a Facility Name (If not institution	on, give street and numb	per)		4b.	City, Town, or L	June ocation of Deat			3:55pm	
		Care Matrix		Home			Silver			ntgom	ery	
	Funeral Director	5. Social Security Number 382-03-5704 Usuat Residence of Decedent	6. Sex 7. 1 □ M 3€3€	Age (In yrs. las	Yrs. If Und Month		f Under 24 Hrs. Hours Min.	(Month, Da	ay, Year) 26,191		SAMATEA Edeign	
Jend	ahow id at	10a. State 10b. Count			Town or Location					10d.	Inside City Limits	
Man	28a-f aho notified at	MD M	ontgomery	Ta	koma Pa	rk					Yes 2□No	
th with the Maryland	r tems 23a or 28a-fal dost mast be notified Funeral Director	10e. Street and Number 109 Sherida	n Avenue				912		10g. Citizen of Whet Country? United States			
5-0020 72 hours after death	b	3 Midowed 4 □ Divorce	M Ven Chin	es? ᡚNo	13. Was De	pecify Cuban,	anic Origin? (Sp Mexican, Puerto AN Specify: - Ja	ecity Yes or No Rican, etc.) ATCAN Maca		e - American ck, White, etc. : Whit		
15-C	Mental Hygiana. Inked other than "naturalide event, the medical. To Be Completed	15. Decede (Specify only high	nt's Education est grade completed)	1	6a. Decedent's U	sual Occupation	on ing most of work	ing	16b. Kind of B	usiness/Indust	ry	
2121 ad within	than the	Elementary/Secondery (0-12)	College (1-4	or 5+)		use retired)			Bea	uty P	arlor	
P	and Mental Hyglana. Is marked other than sumatic event, the I	17. Father's Neme (First, Middle	, Last)					e (First, Middle	, Maiden Suman	10)		
/lar	Menta ritc ev	Jonathon E.	Campbell				georg	lana	H	ert		
Maryland	DE E	19a. Informant's Neme/Relation			19b. Meiling Addre							
	Nem 27	Belle Ziegl 20a. Method of Disposition	er / Sist		109 She		Avenu	e, Tak	Oma Pa			
	0 = 3	1 Burial 2 Cremetion 4 Donation 5 Other (Specify)	Gre Gre	en Moun	r other place)	. June			timor		
Bal	Department Important: I any injury o	21. Signature of Funeral Service	Victor	P. Dod	Charl	and Address of es L. S East Fo	Stevens	Funera nue, Ba	l Home, ltimore	Inc. Maryla	nd 21230	
ords, P.O. Box 68760, requires that the death certificate be associed	physician end is the burial-transit edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b	Due to (or as	s a consequence of	f):						
Box 6	for use as		d									
O. #	the at hed for yeld!	Part II. Other significant conditi	one contributing to deat	h but not resultin	ng in the underlying	g cause given	in Part I.	23b. Did	tobacco uae co	ntribute to th	e cause of death	
S, P.O	igned by the be detached by Physic	Chaonic Obs	tructive:	Pulmo.	Kry D	isasc		10	Yes 2□No	3 Probab	ly 4 Unknow	
Division of Vital Records, or Attanding Physician: The law requires the	should should	Carcinons	& Ear						an autopsy ormed?	availal	autopsy findings ble prior to etion of cause th?	
I Rec	page 2							10	Yes 2000	1 🗆 Y	es 2000	
of Vita Physician:	B. B.	25. Was case referred to medica examiner?	Hospital:			2 Other:	6. Place of Deat					
Phy o	T di	1 ☐ Yes > No 27. Menner of Death	28e. Dete of		/Outpatient 3D	28c. Injury et Work?			dence 6 Oth			
VISION	Afth. : After the funeral e funeral	1) Detural 5 Pendi 2 Accident Invest		Day Year)	Injury M		s 2 No					
DIVISION ATTACK	within 24 hours effer death. To the Funeral Director: Affert completely filled in by the funer. Medical Certification:	3 Suicide 6 Could 4 Homlcide deterr	nined 200. Place of	Injury - At home etc. (Specify)	, farm, street, fact	ory, office		28f. Location (City or To	Street and Numb wn, State)	per or Rurai R	oute Number,	
a Hospita	within 24 hours of To the Funeral D completely filled i	29a. Certifier Check only one) 2 Medical	ng Physician: To the be Examiner: On the basi and menner	s of examination	dge, death occurre and/or investigation	ed et the time, on, in my opini	date and place, ion, deeth occur	and due to the red et the time,	ceuse(s) and me date and plece,	enner as state and due to the	d. cause(s)	
Toth	To the	29b. Signature and title of certific	M		2	9c. License n			29d. Date signe			
		Roma	MA			D340	32		6-	13-	35	
		30. Name and address of person	who completed cause		Ba) (Type, Print)	6 F			140.00		99 20845 mD	
		31. Date filed (Month, Dey, Year,	Asher	istrar's Signature	3+2	0 +0	rrash	+ W	e, Kens	ington	(F)	
	State	ILIN 1 4 1999	Senes	L G	Ana. 4	1.1						



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

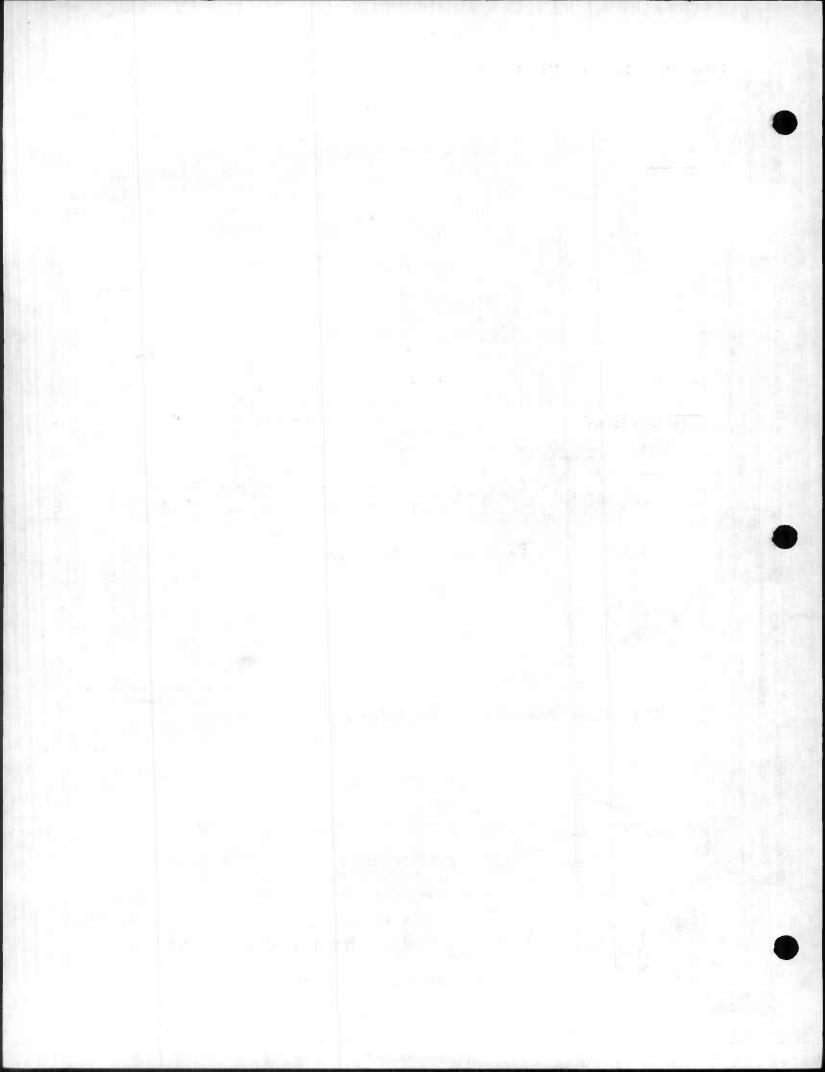
ON	S. CHONG	3			State	OT IM	aryıar		iriment o <i>tificate d</i>		eaith and i Death		giene Reg. No. 9		22	21.
			. Decedant's Nema	(First, Middle,	Last)							2. Dete of De	eth			me ol Death
	Physician /Medical	_	Don	Su Cho	na							JUNE JUNE	10, 19	Year 99	02	237 AM
	Examiner	4	e Facility Neme (If			number)				4	b. City, Town, or L			y of Death		
			SAINT JO	OSEPH H	OSPITAL						TOWSON		BAL	TIMOR	Ε	
	Funeral Director	5	31-27-33	76	5. Sex X XM 2□ F		a (In yrs. 50	last birthday) Yrs.	Months Da	aer	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Da Feb. 24	th y, Year) 1 1949	9. Birthp Coun Kore	lace (St itry)	tata or Foraign
	and and	-	Isuel Residence of Oa. Stete	10b. County			10c. Cit	ty, Town or Lo	cation					1	Od. Insi	ide City Limits
	fish fish	5	MD	Baltim	ore		C	ockeys	ille							Yas 20 No
	with the Maryland a or 28a-f show Libs notified at	1	0e. Street and Nurr	ber			L		10f. Zip Cod	de		T	10g. Citizen of	What Cour	ntry?	
	ther death with the Maryla thems 23e or 28e-f sho finer must be notified at Funannal Director		1017 Mi	sty Lyn	n Circle	e K			2	10	30			USA	A	
	flar douth of the flar flar flar flar flar flar flar flar	1	1. Marital Status		12. Wes De		Ever in U	,S. 13. V			ispanic Origin? (Sp n, Mexican, Puerto	ecify Yes or No	- 14. Ra	ce - Americ	an Indie	en,
Maryland 21215-0020	Erico Bry	-	1 ☐ Never Merrie			Give 2 TX	No		Yes 2√		Specify:	rnoan, atc.)	Speci		ore	an
5.0	ed within 72 ho ygiens. ser than "natura. A, the Medical. Completed			15. Decedent's	Education grada complated	d)		16a. Deced	lent's Usuel Ocking of work do	ccupa	ation furing most of work	ing	16b. Kind of E	Business/Inc	dustry	
121	within the Me		Elementery/Secon		College	(1-4or 5	+)				furing most of work)					
22			7. Fether's Neme (i	First Middle 1		+5		Manuta	acturin	g	18. Mother's Nam	e (First Middle	Musical		rum	ents
an	ked off ked off fc ever	5			351/								maioen Soma	110)		
7	2 should and Me aumatic	-	Sin Wha 9e. Informent's Na		n (Type Print)			19b Mailin	a Address (Str	reet a	Gea Dar		er City or Town	State Zin	Code)	
N	of the state of th		Mrs. Chor			life					nn Circle					1030
re,	F Head		0e. Method ol Disp		onong, v	1110	20b. F	Place of Dispos	sition (Neme o	d aloo	al Oli Clo	Date	20c. Location			
E .	Page ento mt: it		1 ☑ Buriel 2 ☐ 4 ☐ Donetion		B □Removel from	m State			View C			5/14/99	Augurn	Wash	nino	ton
Saltimore,	Party South	2	1. Signature of Fur			1	110		. Nama and Ad			3/ 24/ 33	naparn	iidbi	11116	CON
œ	SOFFE		· K	X	1				Ruck	Ţ	owson Fur	eral Ho	me, Inc			
		1	23e. Part1. Enter the	e diseasa,	ontoliculations that	t caused	tha daat	h. Do not ante	er the mode of	dyin	g, such es cardiac	or respiretory a	rrest,	704	Approx	ximate el Between
fi.	Physician /Medical Examiner	r	mmediete Cause (f liseese or condition esulting in deeth)	Finel	a. <u>At</u>			lerotion es e conseq		no	diovaseu	clar o	liscus.	<u>e</u>		
W	utificate be executed to physician and as the burial-transit	1	sequantially list con any, leeding to im- ause. Enter Under cause (Disease or li- nat initieted avents esulting in deeth) L	njury	c			or es e consequer as a consequ						-		
Box	at the death certification of the attending stached for use as Physician/Me				d									1		
O. E	the atte	P	ert II. Other signific	cant condition	s contributing to	death b	ut not res	ulting in the ur	nderlying cause	e give	en in Pert I.	23b. Did	tobacco use c	ontribute to	o the ca	use of death?
	that the detected detached											10	Yes 2□ No	3 Pro	bably	4 Unknown
rds,	requires that seen signed b should be dete												en autopsy	24b. W	ere auto	opsy lindings
Record	w require	-											omed?	CO	mpletion death?	n of cause
	The law requir												Yes 200 No			2 No
	certificate rector, par	2	5. Wes case referre	ed to medical		-					26. Place of Deal					
>	P		examiner?	No	Hospital:	Inpatie	nt 200	ER/Outpatien	1 3□ DOA	Othe	O/°	ome 5 Resi		her (Specil	(y)	
	g Phy er this neral c	2	7. Menner of Death	E Clouding	28a. Det	e ol Inju	y Year)	28b. Time of Injury	28c. I	Injun	et c?	28d. Describe	how injury occu	rred		
O C	Attending or death. ector: After by the fune lification		1 Netural 2 Accident	5 Pending investige	tion			17,54,7			Yes 2 □ No					
Division	tal or Attending P rs after death. at Director: After t led in by the funer Certification:		3 ☐ Suicida 4 ☐ Homicide	6 Could no determin	ed Zoe. Ple	ce of Inju	ry - At he . (Specif	oma, ferm, stre	et, fectory, off	ice		28f. Location (City or To		ber or Rura	al Route	Number,
	Urs af										1					
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by Medical Certifi	2	9a. Certifier (Check only one)	I∐ Certifying Medical E	caminer: On the	ne best of basis of anner ste	examine	wiedge, death tion and/or inv	estigation, in n	ny op	ne, date and place, pinion, death occur	end due to the red et the time,	cause(s) end n date end pieca	enner es s , end due to	teted.	use(s)
	ithin on the omple		9b. Signeture end t	itle of cartifier	ond me	111101 310	100.		29c. Lic	ense	number		29d. Dete sign	ed (Month,	Day, Ye	ear)
	1		DAT.	n 11	1 1	1	01 -	1-	0	.C	.ME.		JUNE 1			12.5
	K	30	O. Nema and addre	ss of person w	no completed car	use of d	eeth (Iten	n 23a) (Type. I	Print)							
			Stephe		Rad	ent	11:	l Penn	Street	,]	Baltimore	e, Maryl	and 212	201		
	State	3	1. Date liled (Month	Day. Year)	32/	Registra	r's Signe					- 1				
	Registrar		JUN	14 195	13	free		D.	Spork	2/	,					



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q Q | | 8 8 8 5

nysician	Decedent's Name (First, Middle, L.	ast)			*****		2. Date of De Month	Dev	Year	3. Time of Death
Medical	MORTON			COS	SMAN	T	JUNE	-	999	7:20 AM
xaminer	4a Facility Name (If not Institution, g CHERRYWOOD NURS		")				or Location of Death	,	of Death	RE
neral ector	214 217-14-0528	Sex 7. A	ge (In yrs. 77		If Under 1 Yes Months Day			th ly. Year) , 1922	9. Birthp Coun MAR	lace (State or Forei try) YLAND
	Usual Residence of Decedent 10a. State 10b. County		10c. Cit	y, Town or Loca	ition	18.3.5			1	0d. Inside City Limit
Director	D BALTI	MORE		BALT	IMORE					1 ☐ Yes 2X N
Director	10e. Street and Number		11.15		10f. Zip Code			10g. Citizen of V	What Coun	try?
TO (POMONA NORTH, AF				212			USA		
by Funer	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deceden Armed Forces 1 Tyes 2 If Yes, Give Year or Datas:	? No	40	as Decedent of res, specify Co		(Specify Yas or No erto Rican, etc.)		e - Americ ck, Whita, WHITE	atc.
Completed	15. Decedent'a (Specify only highest g Elementery/Secondary (0-12)	ducation rade completed) College (1-4or	5+)	(Give kir life. DC	O NOT use reti	e during most of w	vorking	16b. Kind of Bu	usiness/Inc	dustry
727	10 17. Father's Name (First, Middle, Las	t)		INS	<u> </u>	18. Mother's N	lame (First, Middle,	DRAPE Maiden Surnam		
o Be	NATHAN		(COSMAN		SAR			CHS	
-	19a. Informant's Name/Reletionship	(Type, Print)		19b. Mailing	Address (Stre		Rural Route Numb			Code)
0	WEN COSMAN (WIFE) Gwendolyn Cosman			6 PC	MOMA N	ORTH, AP	T. 1 BA	ALTO., MD	212	208
	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec			Place of Disposition of Place of Disposition of Place of Disposition of Place of Place of Place of Place of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Place of Disposition of Dis	itory or other p		Date 6/11/99	20c. Location -		own, Stata
NMedical Examiner	Immediate Cause (Finat disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. Park	Due to (o	or as a conseque	ence of):	<u> </u>				
icia	Part II. Other significant conditions	contributing to death	but not res	ulting in the unde	erlying cause	given in Part I.	23b. Dld	tobacco use co	ntribute to	the cause of deat
by Physician/M	Aspiret.	phe uno-	110	Ceroha	hle)		10	Yee 20 No	3□ Prol	bably 4 Unkno
Completed						3	24a. Was	an autopsy ormed?	av	ere autopsy finding ailabla prior to mpletion of cause death?
Con		T 230			v. 8		10	Yes 2 No	10	Yes 2□ No
o Be	25. Was case referred to medical examiner?	Hospital:				Who:	Death (Check only o			
-	1 Yes 2 No 27. Manner of Death 1-Natural 5 Pending	28a. Date of Inj	ury	ER/Outpatient 28b. Time of Injury	3 DOA 28c. In	4 LI Nursing	Home 5 Resi	denca 6 LIOth how injury occur		y)
Certification:	2 Accident investigati 3 Suicide 6 Could not 4 Homicide determine	28e. Place of Ir	njury - At ho	ome, farm, street		□Yes 2□No æ	28f. Location (City or To	Street and Numb wn, State)	per or Rura	I Route Number,
edicai C		hysician: To the best miner: On the basis of and manner s	of examina							
M	29b. Signature and titla of confifier	10			29c. Lice	nse number		29d. Date signe	d (Month,	Day, Year)
	1 00	XX			No	7123		1.15/0	C	
	A. C.	_ /			100	-111		61111	4	



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth Day Month Year **Physician** Carter Alice JUNE 4.07am 12.14 1999 4a Eacility Nama (If not institution, give street and number)

Second Second I Company

A Eacility Nama (If not institution, give street and number) /Medical City, ¡Town, or Location of Daath 4c. County of Deeth Examiner If Undar 1 Year If Undar 24 Hrs. 9. Birthplece (State or Foreign Seuntry) 8. Date of Birth 3300 7. Aga (In yrs. (ast birthday) Days 1 M 200 F Months Hours 338-05-050° Usuel Residence of Decadent Yrs. Director the Merylend 10a. Stete 10b. County City, Town or Location 10d. Inside City Limits r 28a-f show 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours after death with 1 Department of Hastills and Mental Hygiena.
Interpretant: if item 27 is marked other than "natural", or items 23a or :
Interpretant: or other traumatic avant, it is Medical Examine. The perdldd3 Funeral 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No 14. Raca - American Indian, 11. Marital Status Black, Whita, etc. 1 Yas 2 19 If Yes, Give Yaar or Datas: 1 Naver Married 2 Warried 1 ☐ Yes 2 No Baltimore, Maryland 21215-0020 Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada completed) Elementary/Secondary (0-12) College (1-4or 5+) 18. Mother's Name (First, Middle, Maiden Surname) 17. Fether's Nama (First, Middla, Last) Be Emmu 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Straet and Number or Ryrel Route Number, City or Town, Stete, Zip Code) 10 20b. Placa of Disposition (Name of cametery, cremetery ar other) 20e. Methed of Disposition 20c. Location - City or Town, Stete Date 1 Burial 2 ☐ Cremetion 3 ☐Removel from State eme 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name ar arch Funer 21. Signature of Eugeral Service License rec Approximata Intervel Between Onset end Death Enter the disease, or complications that caused the death, or heart failure. List only one ceuse on each line. Physician /Medical Immediate Ceuse (Finel 10 days disease or condition resulting in deeth) Examiner Examiner latera The law requires that the deeth certificete be executed ettanding physician end for use as the burial-transi Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury ite Re Division of Vital Records, P.O. Box 68760, Physician/Medicai thet Initieted events resulting in deeth) Lest Dua to (or es a consequence of): Bleed intestinal signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Yunknown 1 ☐ Yes 2 ☐ No þ 24b. Were eutopsy findings aveilable prior to completion of cause of death? been si Completed 24e. Wes en eutopsy his certificate has b 2 No 2 No 1 ☐ Yas 1 ☐ Yas or Attending Physician: 25. Wes case referred to medical axaminar? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residance 6 Other (Specify) 1 Yes 2 No 1 Dinpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To this funeral 28e. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28c. Injury et Work? Aftert 1 Neturel 5 Pending investigation n 24 hours after death.

The Funeral Director: After the further t 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end plece, end due to the cause(s) end manner stated. 29a. Certifier Medicai (Check only one) within 2
To the I 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signatura end title of cartifier

State Registrar

DHMH 16 Rev 6/95

31. Dete filed (Month, Day, Year)
JUN 1 4 1999

tawattack mo

LOON

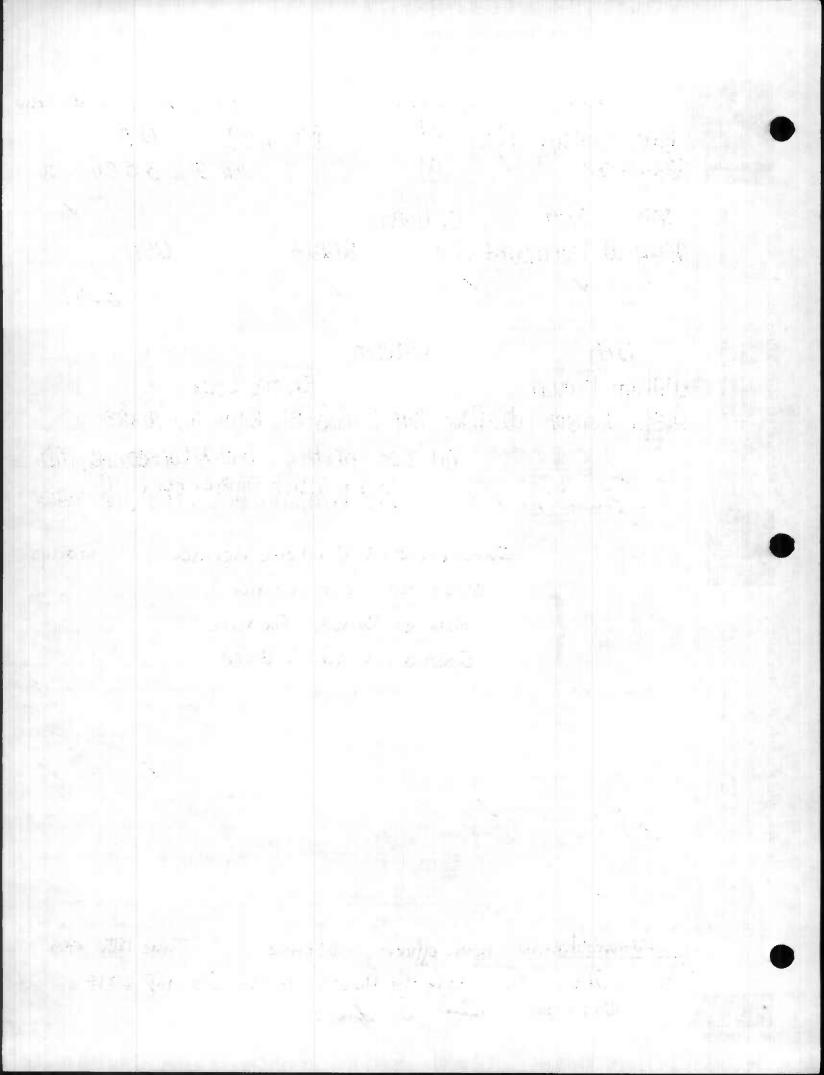
Wer 2600 32. Registrer's Signature

who completed cause of death (Item 23a) (Type, Print)

038993

June 12Th

Baltimore My



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2 Data of Daeth 3. Time of Death Menth LNGLL DAY Jude 6:05 Am 4e. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Daath BALTIMORE If Undar 24 Hrs. 8. [HOSPITAL MEMORIAL N/A MINION 5. Social Security Number If Undar 1 Yaar Birthplaca (Stata or Foraign Country) 7. Aga (In yrs. last birthday) 6. Sex 10 M 20 F Hours Min 217-22-1980 Usual Rasidance of Decedant Yrs 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No NIA BALTIMORE MD 10e. Street and Numba 10f. Zip Coda 10g. Citizen of What Country? STREET PRESTON 21202 USA 12. Was Dacedant Evar In U.S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Bleck, Whita, atc. 11. Marital Status 1 Navar Marriad 2 Married 1 ☐ Yas 2 ☑ No Specify: Specify: BLACK 3 Widowad 4 □ Divorced 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Elementary/Secondary (0-12) Collage (1-4or 5+) DOMESTIC 12 TH GRADE HOME 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) COOPER JOHN BELLE COLLINS 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) **HEDDICOAT** GARY WILLIAMS TRIBUD 3320 BALTO MD. 20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) Data 20c. Location - City or Town, Stata 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Ramoval from Stata PARK 6-14-99 TANDALISTOWN ING MEMORIAL 4 ☐ Donetion 5 ☐ Othar (Spacify) 21. Signetura of Funaral Survice Licansaa 22. Nama and Address of Facility VAUGHN C. GREENE FUNERAL SERVICE aucs 5151 BAUTO NATE PIKE BALTO. MO. 21229 23a. Part1. Entar the dipleme or complications thet causad tha daath. Do not enter the moda of dying, such as cerdiac or respiretory arrast, shock, or haart failura. List only ona causa on aach lina. Approximata Intarvet Batween Onsat and Deeth Immediata Causa (Final G.SGESTISE 4 Gant 2 mrs FALL AG disaasa or condition rasulting in daath) Dua to (or as a consequanca of) 4xx IJ= arcion PRIBODLE MYOCARDINE Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaasa or Injury that initiatad avants rasulting in daath) Last Dua to (or as a consaquence of): Isanone CARDIOMY O PATHY Due to (or as a consaquence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown dences . 1 Azznemach 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performad? henny Tares Idece To.J 1 ☐ Yas 2 No 1 Yas 2 No 25. Was cesa rafarrad to medical 26. Placa of Daath (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding invastigation Natural 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicide 6 Could not be datarminad 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, fectory, office building, atc. (Spacify)

The law requires that the death certificete be executed Box 68760. the P.O. Signed Records, 9 of Vital director. Division

Physician/Medical p Completed Be 2 Certification:

4 Homlcida

29b. Signatura and title of certifier

CHARLE

29a. Cartifiar

Physician

/Medicai

Examiner

Funeral

Director

28a-f show is 23a or 28a-f show

ітеть і

6

natural',

el Hygiene.

th and Mentel F

item 27 is

Depertment of Important: If any injury or = 0

Physician /Medicai

Examiner

to

other 1

traumatic evant, the Medical Examiner

death

filed within 72 hours efter

Peges 1 end 2 should be

21215-0020

Maryland

Baltimore,

Director

Funeral

þ

Completed

Be

501

After this certificate Attending Physician: death. i or Attend efter death Director: / in by the e Funerai Hospitai To the Hosp within 24 hou To the Funer completely fil

State Registrar DHMH 16 Rev 6/95

Medical

31. Data filad (Month, Day, Yaar)

30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Typa, Print)

CA rowage O



🔁 Cartifying Physician: To tha best of my knowladga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, daath occurred at tha lima, data and place, and dua to the causa(s) end mannar stated.

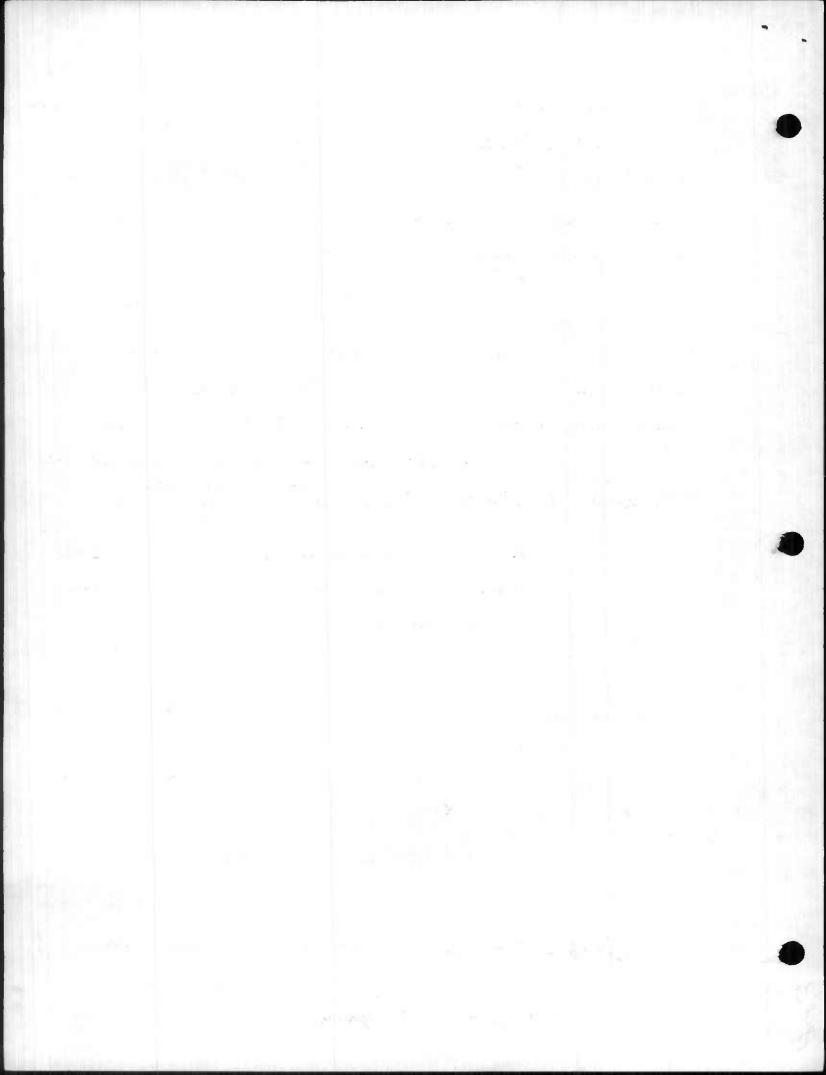
29c. Licansa numbar

212399

3 ALTIMORE, m)

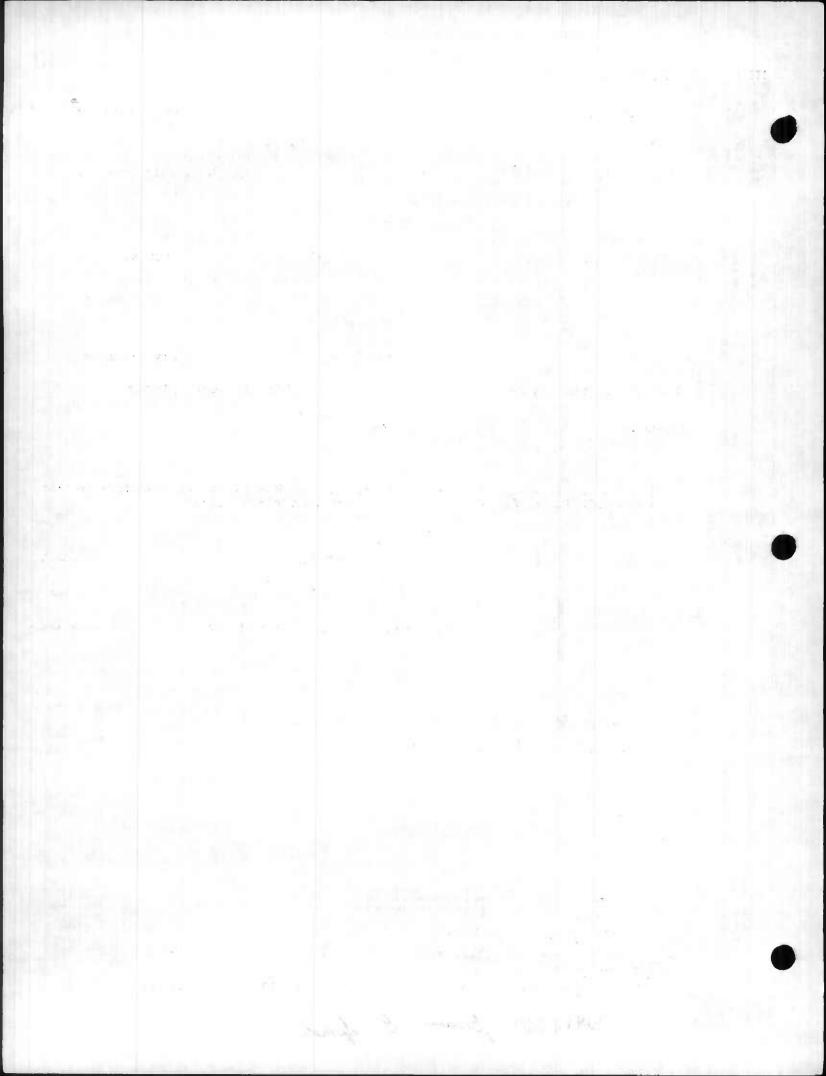
29d. Data signed (Month, Day, Yaar)

JLJE 9, 1999



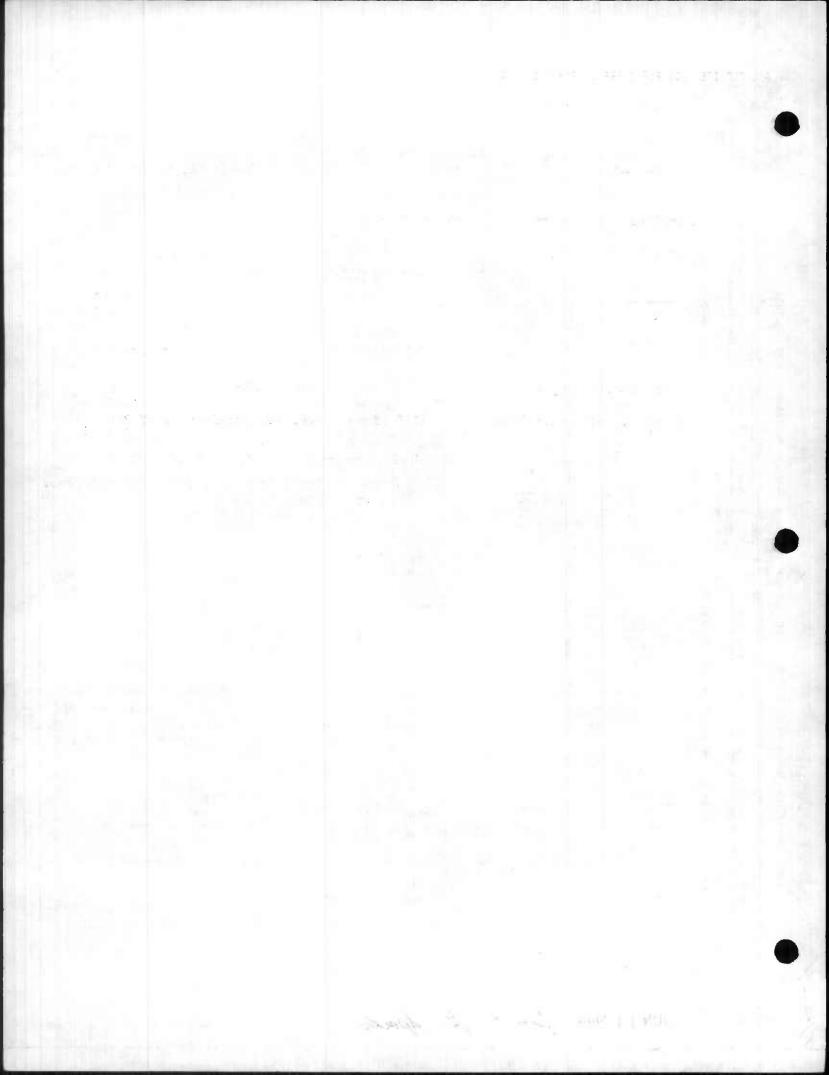
Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible.

TTFM: #26 PF	State of Maryla R A.B. G762 6-14-99 WR.	and / Department of Certificate of	Health and Mental H Death	lygiene 99	18888							
#20 12	Decedent's Nama (First, Middle, Last)		2. Data of	Death	3. Time of Death							
Physician	Ellen Dean		Month	Day Yaar	9 3:45PM							
/Medical Examiner	4a Facility Nama (If not institution, give street and number)		4b. City, Town, or Location of De									
Funeral Director		es75 Eldercare s. last birthday) If Under 1 Year 81 Yrs. Months Days	Hours Min. (Month,		rthplace (State or Foreign ountry) ryland							
natural', or terms 23a or 28a-f show deal Examiner mant be notified at sted by Funeral Director	Usual Rasidence of Decedent	25 Y- 1 1 1			14044 14 00 44 0							
show det		City, Town or Location			10d. Inside City Limits 1X Yas 2 □ No							
be notified		Baltimore										
ä	10e. Street and Number	10f. Zip Code		10g. Citizen of What C	ountry?							
- E	115 E.Melrose Avenue	212		U.S.A.								
by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced 12. Was Decedent Ever in Armed Forces? 1 □ Yes 2-□ No If Yes, Give Year or Dates:	U,S. 13. Was Decedent of If Yes, specify Cul	Hispanic Origin? (Specify Yas or ban, Mexican, Puarto Rican, etc.) Specify:	No- 14. Race - Am Black, Wh Specify: W	te, etc.							
Pe	15. Decedent's Education	16a. Decedent's Usual Occu	upation	16b. Kind of Business	s/Industry							
Be Completed	(Specify only highast grade completed) Elementary/Secondary (0-12) College (1-4or 5+)	(Give kind of work done life, DO NOT use retire	eduring most of working ed)									
E	1 2 College (1-4or 5+)	Dry Cleane	er	Dry Clean	ning							
ë C	17. Fether's Name (First, Middle, Last)		18. Mother's Name (First, Mide									
OB	Charles William Seymour		Sophia Elizabe	th Winter								
-	19e. Informent's Name/Relationship (Type, Print)	19b. Mailing Address (Street	et and Number or Rural Route Nu		Zip Code)							
	unknown	unknown										
	20a. Method of Disposition 1 Burial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	20c. Location - City o	r Town, State									
DOCE.	21. Signature of Furieral Service Licensee Ronald S. Wale Director State Anatomy Board, 655 W. Baltimore St Baltimore, Mayrland 21201 23a. Palt1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Inferrometric Inf											
an al er	Immediate Ceuse (Final disaase or condition a.	lisaase or condition HSYSTOLE MINUTES										
<u>o</u>	Due to	(or as a consequence of):										
Examiner	b	margaerk	AlemiA		UAYS							
cai	if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.	(or as a consequence of):	wal Failure		unhnown							
Physician/Medi	d. Part II. Other eignificent conditions contributing to death but not re		given in Part I. 23b. D	oid tobacco uae contribu	te to the cause of death?							
by Phy	Chronic Obstructure L	una Disease	1	□ Yes 25KNo 3□I	Probably 4 Unknown							
Completed b	ASHD with old in farc	Kons		/as en autopsy 24b enformed?	. Were autopsy findings available prior to completion of cause of death?							
FO			1	☐ Yas 2 kNo	1 ☐ Yes 2 ☐ No							
Be C	25. Was case referred to medical		26. Plece of Death (Check on	lly one)								
ToB	examiner?	□ ER/Outpatient 3□ DOA O	ther: 4XX Nursing Home 5 R		ecify)							
	27. Menner of Death 1	28b. Time of 28c. Injury W		be how injury occurred								
Sertific	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Plece of Injury - At building, etc. (Spe	home, farm, street, fectory, office		n (Street and Number or I Town, State)	Rural Route Number,							
edical Certification:	29a. Certifier (Check only one) Certifying Physician: To the best of my king one) Certifying Physician: To the best of my king one one of the basis of examination and manner stated.	nowledge, death occurred at the nation and/or investigation, in my	time, date and place, and due to t opinion, death occurred at the tin	the cause(s) and manner and detection and de	as stated. ue to the cause(s)							
completely filled in by the Medical Certifical	200 Signature and side of contillar Medical Afleni	-	17118	29d. Date signed (Mod 4/2-6/99	nth, Day, Year)							
	30. Name and address of person who completed cause of death (If PAul SchwARtz M.D	em 23a) (Type, Print)	rose Ale	21212								
State egistrar	31. Data filed (Month, Day, Year) 32. Registrar's Sig	nature 4			1.0							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	1. Decedent's Name (First, Middle, La			tificate of I		2. Date of Dear Month		3. Time of Death
nysician Medical	Robert Carr Doy				th Ch. Taur and	May 21,	1999	12:40AM
kaminer	4s Facility Neme (If not institution, giver Suburban Hospita				b. City, Town, or L Bethesd:		4c. County of	tgomery
eral	Social Security Number 6. S		n yrs. lest birthday) 70 Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.			0
or	578-18-3161 Ueual Residence of Decedent		78 Yrs.			April 2	4, 1921	Washington,
_	10s. State 10b. County	11	Oc. City, Town or Loc	eation				10d. Inside City Limit
Directo	Maryland Montgome	ery	Chevy Cha	Se 10f. Zip Code		1	0g. Citizen of W	
	28 West Kirke St.			20815			U.S.A	That County I
by runeral	11. Merital Status 1 Never Merried 2 Merried 3 Wittowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 La Yes 2 No If Yes, Give Yeer or Detes:		Ves Decedent of H Yes, specify Cuba	ispanic Origin? (Span, Mexican, Puerto Specify:	pecify Yes or No- p Rican, etc.)	Black	- American Indian, k, White, etc. White
	15. Decedent's Ed (Specify only highest gra	ducation ade completed)	16a. Deced	ent's Usual Occup	ation during most of world)	king	16b. Kind of Bus	siness/Industry
and division a	Elementary/Secondary (0-12)	College (1-4or 5+)		ONOT use retired			Communi	cations
	17. Fether's Name (First, Middle, Last))			18. Mother's Nem	ne (First, Middle, I	Maiden Surname	9)
90 0	Henry Grattan Doy	71e			Marion S	Sharkey		Marie 1
	19a. Informent's Neme/Relationship (Nancy D. Palmer-I				Ave. NW,			
	20a. Method of Disposition		20b. Plece of Dispos	ition (Neme of	!			City or Town, State
	1 Burial 2 Cremetion 3 4 Donation 5 Other (Specif		National	Cremato		6/1/1999	Falls C	Church, VA
	21. Signeture of Furtherel Service Licer	etero			s of Facility ler's Son		5130 Wis	sconsin Ave.
	23a. Pert1. Enter the disease, or com shock, or heart lailure. List only immediate Cause (Final				g, such es cardiec	or respiratory arr	est,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	e. Aspirat	e to (or as a consequ					5 days
Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	bDu	e to (or es e consequ	uence of):				
dical	Cause (Disease or injury that initieted events resulting in death) Last	C. Due	e to (or es e consequ	ence of):				t
Physician/Me		d.						1
	Part II. Other significant conditions of Odon Toid			,				3 Probably 4 Unkno
אופופה הא		16-27				24a. Was a perfor		24b. Were autopsy findings available prior to completion of cause of death?
Completed						1 🗆 Y	es 2XNo	1□Yes 2XNo
Be	25. Was case referred to medical examiner?	Hospital:		of post Oth	or	th (Check only or		
tion: To	1 Yes 20 No 27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Dey Y	2 ER/Outpatient 28b. Time of Injury	28c. Injur	4 LI Nursing H	ome 5 Residence 128d. Describe h		
6	3 Suicide 6 Could not be determined	28e. Place of Injury building, etc. (- At home, larm, stre Specify)	et, factory, office		28f. Location (S City or Town	treet and Numbe n, State)	er or Rural Route Number,
Certification:		yelcian: To the best of m	amination end/or invi					nner as stated. and due to the cause(s)
		end manner steted	b.					
edical	(Check only 2 Medical Exam	end manner steted		29c. Licens				(Month, Day, Year)
Medical Certifica	(Check only 2 Medical Exam	Horden	no	DY	7791		May Z	1, 1999 1, 1999 land 20851



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q Q Certificate of Death Amended Item#4c perPhyG772 6/14/99 EW 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Day **Physician** IDA DILLON 1500 1999 9 JUNE /Medical 4b. City, Town, or Location of Death 4a Facility Neme (If not institution, give street and number) 4c. County of Deeth Baltimore Examiner RANDALLSTONA NORTHWEST HOSPITAL Randallstown | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | Months | Days | Hours | Min. | 02-28-1914 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birtholece (Stete or Foreign **Funeral** 10M AFF Maryland 85 Yrs. 215-34-2034 **Director** Usual Residence of Decedent the Marylend 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits r 28a-f show 1 ☐ Yes 2 No Directo Maryland | Baltimore Pikesville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? r than "natural", or items 23a or the Wouldal Examiner must be a 21208 U.S.A. Ivanhoe Place Funeral Pages 1 and 2 should be filed within 72 hours efter death nent of Heelth and Mantal Hygiena.
Int: If item 27 is marked other than "natural", or Items 23 ary or other traumatic event, the Moudal Estimment must 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Yeer or Detes: 14. Race - American Indien. 11. Marital Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) Bleck, White, etc. 1 □ Never Married 2 □ Married altimore, Maryland 21215-0020 1 Yes No Specify: py 3 XWidowed 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) Own Home 6 Years Homemaker 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) Be Joseph M. Ward Blanch Hunt 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Relationship (Type, Print) 1151 Severnview Drive Crownsville, MD 21032 Harry M. Dillon (Son) 20b. Place of Disposition (Neme of cametery, cremetory or other placa) 20c. Location - City or Town, Stete 20a. Method of Disposition Dete 1 N Buriel 2 Cremation 3 Removel from State permit. Page Depertment of Important: If any Injury or Lake View Memorial Park 6-12-99 Sykesville, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21 Signatura of Euneral Service Licansee 22. Neme end Address of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133 J. Wayne Osterling he sease, or compilcations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediata Ceuse (Final diseese or condition resulting in daath) /Medical Examiner Examiner the death cartificate be axecuted physician end the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequenca of): 88 Cellulitio Rt. leg esn Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown osteo arthiti à 24b. Were autopsy findings eveilable prior to Completed 24a. Was an eutopsy performed? completion of cause of deeth? has irector, page 2 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicel exeminer? Be 26. Place of Daath (Check only one) To Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA this funaral 28d. Describe how injury occurred 28b. Time of 27. Mannar of Death 28c. Injury et Work? Certification: After or Attending Neturel 5 Panding 1 ☐ Yes 2 ☐ No death. investigation 2 Accidant aftar death Director: 6 Could not be detarmined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Spacify) 24 hours aftar Funeral Directions of Funeral 4 Homicida Certifying Physician: To tha best of my knowledga, deeth occurred et the time, date and place, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred et the time, deta end place, end due to the causa(s) end menner stated. 29a. Certifier edical To the Hosp within 24 ho To the Fune complately fi (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dev. Year) Altendan Phy 30. Name and eddress of person who completed cause of death (Itam 23e) (Type, Print) old Comt Rol Rondallshow Md21137 5400 YUNTUNGIING 31. Date filed (Month, Day, Year) 32. Registrar's Signeture JUN 1 4 1999 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	EVIN	: #	23 PART I, 27 PER MEO G	State of Maryla	nd / [•		of Health and	Mental Hy		9 9	10001
	Physici	an	1. Decedent's Name (First, Middle, Last			Oortin	iouto (or Dodar	2. Deta of De Month JUNE	Dev	Year 999	3. Time of Death 5:12P.M.
	/Medi Examir		4a Facility Name (If not institution, give 1609 HUTZLER LANE					4b. City, Town, o	or Location of Deat	4c. Cour	nty of Deeth	J. 121 .FT.
	Funeral Director		5. Social Security Number 6. Se 318-44-7443	X 7. Age (In yr.			Under 1 Y lonths De	eer If Under 24 H eys Hours M		19'60	9. Birth	place (State or Foreign ntry) La
	deeth with the Maryland ma 23a or 28a-f ahow r must be notified at	ctor	10a. Stete 10b. County MD BALT		-	n or Locati						10d. Inside City Limits 12d Yas 2 □ No
	eth with the Marylar 123a or 28a-f ahow wat be notified at	rai Director	10e. Street and Number	R LANE	9 pT. 5	2123	10f. Zip Coo	1208			USA	
020	or he	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Year or Detes:	U,S.	If Ye	Decedent is, specify (Yes 2	of Hispanic Origin? Cuban, Mexican, Pu No Specify:	(Specify Yes or No arto Rican, etc.)		ace - Amari lack, White, hity:	
21215-0020	within 72 houn one. than "natural" he Medical Ex	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4or 5+)	-	(Give kind	NOT use re	one during most of v etired)		16b. Kind of	Business/In	
	be filed tal Hygi d other avant,	o Be Co	17. Fether's Name (First, Middle, Last)	5+ AiN		KFG	-1516	18. Mother's N	lame (First, Middle			Chic
Maryland	ind 2 should alth end Men 27 Is marke or traumatic	F	19e. Informant's Neme/Reletionship (T) EVELYN DAIN	(MOTHER)	19b	. Mailing A	ddress (St	reet end Number or				code)
aitimore,	nit. Pages 1 e ertment of He ortant: if itam injury or othe		20a. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Specify)	20b. Removal from State	Plece of cometer	ry, cremeto	on (Neme of ony or other	1	6/14/99	20c. Location	n - City or T	
Bait	Departition Depart		21. Signature of Funeral Service Licens	llelbeer		32. No.		NOCE TO S. H. G.H	SONS ST. BA	FUNE	RALI	HomE
	Physician		shock, or heart faller. List only o	lications thet caused the de- ne cause on each line. SEIZUR			na mode of	dying, such es card	iac or respiretory e	rrest,		Approximata Intervel Between Onset and Death
	Examiner	ner	disease or condition resulting in death)	a		consequen	ice of):					
68760,	icete be executed physician and s the burial-transit	edical Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initialed events resulting in death) Last	C		consequen	0					
Box	death certificate a attending phy ed for use as the	Physician/Medi	Part II Other significant and distance	d				alian la Band	anh Did	***	1	a harman and dan the O
s, P.O.	that the	by Phys	Pert II. Other significant conditions con	ntributing to death but not re	suting if	n the under	nying cause	given in Pert I.		Yes 2 No		o the cause of death?
of Vital Record	aw requir	Completed							24a. Wes	an autopsy med?	8/	fere eutopsy tindings vailable prior to empletion of cause deeth?
tal H	£ 5 g	Be Con	25. Was case referred to medical					26 Place of E	Peeth (Check only	Yes 2 No	0	Ó¥es 2□ No
∑ <	0 0 2	ToB	axaminer? 1 X Yes 2 □ No	fospitel: 1 Inpatient 2	∃ ER/Ou	tpatient 3	3□ DOA	Other:	Home 5XXAesi		ther (Speci	ity)
Division o	Attanding Phirdeath. sctor: After thi	Certification:	27. Manner of Death 1 Neturel 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	28a. Date of Injury (Month, Day Year)	1		М	Injury et Work? 1 Yes 2 No	28d. Describe			
DIV	Ital or Attandurs after deat ral Director: lied in by the		4 Homicide determined	28e. Place of Injury - At building, etc. (Spec	home, fe	ım, street,	fectory, off	ice	28t. Location (City or To		nber or Rur	al Route Number,
	To the Hospital or Attanding I within 24 hours after death. To the Funeral Director: After completely filled in by the fune	Medical	(Check only one) 2\(\overline{\chi}\) Medical Examination	sician: To the best of my kn ner: On the basis of examin and menner steted.			igation, in n	ny opinion, deeth oc		date end plac	e, and due t	to the ceuse(s)
	W T O	-	29b. Signeture end titla of certifier	1				cense number	111-01	29d. Date sign		
			30. Name and address of purpor who co	completed cause of death (Ite	m 23a) (t)	o.C.M.E.	Raltimo	JUNE Mar		
	Cha	• •	31. Date filed (Month Deve Year)	32. Aegistrar's Sign	eture	4	rei	III SCIECT	, parcillic	re, Ma	гатак	I ZIZUI

Registrar

Park Course Very Land the strength of the first war in

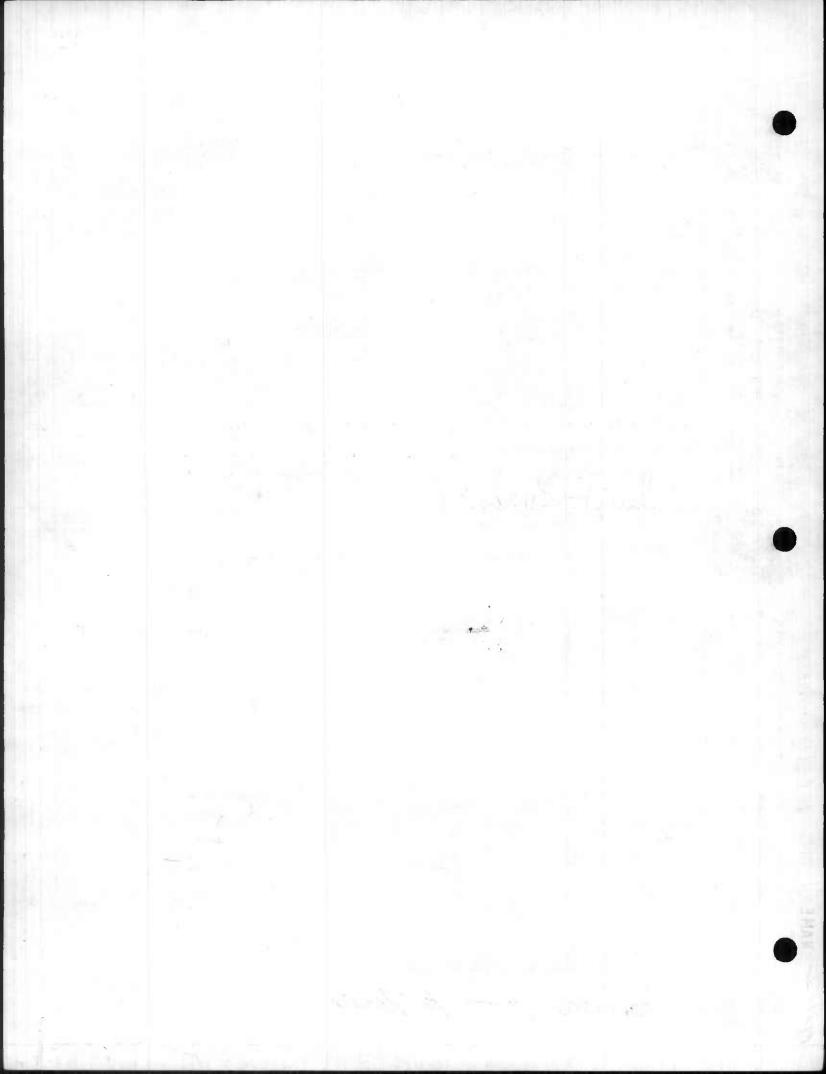
7°1

Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. 8892 State of Maryland / Department of Health and Mental Hygiene

4			Certificate o	f Death	Reg.	No.	4. 4
Physician	1. Decedent's Name (First, Middle, L.	ast)			2. Date of Death Month	Dev Year	.th
Physician /Medical	Robert Lee DuD				June 1	0 1999	1245
Examiner	4a Facility Name (If not institution, gr			4b. City, Town, or Lo	ocation of Death	4c. County of Deat	h
	STIAGNES			BALTI		N/A	
Funeral Director	220-22-1308	Sex 1⊠ M 2□ F 7. Age (In yrs. 70	last birthday) If Under 1 Yes Months Day		8. Date of Birth (Month, Day, Ye Nov. 22, 1	98r) Co	hplece (Stete or Foreign euntry) yland
Pue Maria	Usual Residence of Decedent 10a. State 10b. County	10c. Cit	y, Town or Location				10d. Inside City Limits
with the Maryland a or 28e-f show the notified at	Maryland Baltimo	ro I an	ısdowne				1 ☐ Yes 2 ☒ No
vith the Ma or 28a-fa be notified	10e. Street and Number	re Lan	10f. Zip Code		10g.	Citizen of What Co	ountry?
3a or mit be		venue .	2122	7		United St	ates
firer deeth v	11. Marital Status	12. Was Decedent Ever in U, Armed Forces?	S. 13. Wes Decedent of	Hispanic Origin? (Spuban, Mexican, Puerto	ecify Yes or No-	14. Race - Ame Bleck, White	
02(02)	3 ☐ Widowed 4 ☐ Divorced	1 Tyes 2 No If Yes, Give Kore Year or Dates: Wal	ean 10 Yes 212 N		ricer, otc.,	Specify: Whi	
72 ho	15. Decedent's E	ducation	16a. Decedent's Usual Occ		ing 16t	b. Kind of Business/	Industry
1 21215-0 ed within 72 ho ygiena. Per then "naturint, the Medical Completed	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4or 5+)	(Give kind of work don life. DO NOT use reti	red)	ing		
So the so	12				C	crown Cork	c & Seal
yiand 2 ould be flied a Mental Hygie arked other, if	17. Fether's Name (First, Middle, Las	1)			e (First, Middle, Mai		
Via New Men To					e Kroedel		
Maryland d 2 should be flie th and Mental Hy 7 le marked othe traumatic avent To Be C	19a. Informant's Name/Relationship		19b. Mailing Address (Stre				
6 = N L	LaVelle DuDonis (2360 Researd	ch Ave. La	nsdowne, N	Maryland Location - City or	21227
0 87 = 9	to Burial 2 ☐ Cremetion 3	□Removel from State	emetery, cremetory or other p				
altim mil. Pa partmen portant: y injury	4 Donation 5 Other (Spec		adowridge Memo				
Ba Depa Depa may in any	21. Signature of Funeral Service Lice	In the One	(/	ress of FecilityAmb Tohur Spring			
	23a. Part1. Enter the disease, or con	SINGSIES					Approximete
Physician /Medical Examiner	Immediate Cause (Final disease or condition resulting in death)	LUNG	MYOCA r as a consequence of): CAN r as a consequence of):		- INF.		
6876(ficete be physicie as the bur	Cause (Disease or injury that initiated events resulting in death) Last	PHEU	es e consequence of):	A		1	Iweek
is, P.O. Box as that the death cert gened by the attending be deteched for use a by Physician/M	Part II. Other eignificant conditions	d	ulting in the underlying cause	riven in Part I	23h Did toha	cco use contribute	to the cause of death?
that the sed by the detache							robably 4 Unknown
require son s					24a. Was an a performed	1?	Were eutopsy findings evailable prior to completion of cause of death?
i Rec					1 ☐ Yes	2.10 No	1 ☐ Yes 2 ☐ No
f Vital Rec scerificate has b director, page 2 s To Be Compli	25. Was case referred to medical examiner?				h (Check only one)		
Of Vita Physician: ribis certific and director,	1 ☐ Yes 2/2 No	Hospital: 150 Inpatient 2	EPVOUDABIENT 3LJ DOA		me 5 Residence	e 6 Other (Spe	city)
Division of Attanding P in effector: After the funeration by the funeration: Certification:	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation		28b. Time of Injury M 28c. In W	ork? Yes 2 No	28d. Describe how i	njury occurred	
Division of Attending of Attending of the death. I Director: After d in by the fune certification	3 Suicide 6 Could not to determined		me, farm, street, fectory, offic	0	28f. Location (Stree City or Town, S	t and Number or Ru lete)	ural Route Number,
Division of To the Hospital or Attanding Physical 24 hours effect death. To the Funeral Director: Affer this completely filled in by the funeral director Affer the Tompletely filled in Earth Completely filled in Earth Completely filled in Earth Completely filled in Earth Completel Completely filled in Earth Completel Completel filled in Earth Completel f		hysician: To the best of my know miner: On the basis of examinat and manner stated.					
Neithin Somple	29b. Signature and title of certifier		29c. Lice	nse number	29d.	Dete signed (Month	h, Day, Year)
	Horea R	as M.D	. 7	2703	5 7	une 10	1999
	30. Name and address of person who						
	HOREA R	LUS STA	AGNES S	DO CATO	NAUE	BALT	i MORE
State Registrar	31. Date filed (Manth, Day, Year) 9	32. Registeer's Signal	123a) (Type, Print) 46 NES So 6. Sparks				

DHMH 16 Rev 6/95

NAME Robert L. Dudonis



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Depart

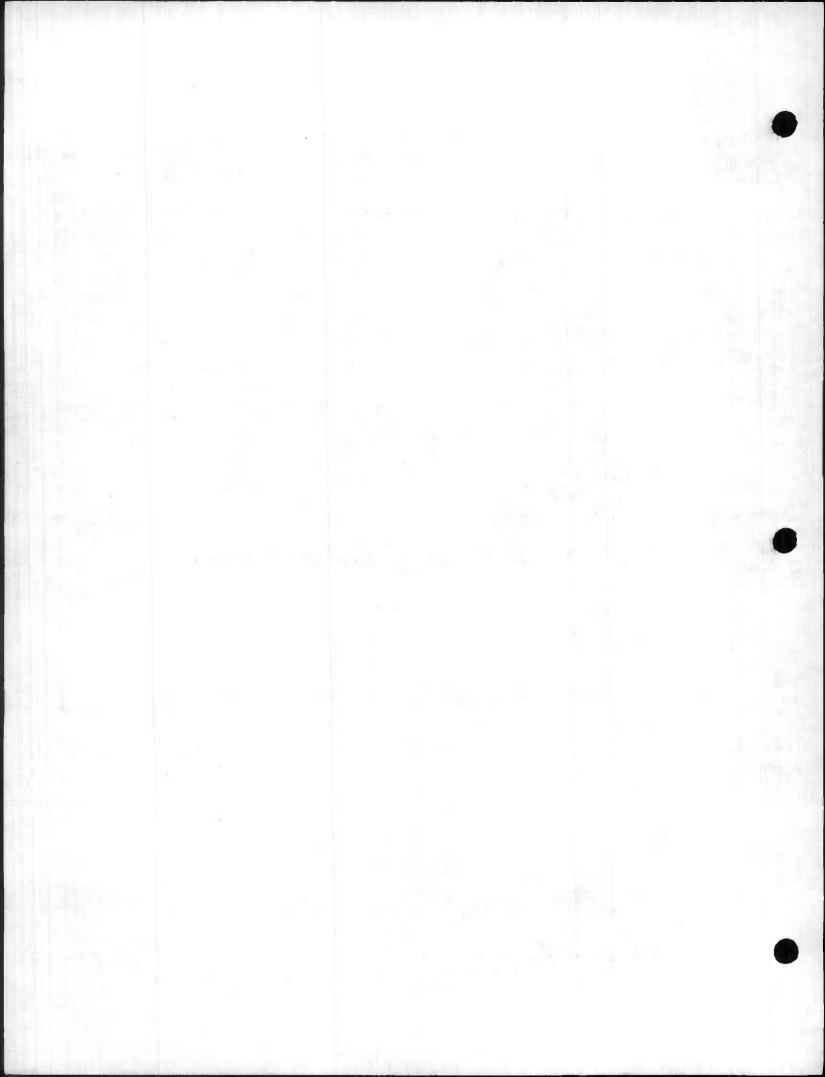
2 D	ate of Death				2	Time	lo e	ō
ficate of Death	Reg. No.	7	7	- Constitution of the Cons	Ö	9	4	4
tment of Health and Ment	ai Hygiene	0	0	- 2	0	0	0	

	PAUL FLA	XX	Otato of Maryla		rtificate o		a montaning	Reg. No.	18893
	Physiciar /Medica	FAUL	ast)		FLA	ΑX	2. Data of De Month JUNE	Day 3, 199	Year 3. Time of Death 1016 AM
	Examine	An Engille, Name //f ant institution as		NT 5C		4b. City, Town, BALTIN	or Location of Deat MORE	h 4c. County	of Death
	Funeral Director	215-16-5873	Sax 7. Aga (In yrs	. last birthday) Yrs.	If Under 1 Ye Months Day		Ain. (Month, Da	th ay, Year) 6, 1921	Birthplace (Stata or Foreign Country) NEW YORK
	Maryland -f ahow	Usual Rasidanca of Decedant 10a. Stata 10b. County MD N/		ity, Town or Lo	cation IMORE			74	10d. Inside City Limits ¥☐ Yes 2☐ No
	h with the Mai	10e. Street and Number 1027 CATHEDRAL S	T.,APT. 5-C		101. Zip Code 2120.			10g. Citizen of V	
020	72 hours after death with the Maryland natural; or tame 23s or 28s-f show picel Examine must be notified at	3 Widowed 4 □ Divorced	12. Was Decedant Evar in the Armed Forcas? X1 Yas 2 Notif Yas, Giva Yaar or Datas:		Was Decedent of If Yas, specify C		? (Specify Yes or No uerto Rican, atc.)	Specify	e - American Indian, ck, Whita, etc. WHITE
21215-0020	72	15. Decedent's E (Specify only highast gi	ducation ada complated) Coilege (1-4or 5+)	(Giva	dent's Usuai Occ kind of work do DO NOT use ret ISPATCH	ne during most of ired)	working		usiness/Industry COMPANY
	d out	17. Fathar's Nama (First, Middla, Las				18. Mothar's	Nama (First, Middle	, Maiden Suman	na)
Maryland	2 4 4	ISAAC 19a. Informant's Neme/Ralationship MAURICE OFFIT, A		19b. Mailir		et and Number o	THER r Rural Route Numb SUITE 200		
Baltimore,	permit. Pages 1 and Department of Health Important: If Itam 2.7 any Injury or other tr once.	20a. Mathod of Disposition 1 Burial 2 Cramation 3 [4 Donation 5 Other (Speci	20b. □Ramoval from Stata	Place of Dispo cematery, crem	esition (Nama of matory or other p	vlace)	Date 6/10/99	20c. Location -	City or Town, Steta GS MILLS, MD
Balti	permit. Pa Departmen Important: any injury pnce.	21. Signature of Emergi Service Lice		22	Nama and Add SOL LE	trass of Facility	BROS., I		
	Physician /Medical Examiner	23a. Part1. Er for the disease, or conshock, of near feilura. List only immediate Causa (Final disease or condition resulting in death)	· atrios		- Cono				Approximate Interval Between Onset and Death
c 68760,	ndificate be avacuted ng physician and as the burlal-transit	Cause (Disease or injury that initiated events rasulting in death) Last	C Dua to (or as a conseq			(
P.O. Box	requires that the death certification signed by the attending should be detached for use as exect by Physician/Me	Part II. Other significant conditions	dcontributing to death but not re-	sulting in the u	nderlying causa	given in Part I.		tobacco use co Yes 2□ No	ntribute to the cause of death?
Division of Vital Records,	been should							an eutopsy primed?	24b. Were autopsy findings available prior to completion of cause of death?
ita	delan: The certificate rector, pag	25 Was case referred to medical				26. Place of	Death (Check only	one)	
5	Physician: this certific ral director,	Yas 2□ No	Hospitai: 1 ☐ inpatient 2 ☐		I 3LI DOA		ng Homa XX Res		
sion	After fune	27. Manner of Deeth 1. Waturai 5 Pending 2 Accidant invastigatio 3 Suicide 6 Could not t	00 00- 01 41-1 41-	28b. Tima of Injury	M 1	☐ Yas 2 ☐ No		how injury occur	
Div	phal or Attendent burs after death or illied in by the illied in by the illied in Certificat	4 Homicida datamined	building, atc. (Speci	ify)			City or To	wn, State)	per or Rural Route Number,
	within 24 hours a within 24 hours a Completaly filled	29a. Cartifiar 1 ☐ Certifying Pl (Check only one) Medical Example (Check only one)	nysician: To the best of my knominer: On the basis of examined end manner stated.	ation and/or inv	estigation, in m	ume, cate end pl y opinion, deeth o	ace, end due to the occurred et the time,	date end place,	and due to the cause(s)
	To the To the comp		1.			onse number		29d. Data signe JUNE	d (Month, Day, Year) 4, 1999

30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 THE MORE M. K. 9
31. Data filed (Month, Day, Year) State Registrar

32. Registrar's Signatura



Registrar

THE REPORT OF THE PROPERTY. Total St. Committee of the committee of

JORDAN B. 4a Fecility Name (If not institution, give	/ 1				Month	Dav	Yeer	3. Time of Deeth
4a Fecility Name (IT not institution, give	CIARRIS			4b. City, Town, or Lo		08, 1999		7:59 PM.
JOHNS HOPKINS H		ATRIC		BALTIM		4c. County	N/A	
5. Sociel Security Number 6. Sec		7 74	der 1 Year S Deys	If Under 24 Hrs.	8. Dete of Birth (Month, De)	Year)		eca (Stete or Foreign
Usuel Residence of Decedent 10a. Stete 10b. County	10c. Ci	ity, Town or Location			10 00		10	d. Insida City Limits
MD N/A	BA							1-☐ Yes 2☐ No
1 11 Europa	AVENUE	101.	21	224		log. Citizen of v	SA	ry r
0 1- 1-1-00000	12. Wes Decedent Evar in U	J,S. 13. Was De	cedent of l	Hispanic Origin? (Sponan, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Raci		
1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Year or Detas:							:K
		(Give kind of	work done	during most of work	ing	16b. Kind of Bu	usiness/Indo	ustry
Elementery/Secondery (0-12)	College (1-4or 5+)	III 6. DO NO	N	TA .			NA	
17. Fethar's Neme (First, Middle, Last)				18. Mother's Neme	(First Middle,	Maiden Sumem	ie)	
CLIFTON GARRIS	ma Print)	10h Mailing Addr	see /Stroo	INTELISSA	1 1/100	2111	State Zin I	Code
MELISSA LAILIDAY	20	6 N FI	11/1/1	AVE. F	34170.	mo. 2	1224	0000)
20a. Method of Disposition	20b.	Plece of Disposition (I	lame of	ace)	Date	20c. Location -	City or Tov	vn, Stete
4 □ Donetion 5 □ Other (Specify)	Mi	EADOW KIOC	ie G	EMERERY L	1-12-99	ELKRIDG	E, n	ND On
21. Signeture of Funeral Service License	e U			ass of Fecility GREENE				
23a. Pert1. Entar the disease, or compli	cations that caused the dee	th. Do not enter the m	31140 ode of dv					Approximata
shock, or heert\failure. List only or	ne ceuse on eech line.						1	tritervel Between Onset end Deeth
Immediate Ceuse (Finet disease or condition resulting in death)	GUN:	SHOT WOUND HE	AD					
	Due to (or es e consequence	of):				1	
Sequentially list conditions,	Dua to (or as a consequence	of):					
cause. Enter Underlying Cause (Diseese or Injury								
resulting in death) Last	Dua to (or as a consequance of	f):					
	1							
Part II. Other significant conditions cor	tributing to death but not res	sulting in the underlyin	g cause g	iven in Pert I.	23b. Did t	obacco use coi	ntribute to	the causs of death
					101	res 2 0 No	3 Prob	ebly 4 ☐ Unknow
					24a. Was perfo	an eutopsy med?	eve	re eutopsy findings ilable prior to apletion of causa
					Ac.		of d	leeth?
25. Was case referred to medical			-	26 Place of Deet	Chack cohe		1	Yes 2□ No
examiner?	lospitet: 1X Inpatient 2	ER/Outpatient 3	DOA O	hor			er (Specify)
27. Menner of Death 1 ☐ Neturel 5 ☐ Pending	28a. Dete of Injury (Month, Day Year)	28b. Time of P			28d. Describe h	ow injury occur	red	
3 Suicide - CN Could not be	6-6-99	1 3.13					er or Rurel	Route Number
4 Homicide	building, etc. (Speci	ify)	ory, onice		City or Tow	n, Stete)		
	nician: To the best of my known or: On the basis of examina				and due to the	ause(s) end me	enner es sta	ated.
29b. Senature and title of certifier	and menner steled.		29c. Licen	se number		29d. Dete signe	d (Month, L	Dey, Year)
6 Damit	who and			O.C.M.E.				
	10a. Stree 10b. County 10e. Street and Number 10e. Street and Number 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's Edu (Specify only highast gred Elementery/Secondery (0-12) 17. Fethar's Neme (First, Middle, Last) 19e. Informent's Name/Reletionship (Ty 19e. Informent's Name/Reletionship (Ty 19e. Informent's Name/Reletionship (Ty 19e. Informent's Name/Reletionship (Ty 20a. Method of Disposition 1 Buriel 2 Cremetion 3 Pa 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service License 23a. Pent1. Entar the dikeese, or complishock, or heer Nature. List only or shock, or heer Nature. List only or heart initiated events resulting in death) Last 25. Wes case referred to medical examiner? 26. Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Last 26. Sequentially list conditions of December 1 Panding Invastigation of Could not be determined. 27. Menner of Death 1 Certifying Physical Could not be determined. 28. Sequentially list conditions of Could not be determined. 29a. Certifier 1 Certifying Physical Could not be determined.	10e. Street and Number C	10e. Street and Number Description Street and Number Street	10e. Street and Number Street and Number	10e. Stere 10e. County 10e. Cally Town or Location 10e. Cally Town or Location 10e. Street and Number 10e. Stre	Usual Parlaidance of Decodert 10s. Steries 10b. County 10c. City, Town or Location 10s. Steries and Number 10s. Steries Usual Persidence of Decodern 10s. Stete 10c. Coarty 10c. Clay, Town or Location 10s. Stete 10c. Coarty 10c. Clay, Town or Location 10s. Stete 10c. Clay, Town or Location 10s. Stete 10s. Stete and Number 10s. Stete Uses Decidence of Decoders Dec Courty Dec City, Town or Location Decidence of Decoders Decidence of Decidence Decidence Decidence of Decidence of Decidence of Decidence Decidence of Decidence of Decidence of Decidence Decidence of Decidence Decidence of Decidence of Decidence of Decidence of Decidence		

AN

white is med the state

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month **Physician** George Groth H. 10:55PM 09 1999 JUNE /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** GREATER BALTIMORE MEDICAL CENTER BALTIMORE TOWSON 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. Birthplece (Steta or Foraign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** 1√ M 2□ F 214-12-0563 Yrs. Director 85 May 19, 1914 MD Usual Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours effer death with the Marylen Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner mant be notified at 10d. Inside City Limits MD N/A Baltimore Maryland Yes 2□ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21212 5 East Lake Avenue United States Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yas or No If Yes, specify Cuben, Maxican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Meritel Status 1 Nes 2 No Army
If Yas, Give
Year or Dates: 1 Naver Married 2 Married 1 ☐ Yes No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grede completed) College (1-4or 5+) Elementery/Secondery (0-12) Waterfront Checker 6 N/A 17. Fethar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surnema) Elizabeth C1oman Henry Groth 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) 5 East Lake Avenue, Baltimore Maryland 21212 Lois E. Groth / Wife 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta Burial 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Cedar Hill Cemetery June 12, 1999 Baltimore Maryland 21. Signature of Funerel Service Licensee Victor P. Doda, Jr. 22. Name end Address of Fecility Charles L. Stevens Funeral Home, Inc. 1501 E. Fort Avenue, Baltimore Maryland 21230 23e. Part1. Enter the disease, or complications had baused the deeth. Do not entar the mode of dying, such as cardiac or respiretory errest, shock, or heer failure. List only one ceuse on each line. Onset end Daath Physician Ceresuscula Accident /Medicai Immediate Ceuse (Finel 2 weeks disaasa or condition resulting in death) Examiner Due to (or es a consequence of): Athial Fishillaton 2 500-5 ettending physician and for use as the burial-transit Exam Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disaase or injury that Initieted events Physician/Medical that Initieted events resulting in death) Last Dua to (or es a consequence of): signed by the e Pert II. Other aignificant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco usa contributa to the cause of death? Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown 5 leed þ 24b. Were autopsy findings available prior to 24a. Wes en eutopsy parformad? Completed completion of cause of deeth? 1 ☐ Yes 2 No 1 ☐ Yes 2 No Division of Vital 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospital: 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Mannar of Deeth 28b. Time of 28d. Describe how injury occurred 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 1 Naturel 5 Pending or Attending after death. 1 ☐ Yes 2 ☐ No Investigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Routa Numbar, City or Town, State) 28e. Place of Injury - At home, ferm, straet, factory, office building, etc. (Specify) 4 Homicide Hospital (24 hours a Funeral C Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medicai To the Hosp within 24 ho To the Fune completely fi (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier Attaching MO 1370/6 Tare 10, 1999

State Registrar DHMH 16 Rev 6/95

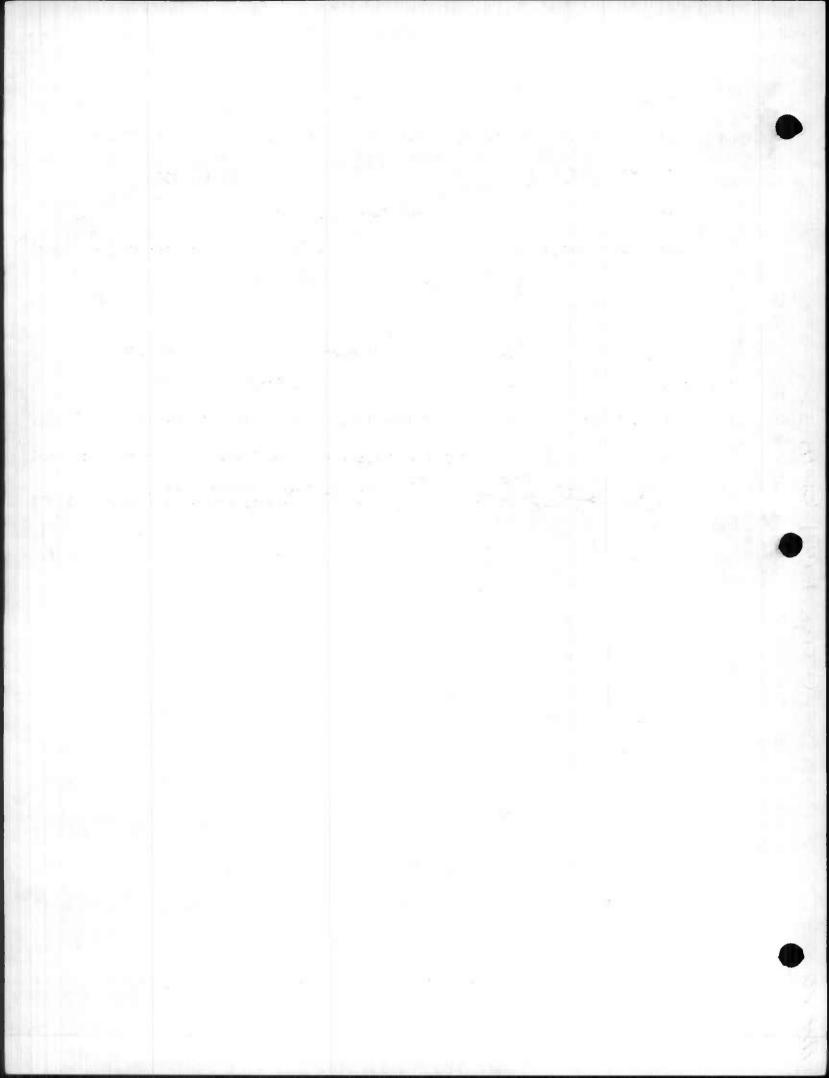
31. Date filed (Month, Dey, Year) JUN 1 4 1999

Kenneth in Green mo

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

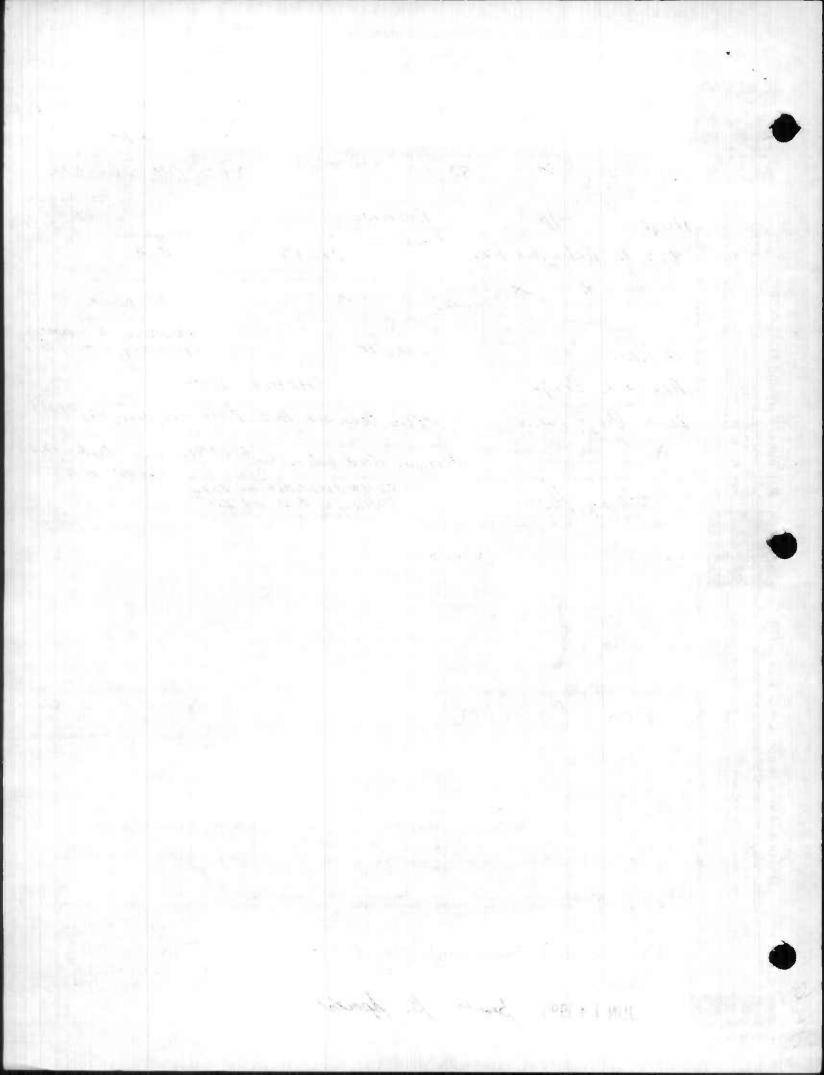
32. Registrer's Signeture

6701 N. Cherlu St, Swite 4105 Dilthon, no 21204



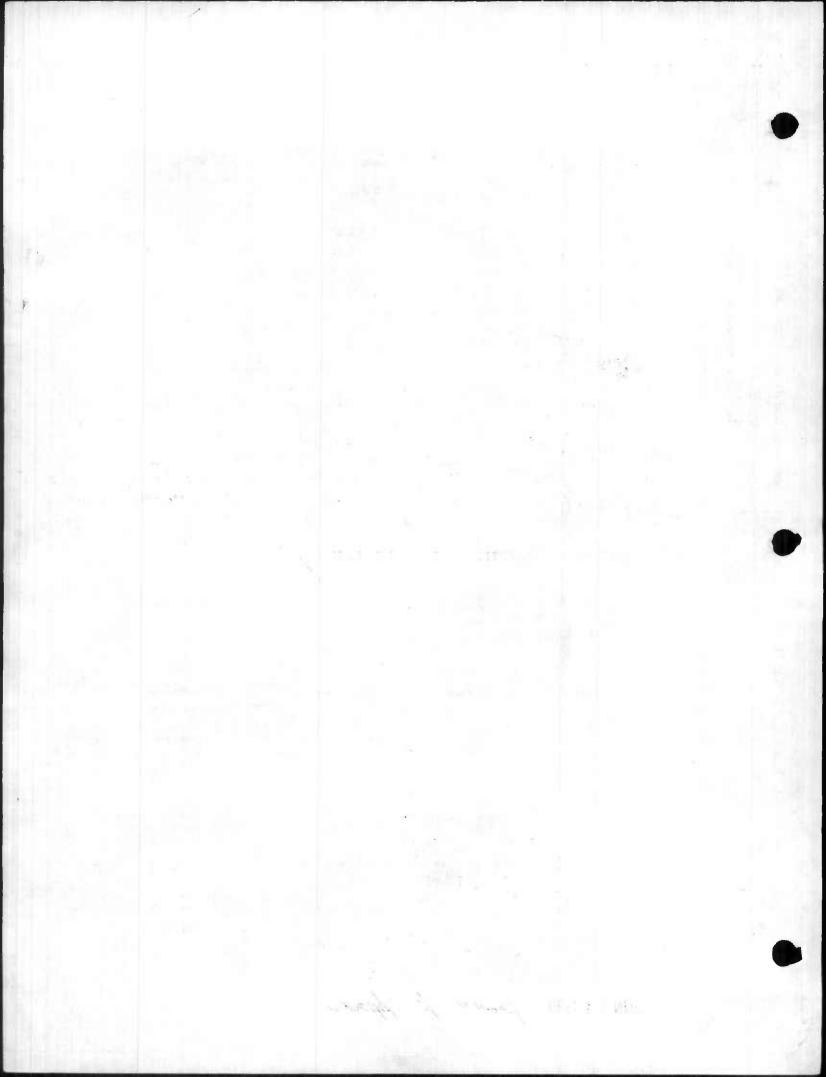
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Deta of Deeth 3. Tima of Death 1. Decedent's Neme (First, Middle, Last) **Physician** 9:05 AM 12 Tararave june /Medical 4b. City, Town, or Location of Death 4a Facility Neine (If not institution, give straet and number) 4c. County of Deeth **Examiner** Hospital Baltimore Sinai If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth Month, Day, 6. Sex 9. Birthplece (State or Foreign Country)
5. CAPULINA 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** ₩ 2 F 256-03-2361 Yrs. Director Usual Residence of Decedent 10e Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits BOIHMORE 1 Yas 2 No Directo Hary Aus 10e. Sfreef and Number 10f. Zip Code 10g. Citizen of What Country? permit. Peges 1 and 2 should be filed within 72 hours after death with I Department of Heelth and Mental Hygiena. Important: If item 27 is merked other than "natural", or items 23s or any Injury or other traumatic event, the Mexical Evanines must be none. N. Arlington Ares USA Funerai 12. Wes Decedent Ever in U,S. Armed Forces? → Yes 2 □ No ff Yes, Give Yeer or Detes: WWJ 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexicen, Puerto Rican, atc.) 14. Rece - American Indian, Bleck, White, etc. 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Black Specify by 3 ☐ Widowed 4 ☐ Divorced Completed 16b. Kind of Business/Industry 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) AMENEUM Stonbord Elementary/Secondary (0-12) (Plumbing supply Co.) College (1-4or 5+) LABOYET 12 YEARS 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumame) Be DAUIS HAHE ALVIN L. GrEGG 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11316 4916 BOWLAND AVE 68299 /wite 20b. Plece of Disposition (Name of cometery, crematory or other place) 20e. Mathod of Disposition Dete 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) 6-17-99 Das 245 Commison Firest Veterns Cin 22. Name end Address of Fecility CHA TULAN - HARRIT F. N. 21. Signature of Funerel Sarvice Licenta BOHING LID DIZIT Buca 23a. Part1. Pntar the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiac or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical fmmediate Ceuse (Final disease or condition resulting in deeth) SEDSIS day s Examiner Due to (or es e consequence of): Examiner physician and the burial-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): P.O. Box 68760 Physician/Medical Due to (or as e consequence of) 50 950 Part II. Other eignificant conditions contributing to death buf not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Abrillation Division of Vital Records, p 24b. Were eutopsy findings evailabla prior to completion of causa of death? 24a. Wes en eutopsy performed? Completed 1 Yes 2 No or Attending Physician: 25. Was cese referred to medicel examiner? Be 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Impatient 2 ER/Outpetient 3 DOA 10 After this 28c. Injury et Work? 28d. Describe how Injury occurred 27. Manner of Deeth 28b. Time of Certification: 5 Pending investigation 1 Naturel 1 Yes 2 No within 24 hours aftar death. To the Funeral Director: Af 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 1 Certifying Physicfan: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the tima, data end place, end due to the ceuse(s) end manner steted. Medical 29a. Certifier completaly (Check only one) P. 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signeture end title of certifier eans, mo 30. Name and address of person who completed cause of death (Item 25e) (Type Print) ai Hospital 2401 W. Rince S. W. Iliams, MD Balhmo Williams, mo State Registrar



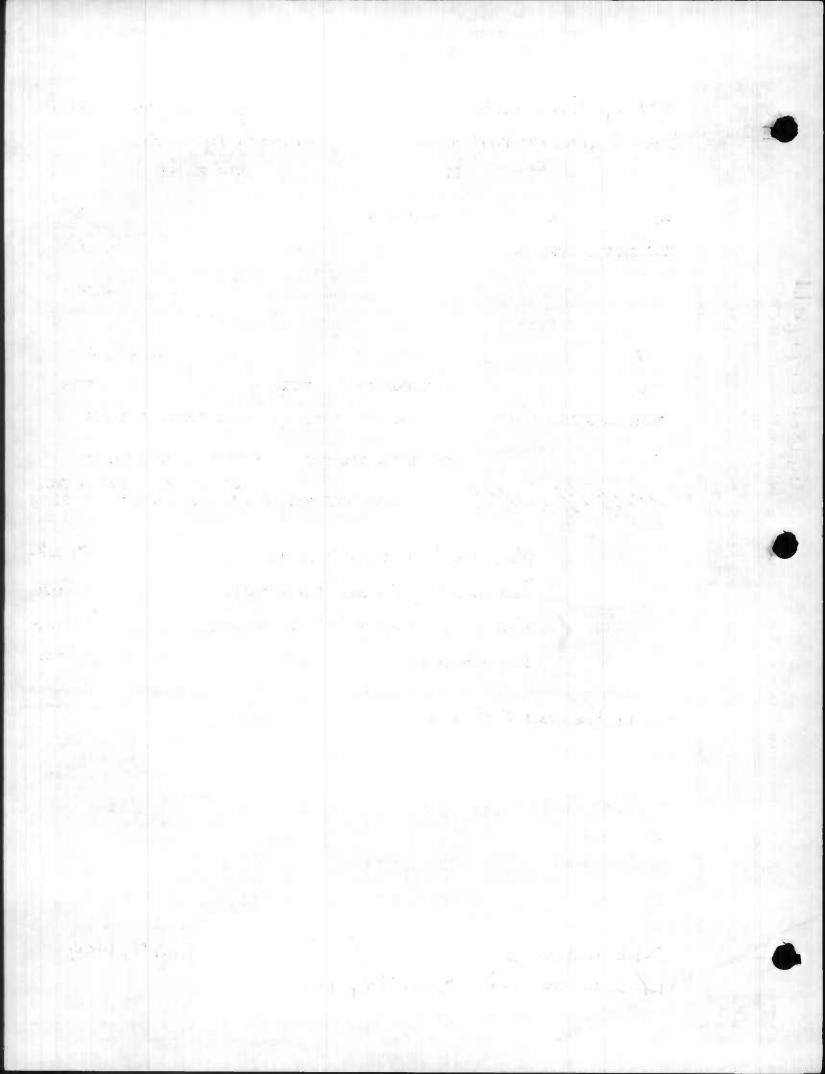
Dhuai	rian	1. Deceder	27, 28A-F P				301				2. Dete of D	Reg. No. Joeath	Year	3. Time of Death
Physic /Med		Ang	gelo	Ghee	, SR	•			-		JUNE	7, 199	9	0910 AN
Exam	iner		Name (if not institution BRENTWOOD)			4	b. City, Town, or L			nty of Death IA	
Funera Directo			ecurity Number	6. Sex X □ M 2		ge (In yrs. la	last birthday) Yrs.		Year Days	BALTIMO If Under 24 Hrs. Hours Min.	8. Date of B		9. Birth	nplaca (Stete or Foreig untry) 1D
Maryland H ahow	tor	Usuel Residue 10e. State	dence of Decedent 10b. County NA				Town or Lo							10d. Inside City Limit
after deeth with the Maryle or itema 23a or 28a-f shor	al Direc		and Number 1 Brentwo	od Av	renue			10f. Zip Cd	ode 202	2		10g. Citizen d USA		untry?
be filed with 72 hours after deeth with the Maryland lal Hygiens than "natural", or itema 23s or 28s-f show event, the Medical Examiner must be notified at	by Funeral Director		Status ver Married 2 ☐ Man dowed 4 🛣 Divorced	ried 1 [as Decedent med Forces Yes 2 Yes, Give	7		Was Decedent Yes, specify	Cuba	ispanic Origin? (Sp n, Mexicen, Puerto Specify:	ecify Yes or N Rican, etc.)		lack, White	ican Indian, o, etc.
d within 72 hours af giane. or then "natural", or	Completed		(Specify only highe ary/Secondary (0-12)	Co	ltege (1-4or	5+)		dent's Usuet C kind of work of DO NOT use i intens		ation furing most of work)	ing	16b. Kind of		
and 2 should be filed within the ath end Mental Hygiene. In 27 la marked other than oner traumatic event, the	ပိ		n Grade Name (First, Middle,	Last)	1					18. Mother's Nam	e (First, Middl			
d 2 should be filed th end Mental Hyg 7 la marked other traumatic event,	To Be		nes C.	Ghee						Thelma			Ceeto	n
2 should be end Mental a marked aumatic e		19a. Inform	nant's Neme/Reletions	hip <i>(Type, Pri</i>	int)		19b. Meilir	ng Address (S	Street a		al Route Num	ber, City or Tox	vn, Stete, Z	ip Code) 21206
alth or 27 la		Ange	elo Ghee	, Jr.			5610	Denw	000	Avenue	Balt	imore	Mar	yland
ges 1 and (of Health if hem 27 or other to		1966	d of Disposition	3 DRamove	at from State	^0	ace of Dispo	sition (Neme netory or othe	of or plec	9)	Date	20c. Locatio	n - City or 1	Fown, State
nit. Pages artment of ortant: If Ib Injury or o	1		nation 5 Other (S		actrom State	Ва	altim	ore C	eme	etery 06	5-14-9	9 Bal	timo	re, MD
permit. Pages 1 as Department of Hea Important: If Nem: any Injury or other once.		21. Signate	l Dix	VIV	2:		22	. Name and A	Addres	s of Facility Ba	altimo	re, Ma	ryla	nd 21202
		23a Part1	Enter the disease, or	complication	s thet cause	d the deeth.				ch FH]			h Av	
Physician C: Examiner		shock		only one caus	se on each li	AND ET	. Do not ent	er the mode o	of dying	g, such es cardiac			h Av	Approximete Intervat Between Onset and Death
be executed icien and buriel-transit	ai Examiner	Immediate disease or resulting in Sequential If any, lead cause. Ent Cause (Distributinitiate)	Cause (Final conditions death) y list conditions, ing to immediate er Underlying ease or injury	only one caus	se on each li	AND ET Due to (or	THANOL	INTOXICA quence of): quenca of):	of dying	g, such es cardiac			th Av	Approximete Intervat Between
rat the death certificate be executed to the strending physician and betached for use as the burial-transit to the strending the strending to	Physician/Medical Examiner	Immediate disease or resulting in Sequential If any, lead cause. Ent Cause (Disthat initiate resulting in	Cause (Final condition death) y list conditions, ing to immediate er Underlying ease or injury devents	e	ARCOTIC	AND ET Due to (or Due to (or Due to (or see	THANOL : es e conseq as a conseq as a conseq	er the mode of INTOXICA quence of): uenca of):	TION	g, such es cardiac	or respiretory	errest,	contributa	Approximete Intervat Between Onset and Death Onset and Death to the cause of death
to law requires that the death certificate be executed to hes been signed by the attending physician and igo 2 should be detached for use as the bunal-fransition.	by Physician/Medical Examiner	Immediate disease or resulting in Sequential If any, lead cause. Ent Cause (Disthat initiate resulting in	Cause (Final condition death) ly list conditions, ing to immediate enderlying ease or injury dievents death) Last	e	ARCOTIC	AND ET Due to (or Due to (or Due to (or see	THANOL : es e conseq as a conseq as a conseq	er the mode of INTOXICA quence of): uenca of):	TION	g, such es cardiac	23b. Dic	errest,	contributa 3 □ Pr	Approximete Intervat Between Onset and Death Onset and Death to the cause of death
The law requires that the death certificate be executed the same has been signed by the attending physician and page 2 should be detached for use as the burial-transit to be a same and the same and th	e Completed by Physician/Medical Examiner	Immediate disease or resulting in Sequential If any, lead cause. Ent Cause (Dis that initiate resulting in Pert II. Other	Cause (Final condition death) y list conditions, ing to immediate er Underlying ease or injury devents death) Last or elgnificant conditions are referred to medical services.	e. NA b c d	ARCOTIC	AND ET Due to (or Due to (or Due to (or see	THANOL : es e conseq as a conseq as a conseq	er the mode of INTOXICA quence of): uenca of):	TION	g, such es cardiac	23b. Did	d tobacco use Yes 2 No	contributa 3 □ Pr	Approximete Intervat Between Onset and Death Onset and Death Obebly 42 Unknown Were autopsy findings waitable prior to completion of cause if death?
The law requires that the death certificate be executed the same has been signed by the attending physician and page 2 should be detached for use as the burial-transit to be a same and the same and th	Completed by Physician/Medical Examiner	Immediate disease or resulting in Sequential If any, lead cause. Ent Cause (Dis that initiate resulting in Pert II. Other	Cause (Final condition death) y list conditions, ing to immediate er Underlying ease or injury devents death) Last or elgnificant conditions are referred to medical services.	e. NA b c d	ARCOTIC	AND ET Due to (or Due to (or	THANOL : es e conseq as a conseq as a conseq	INTOXICA quence of): quenca of): quenca of):	TION	g, such es cardiac N en in Part t. 26. Place of Deet	23b. Dic 1 = 24a. Wa per	d tobecco use Yes 2 No	contributa 3 □ Pro 24b. V	Approximete Intervat Between Onset and Death Onset and Death Obebly Unknow Vere autopsy findings vailable prior to completion of cause if death?
Physician: The law requires that the death certificate be executed to this certificate has been signed by the attending physician and are director, page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the second page 2 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be a second pag	To Be Completed by Physician/Medical Examiner	Immediate disease or resulting in Sequential If any, lead cause. Ent Cause (District that initiate resulting in Pert II. Other 25. Was caexamined to the sequential III. Was caexamined	Cause (Final condition death) y list conditions, ing to immediate er Underlying ease or injury devents death) Last or elgnificant conditions are referred to medical error of Death urel 5 Pendincident	e. NA b c d Hospital	ARCOTIC I: 1 Inpatie Date of Inju. (Mo.th., De	Due to (or Due to (or	THANOL es e conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a consequence a	INTOXICA quence of): quenca of	Other	g, such es cardiac N 26. Place of Deet ar: 4 Nursing Ho ret 77 Yes 2 [3] No	23b. Did 10 24a. Wa per 10 11 28d. Describe UNKNOWN	d tobacco uae Yes 2 No is an autopsy formed? Yes 2 No ione) sidenca 6 0 a how injury occ	contributa 3 Pr 24b. V e C c c c c c c c c c c c c c c c c c c c	Approximete Intervat Between Onset and Death Onset and Death Onset and Death Obebly 1 Unknown Unknown Unknown Unknown Obebly 1 Unknown Obebly
or Attending Physician: The law requires that the death certificate be executed that death. Mector: Aftar this certificate hes been signed by the attending physician and in by the funeral director, page 2 should be detached for use as the bunst-transit	Certification: To Be Completed by Physician/Medical Examiner	Immediate disease or resulting in Sequential If any, lead cause. Ent Cause Ent that initiate resulting in Pert II. Other	Cause (Final conditions, ing to immediate er Underlying ease or injury d events death) Last or algnificant conditions are referred to medical er? Underlying ease or injury devents death) Last or algnificant conditions are referred to medical er? 2 No of Death urrel ident investicide 6 Could determined	e. NA b c d Hospital getion not be ined 28e.	I: 1 Inpating Medicine Indiana	Due to (or Due to (or	ER/Outpatien 28b. Time of Injury 8:25 me, farm, stru	INTOXICA quence of): quenca of	Other	g, such es cardiac N en in Part t. 26. Place of Deet ar: 4 □ Nursing Ho	23b. Dic 1 = 24a. Wa per 1 = 15. Ret 28d. Describe UNKNOWN 28f. Location City or To	d tobecco use Yes 2 No	contributa 3 □ Pro 24b. V e c c 0 1 Dither (Spec	Approximete Intervat Between Onset and Death Onset and Death Obebly Unknow Were autopsy findings vailable prior to completion of cause if death? Yes 2 No
Physician: The law requires that the death certificate be executed to this certificate has been signed by the attending physician and are director, page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the bunal-transit to the second page 2 should be detached for use as the second page 2 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be detached for use as the second page 3 should be a second pag	To Be Completed by Physician/Medical Examiner	Immediate disease or resulting in Sequential If any, lead cause. Ent Cause Ent that initiate resulting in Pert II. Other	Cause (Final conditions in the condition death) y list conditions, ing to immediate er Underlying ease or injury dievents death) Last or elignificant conditions of the cond	b	I: 1 Inpation Date of Injumental Duilding, ef FOUND To the best	Due to (or Due to (or	ER/Outpatien 28b. Time of Injury 8:25 me, farm, stri ME	INTOXICA quence of): quenca of	Other Injury World	g, such es cardiac N 26. Place of Deet ar: 4 Nursing Ho ret 77 Yes 2 [3] No	23b. Did 24a. Wa per 100 110 24a. Wa per 100 24a. Wa per 10	d tobsecco use Yes 2 No. If yes	contributa 3 Pri 24b. V 6 C 0 0 1 Other (Spectrured	Approximete Intervat Between Onset and Death Onset and Death Onset and Death Obebly 4 Unknown United States of death Obebly 4 Unknown Obebly 4

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	1. Decedent's Na	me (First, Middle,	, Last)							2. Date of D				3. Time of Death
an	C. J.	Gy	reen	0-11						Month	Day	1999	Yeer	0415
l r	Sidn				er)			4b. City.	Town, or Lo	odition of Dea	ith 4c.	. County o	of Death	0113
Ì	Sivai	11		00 1	timo	~		-		city		N/A		
1	5. Social Security		6. Sex	7. A		last birthday)	If Under 1 Yes	ar If Unde	er 24 Hrs.				9. Birthp	lace (State or Foreig
	212-24-92	260	1XXX	2 F	87	Yrs.	Months Dey	/s Hours	, Min.	8. Date of B (Month, D JUNE 2	25,19	11	Cour	MD
	Usual Residence	_			1.0 01						%			
	10a. State	10b. County	- /-			y, Town or Lo							1	0d. Inside City Limits 1X Yes 2 □ No
	MD		I/A			BALTIM	1							
	10e. Street end No 2710 JE	REMY COU	URT	#C			10f. Zip Code	212	209		10g. Cit	tizen of W		ntry? S.A.
	11. Marital Status	44.4	12.	Was Decedent Armed Forces	nt Ever in U	,S. 13.	Was Decedent of	f Hispanic Cuban, Mexic	Origin? (Span, Puerto	ecify Yes or N Rican, etc.)	lo-		- Americ	ean Indian, etc.
		rried 2 Marrie		1 Yes 24 If Yes, Give Year or Dates			1□ Yes 2 N					Specify:	WH	ITE
	(506	15. Decedent's	s Education	on ompleted)		16a. Dece	dent's Usuel Occ kind of work dor DO NOT use ret	cupation	ost of work	ina	16b. K	and of But	siness/In	dustry
	Elementery/Sec		1	College (1-4or	r 5+)	life.	DO NOT use ret	ired)	001 01 110111	"'9				
	12					OWNER		1				LIQU		TORE
	17. Father's Name	First, Middle, L	.ast)			GREENE	מבו ד		ther's Name	e (First, Middl	e, Meiden	n Sumeme	э)	ZINS
	SOL	Name (Deletion sh	In Comme	Outed)			ng Address (Stre			al Bauda Alum	har City	or Town	Ctata Zin	
	19a. Informent's P BERTHA	GREENFEI				1.0	JEREMY						- 9-1	
	20a. Method of Di				20b. F		osition (Name of matory or other p			Date	1		1	own, State
	1 Burial 2	Cremation : 5 ☐ Other (Spi		oval from State	0				-	/9/99	DIN	TECDE	ma	MD
		- ' '			DEI		B CEMET Name and Add			/ 3/ 33	FIL	NKSBU	IKG,	עניו
ш	21 Signeture of F	Juneral Service L	icensee											
ľ	21. Signeture of F	uneral Service L	icensee	241	1					SOL LE				
	ALE	ANU.	1. Ce	tells	2 cod the deat	8	900 REIS	STERST	OWN F	ROAD -	PIKE			MD 21208
	21. Signeture of F 23a. Part1. Enter shock, or he	ANU.	1. Ce	ions that cause ause on each	ed the deat	8	900 REIS	STERST	OWN F	ROAD -	PIKE			
	23a. Part1. Enter shock, or he	the disease, or cart failure. List o	complicationly one co			8 th. Do not ent	900 REIS er the mode of o	STERST dying, such o	OWN F	ROAD -	PIKE			MD 21208 Approximate Interval Between
	23a. Part1. Enter shock, or he	the disease, or chart failure. List o	complicationly one co		ne P	h. Do not ent	900 REIS	STERST dying, such o	OWN F	ROAD -	PIKE			MD 21208 Approximate Interval Between
	23a. Part1. Enter shock, or he	the disease, or chart failure. List o	complicationly one ca	Massi	Due to (c	th. Do not ent	900 REIS	STERST	POWN F	ROAD - or respiratory	PIKE			MD 21208 Approximate Interval Between
	23a. Part1. Enter shock, or he Immediate Cause disease or conditions and the conditions of the conditi	the disease, or card failure. List o	complicationly one ca		Due to (c)	th. Do not ent	900 REIS The mode of of the mode of of the mode of th	STERST dying, such o	POWN F	ROAD - or respiratory	PIKE			MD 21208 Approximate Interval Between
	23a. Part1. Enter shock, or he Immediate Cause disease or conditions and the conditions of the conditi	the disease, or card failure. List o	complicationly one ca	Massi	Due to (c)	th. Do not ent	900 REIS er the mode of control of the mode of control of the mode of control of the mode of control of the mode o	STERST dying, such of Through	POWN F	ROAD - or respiratory	PIKE			MD 21208 Approximate Interval Between
	23a. Part1. Enter shock, or he	the disease, or card failure. List of the disease, or card failure. List of the disease, or card failure. List of the disease	complicationly one ca	Massi	Due to (co	th. Do not ent	900 REIS The mode of control of the mode of control of the mode o	STERST dying, such of Through	POWN F	ROAD - or respiratory	PIKE			Approximate Interval Between Onset and Death > Luk > Zuk > 2 mo
	23a. Part1. Enter shock, or he Immediate Cause disease or condition resulting in death, Sequentially list of if any, leading to cause. Enter Unc Cause (Disease of that Initiated even	the disease, or card failure. List of the disease, or card failure. List of the disease, or card failure. List of the disease	a. I	Massi Bilater Metas	Due to (co	eep Voor as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of a c	900 REIS The mode of control of the mode of control of the mode o	STERST dying, such of Through	POWN F	ROAD - or respiratory	PIKE			MD 21208 Approximate Interval Between
	23a. Part1. Enter shock, or he Immediate Cause disease or condition resulting in death, Sequentially list of if any, leading to cause. Enter Uncause (Disease of that Initiated even that Initiated even	the disease, or card failure. List of the disease, or card failure. List of the disease, or card failure. List of the disease	a. I	Massi	Due to (co	eep Voor as a consecutive of a consecutive of as a consecutive of a c	900 REIS The mode of control of the mode of control of the mode o	STERST dying, such of Through	POWN F	ROAD - or respiratory	PIKE			Approximate Interval Between Onset and Death > Luk > Zuk > 2 mo
	23a. Part1. Enter shock, or he Immediate Cause disease or condition resulting in death, Sequentially list of if any, leading to cause. Enter Uncause (Disease of that Initiated even that Initiated even	the disease, or cart failure. List of the disease, or cart failure. List of the disease, or cart failure. List of the disease, or cart failure. List of the disease, or cart failure. List of the disease, or cart failure.	a. I c d	Massi Bilater Metas Lymy	Due to (or Due to (or Dhow	or as a consecutive see a consecutive see a consecutive see a consecutive see a consecutive see a consecutive see a consecutive see a consecutive see a consecutive see a consecutive see a consecutive see a consecutive see	900 REIS The mode of of the mode of of the mode of of the mode of	STERST dying, such in bo Through	POWN Fes cardiac	ROAD — or respiratory	PIKE arrest,	o use con	LE,	MD 21208 Approximate interval Between Onset and Death > I wk > 2wk > 2mc > 2mc o the cause of death
	23a. Part1. Enter shock, or he Immediate Cause disease or condition resulting in death, Sequentially list continued in the cause. Enter Uncause (Disease of that Initiated even resulting in death)	the disease, of coart failure. List of the disease, of coart failure. List of the disease, of coart failure. List of the disease, or coart failure. List of the disease of	a. I c. I d. I ns contribu	Massi Bilater Metas Lymy uling to death	Due to (con Due to (con Dhow)	ep Vor as a consecutive of the c	900 REIS The mode of of the mode of of the mode of of the mode of	STERST dying, such mbc Through	POWN Fes cardiac	ROAD — or respiratory	PIKE arrest,	o use con	LE,	Approximate interval Between Onset and Death > Luk > Zuk > 2 mo
	23a. Part1. Enter shock, or he Immediate Cause disease or condition resulting in death, Sequentially list configuration in death, leading to cause. Enter Uncause (Disease of that Initiated even resulting in death)	the disease, of coart failure. List of the disease, of coart failure. List of the disease, of coart failure. List of the disease, or coart failure. List of the disease of	a. I c. I d. I ns contribu	Massi Bilater Metas Lymy	Due to (con Due to (con Dhow)	ep Vor as a consecutive of the c	900 REIS The mode of of the mode of of the mode of of the mode of	STERST dying, such mbc Through	POWN Fes cardiac	ROAD — or respiratory J J J Moma 23b. Did	PIKE arrest,	o use con	LE,	Approximate interval Between Onset and Death > W W - W - W W - W
	23a. Part1. Enter shock, or he Immediate Cause disease or condition resulting in death, Sequentially list of any, leading to cause. Enter Uncause (Disease of that Initiated even resulting in death)	the disease, of coart failure. List of the disease, of coart failure. List of the disease, of coart failure. List of the disease, or coart failure. List of the disease of	a. I c. I d. I ns contribu	Massi Bilater Metas Lymy uling to death	Due to (con Due to (con Dhow)	ep Vor as a consecutive of the c	900 REIS The mode of of the mode of of the mode of of the mode of	STERST dying, such mbc Through	POWN Fes cardiac	ROAD — or respiratory S S S S S S S S S S S S S S S S S S S	PIKE arrest,	o use con	LE,	Approximate interval Between Onset and Death > > >
	23a. Part1. Enter shock, or he Immediate Cause disease or condition resulting in death. Sequentially list of any, leading to cause. Enter Unc. Cause (Disease of that Initiated even resulting in death)	the disease, of coart failure. List of the disease, of coart failure. List of the disease, of coart failure. List of the disease, or coart failure. List of the disease of	a. I c. I d. I ns contribu	Massi Bilater Metas Lymy uling to death	Due to (con Due to (con Dhow)	ep Vor as a consecutive of the c	900 REIS The mode of of the mode of of the mode of of the mode of	STERST dying, such mbc Through	POWN Fes cardiac	ROAD — or respiratory 23b. Did 10 24a. Wa per	PIKE arrest, d tobacco Yes 2 is an autoformed?	o use con	LE,	Approximate Interval Between Onset and Death Death Onset and Death Onset and Death Death Onset and Death Dea
	23a. Part1. Enter shock, or he limmediate Cause disease or conditions and the cause disease or conditions and the cause. Enter Uncause (Disease of that initiated even resulting in death). Part II. Other sign	conditions, immediate serving is a last	a. I c. I d. I ns contribu	Massi Bilater Metas Lymy uling to death	Due to (con Due to (con Dhow)	ep Vor as a consecutive of the c	900 REIS The mode of of the mode of of the mode of of the mode of	STERST dying, such of Through	POWN Fes cardiac	23b. Did	PIKE arrest, d tobacco Yes 2 is an auto formed?	o use con	LE,	Approximate interval Between Onset and Death > > >
	23a. Part1. Enter shock, or he Immediate Cause disease or condition resulting in death. Sequentially list of any, leading to cause. Enter Uncause. Enter Uncause Cisease of that initiated even resulting in death. Part II. Other sign	conditions, immediate deriving or injury also last	a. I c. I d. I ns contribu	Massi Bilater Metas Lymp uling to death	Due to (construction of the property of the pr	h. Do not enter or as a consecutive seconsecutive seconsec	900 REIS The mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode of th	STERST dying, such of the property of the prop	POWN Fes cardiac	23b. Did 24a. Wa per	PIKE arrest, d tobacco Yes 2 is an auto- formed? Yes 2 y one)	o use con 2□ No opsy	tribute to 3 Pro	Approximate interval Between Onset and Death > > >
	23a. Part1. Enter shock, or he Immediate Cause disease or condition resulting in death; Sequentially list of any, leading to cause. Enter Unc. Cause (Disease ot hat initiated even resulting in death). Part II. Other sign 25. Was case referenced in the sign of the sig	the disease, or can't failure. List of the disease, or can't failure. List of the disease, or can't failure. List of the disease, immediate serving or injury at the disease of the diseas	a. I c. I d. I hosp	Massi Bilater Metas Lymp uting to death E. A	Due to (constraint) Due to (constraint) Due to (constraint) Due to (constraint) Due to (constraint) Due to (constraint) Due to (constraint)	b. Do not enter or as a consecutive of a consecutive of as a consecutive of	900 REIS The mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode of th	STERST dying, such of the property of the prop	POWN Fes cardiac	23b. Did	PIKE arrest, d tobacco Yes 2 is an auto- formed? J Yes 2 y one) sidence	o use con 2 No opsy 6 Other	LE, tribute to 3 Pro 24b. Way occord 1 [Approximate interval Between Onset and Death > > >
	23a. Part1. Enter shock, or he limited at Cause disease or conditions and the cause disease or conditions and the cause. Enter Unc. Cause (Disease othat Initiated even resulting in death) Part II. Other sign 25. Was case reference of the cause of the	the disease, or can't failure. List of the disease, or can't failure. List of the disease, or can't failure. List of the disease, immediate serving or injury at the disease of the diseas	a. I c. I d. J Hosp	Massi Bilater Metas Lymp uling to death	Due to (constraint) Due to (constraint) Due to (constraint) Due to (constraint) Due to (constraint) Due to (constraint) Due to (constraint)	b. Do not enter the property of the property o	900 REIS for the mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode o	STERST dying, such of the property of the prop	POWN Fes cardiac	23b. Did 24a. Wa per h (Check only)	PIKE arrest, d tobacco Yes 2 is an auto- formed? J Yes 2 y one) sidence	o use con 2 No opsy 6 Other	LE, tribute to 3 Pro 24b. Way occord 1 [Approximate interval Between Onset and Death > > >
	23a. Part1. Enter shock, or he Immediate Cause disease or condition resulting in death, Sequentially list of any, leading to cause. Enter Uncause. Enter Uncause. Enter Uncause Disease of that Initiated even resulting in death, Part III. Other sign Part III. Oth	the disease, or can't failure. List of the disease, or ca	a. I c	Massi Bilater Metas Lymy uting to death E. H	Due to (con Due to	or as a consecutive of the second of the sec	900 REIS for the mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode o	STERST dying, such of the property of the prop	POWN Fes cardiac	23b. Did 24a. Wa per h (Check only) me 5 Re 28f. Location	PIKE arrest, d tobacco Yes 2 is an autoformed? I Yes 2 is one) sidence how inju (Street ar	Duse con Dipsy 6 Other	LE, tribute to 3 Pro 24b. Wave confidence of (Specified)	Approximate interval Between Onset and Death > > >
	23a. Part1. Enter shock, or he Immediate Cause disease or condition resulting in death; Sequentially list of any, leading to cause. Enter Unc. Cause (Disease ot that initiated even resulting in death) Part II. Other sign. 25. Was case reference of the campiner? 1 Yes 2 2 27. Manner of Death	the disease, or can't failure. List of the disease, or ca	a. I c	Massi Bilater Metas Lymy uting to death E. H	Due to (con Due to	or as a consecutive of the second of the sec	900 REIS for the mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode o	STERST dying, such of the property of the prop	POWN Fes cardiac	23b. Did 24a. Wa per h (Check only) me 5 Re 28f. Location	PIKE arrest, d tobacco Yes 2 is an auto formed? Yes 2 y one) sidence e how inju	Duse con Dipsy 6 Other	LE, tribute to 3 Pro 24b. Wave confidence of (Specified)	Approximate Interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death D
	23a. Part1. Enter shock, or he Immediate Cause disease or condition resulting in death, Sequentially list of any, leading to cause. Enter Unc Cause (Disease of that Initiated even resulting in death) Part II. Other sign 25. Was case refe examiner? 1 Yes 2 2 27. Manner of Death 2 Accident 3 Suicide	the disease of clart failure. List of all failure. List of a (Final ion) (Final io	a. I b. I c. I d. I Hosp ation of be 2	Massi Bilater Metas Lymy uting to death E. Th	Due to (c Due to (c Stzth D	b. Do not enter as a consecutive of a consecutive of as a consecutive of a co	900 REIS for the mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode o	STERST dying, such of the property of the prop	POWN Eas cardiac Paragraph of the second Death Nursing Holland Place, and pla	23b. Did 24a. Wa per 1 Check only ome 5 Re 28d. Describe 28f. Location City or T end due to the	PIKE arrest, arrest, d tobacco Yes 2 Is an auto formed? Yes 2 one) sidence b how inju (Street arown, State c cause(s	o use con 2 No opsy 6 Othe ury occurre nd Numbe e) and mar	LE, tribute to 3 Pro 24b. Wave coordinate or (Specified)	Approximate Interval Between Onset and Death Death Onset and Death Death Onset and Death Death Death Death Dea
	23a. Part1. Enter shock, or he Immediate Cause disease or condition resulting in death, say, leading to cause. Enter Unc. Cause (Disease ot hat initiated even resulting in death) Part II. Other sign. 25. Was case reference of the enter o	erred to medical sinvestige 6 Could not determine 1 Certifying 2 Medical E	a. I b. I c. I d. I Hosp ation of be 2	Massi Bilater Metas Lymy uting to death E. H pital: 1 Impa 28a. Date of In (Month, D 28e. Placa of In building, c an: To the besi On the basis	Due to (c Due to (c Stzth D	b. Do not enter or as a consecutive of a consecutive of a co	900 REIS for the mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode o	STERST dying, such of the property of the prop	POWN Fes cardiac	23b. Did 24a. Wa per 1 Check only ome 5 Re 28d. Describe 28f. Location City or T end due to the	PIKE arrest, d tobacco Yes 2 yes an auto formed? Yes 2 y one) sidence e how inju (Street arown, State e cause(s e, date and	o use con 2 No 6 Other ind Number is) and marid placa, a	LE, itribute to 3 Pro 24b. Wave coof 1 [or (Specified or or Rural and due to the stand	Approximate Interval Between Onset and Death Death Onset and Death Death Onset and Death Death Death Death Dea
	23a. Part1. Enter shock, or he limited a cause disease or conditions and its cause. Enter Unc Cause. Enter Unc Cause (Disease ot hat Initiated even resulting in death) Part II. Other sign. 25. Was case referent in the cause of the cause	erred to medical sinvestige 6 Could not determine 1 Certifying 2 Medical E	a. I b. I c. I d. I Hosp ation of be 2	Massi Bilater Metas Lymy uting to death E. H pital: 1 Impa 28a. Date of In (Month, D 28e. Placa of In building, c an: To the besi On the basis	Due to (c Due to (c Stzth D	b. Do not enter or as a consecutive of a consecutive of a co	900 REIS for the mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode o	STERST dying, such of the property of the prop	POWN Fes cardiac	23b. Did 24a. Wa per 1 Check only ome 5 Re 28d. Describe 28f. Location City or T end due to the	PIKE arrest, d tobacco Yes 2 yes an auto formed? Yes 2 y one) sidence e how inju (Street arown, State e cause(s e, date and	Duse con Dusy 6 Other and Number 9) and mand placa, a	LE, itribute to 3 Pro 24b. Wave coof 1 [or (Specified or or Rural and due to the stand	Approximate Interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Dea



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** /Medical 4e. Facility Name (If not institution, give street end number 4b. City, Town, or Location of Death 4c. County of Death Examiner BACAMURL If Under 1 Yeer If Under 24 Hrs. 6. Sex 1 M 2 □ F 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Director Yrs. Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, it a Mexical Examinar must be notified at 10d. Inside City Limits BALTO Yes 2□No Director 10f. Zip Code 10g. Citizen of What Country? death with Funeral . Was Decedent Ever in U.S. Armed Forces? 1 X ves 2 □ No If Yes, Give Year or Dates: Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1□ Yes 20 No Baltimore, Maryland 21215-0020 þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within: Depertment of Health end Mentel Hygiene. Important: If Item 27 is marked other than "rany injury or other traumatic event, it is Neul Elementary/Secondary (0-12) College (1-4or 5+) ARM 0 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be 19a. Informant's Name/Relationship (Type 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licansee 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner ettending physician and for use es the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Records, P.O. Box 68760. Physician/Medicai Due to (or es a consequenca of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be deteched 1 ☐ Yes 2 ☐ No 3 □ Probably 4 □ Unknown by 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24a. Was an autopsy performed? Completed hes page 2 certificate 1 Tyes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this certifica completely filled in by the funeral director; to 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28d. Describe how injury occurred 28e. Dete of Injury (Month, Day Year) 28b. Time of Medical Certification: 28c. Injury at Work? 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner es stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year)

- Eute W

L Baltima MD

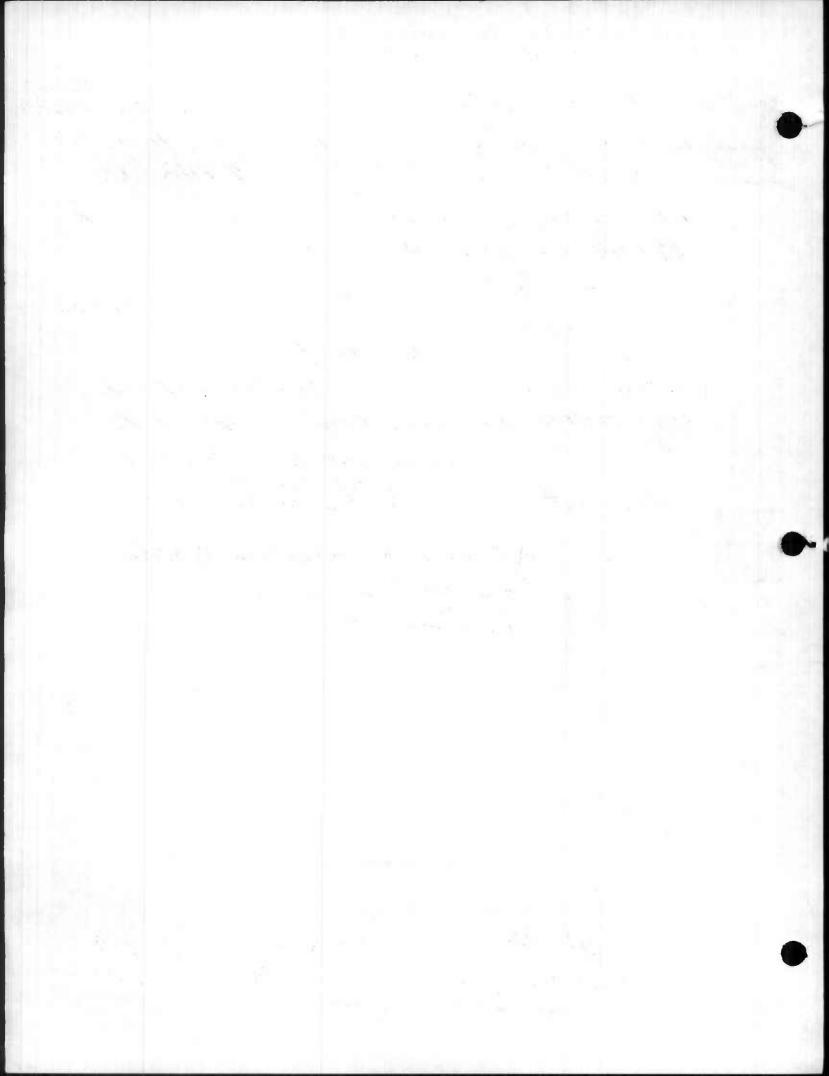
State Registrar

DHMH 16 Rev 6/95

.

31. Date filed (Month, Day, Year)

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)



	Decedent's Name (First, Middle, Las	1)	Certificate	of Death	2. Date of Dea	Reg. No. 99	3. Time of Death
Physician /Medical	Betty Lee	Hamill			June	Day 199	9 11:46 PM
Examiner		street and number) QUARE HOSP	TAL CEN	4b. City, Town, or ROSED		BALTIN	
Funeral	5. Social Security Number 6. Se	7. Age (In yrs.	24 4 4 4	Year If Under 24 Hrs			inhplace (State or Foreign Country)
Director	213-26-9012 Usual Residence of Decedent	□ M 2√2 F 69	Yrs.	Days Hours Min.	Nov. 1	y Year) 9. B 4, 1929 Ma	ryland
ehow of all	10a. State 10b. County		y, Town or Location				10d. Inside City Limits
with the Man	Maryland Baltimor	re Esse	ex 10f. Zip	Code		10g. Citizen of What (1 Yes XXNo
vithin 72 hours after deeth with the Maryland with 72 hours after deeth with the Maryland ene. than "natural", or items 23s or 28s-1 show he Madical Example multiple and hour Filiparal Director	14 Ridgemoor Road			1221		U.S.A.	outing t
fiter deeth v	11. Marital Status	12. Was Decedent Ever in U, Armed Forces?	S. 13. Was Deced	ent of Hispanic Origin? (S fy Cuban, Mexican, Puer	pecify Yes or No to Rican, etc.)	14. Raca - An Black, Wh	nerican Indian, nite, etc.
020 ours aft alf, or	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ∰No If Yes, Give Year or Dates:	1□Yes 2	ONo Specify:		Specify:	White
ed within 72 hours at ed within 72 hours at system. er than "natural", or t, the Modeal Evant Completed by E	15. Decedent's Ed (Specify only highest grad		16a. Decedent's Usua (Give kind of work	Occupation done during most of wo eretired)	rking	16b. Kind of Busines	s/Industry
2121 I within isene.	Elementary/Secondary (0-12)	College (1-4or 5+)	Housewife	e retirea)		Own Home	
be file with the other ovent.	17. Father's Name (First, Middle, Last)				me (First, Middle, n Hunt	Maiden Sumame)	
de de de de de de de de de de de de de d	19a. Informent's Name/Relationship (7 David D. Hamill (h	Type, Print) nusband)	19b. Mailing Address 14 Ridgem	(Street and Number or Ricor Road, Bi	ural Route Numberal timore	er, City or Town, State Maryland	Zip Code) 21221
CENL	20a. Method of Disposition		laca of Disposition (Namemetery, crematory or of	e of her placa)	Date	20c. Location - City of	or Town, State
	1 Burial 25 remation 3 4 Donation 5 Other (Specify	Hemoval from State	en Mount Cr		6/15/99	Baltimore,	Maryland
Baltimo permit. Pege Department of Important: If any Injury or once.	21. Signature of Funeral Servica Licen	7" 1	22. Name and Bruzd	Address of Fecility Zinski Fune:	ral Home	, P.A.	
	23a. Rant. Enter the disease, or compositions, or heart failure. List only of	Mications that caused the death	1407 Ol	d Eastern A	venue, E	ssex, Mary	land 21221± Approximate
Physician	stock, or heart failure. List only of						Interval Between Onset and Death
/Medical Examiner	tmmediate Ceuse (Final disease or condition resulting in death)	a ANOXIC		ALOPATI	47		3 DAYS
		CARDIA	r as a consequenca of):	EST			
60, % be executed ician and buriat-transit	Sequentially list conditions, if any, leading to immediate	Due to (o	r as a consequence of):	1.0		_	
Paricia &	ouddo. Emoi oridonying	U	PRY AR as a consequence of):	TERY D	SEAS	E	1
Box 687 anth certificate to settending physic for use as the to	resulting in death) Last	200 (0 (0)	as a consequence ory.				
Box 68 eath certifica ettending platfor use as to color color Med		d			1		
I Records, P.O. Box 6876. The law requires that the death certificate be standard by the ettending physicis paga 2 should be datached for use as the bucompleted by Physician/Medical	Part II. Other aignificant conditions of DIABETE			use given in Part I.	23b. Did	-1	re to the cause of death? Probably 4 Unknown
1S, Fres that signed to be date		S, TIPE.	_			241	o. Were autopsy findings
The law requir					perfo	an autopsy 24t rmed?	available prior to completion of cause of death?
lay lay					10	res 2 No	1 Yes 2 No
The tah					eth (Check only o	one)	
/ital Reblan: The landificate has setor, page	examiner?	Hospitat:	ER/Outpetient 3 DO	Other: 4 Nursing I	Home 5 Resid	dence 6 Other (Sp	
of Vita hysician: his certifica il director,	1 Yes 2 No	1 □ Inpatient 2 □			28d. Describe	how injury occurred	pecify)
of Vita hysician: his certifica il director,	1 Yes 2 No	28a. Date of Injury (Month, Day Year)		c. Injury at Work?	28d. Describe	how injury occurred	pecify)
Sion of Vita tending Physician: leath for: After this certifical the funeral director, the funeral control.	1 Yes 2 No	28a. Date of Injury (Month, Day Year)	28b. Time of Injury M	c. Injury at Work? 1 Yes 2 No		Street and Number or	
Jivision of Vita or Attanding Physician: Ittat death. Prector: After this certifical in by the funeral director, artification: To Be C	1 Yes 2 No	28a. Date of Injury (Month, Day Year) 28a. Placa of Injury - At hobuilding, etc. (Specify	28b. Time of Injury M	tc. Injury at Work? 1	28f. Location (City or Tou	Street and Number or wn, State)	Rural Route Number,
Jivision of Vita or Attanding Physician: Ittat death. Prector: After this certifical in by the funeral director, artification: To Be C	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending investigation 3 Sulcide 4 Homicide 6 Could not be determined 29a. Certifier (Check only one) 1 Certifying Phyone)	28a. Date of Injury (Month, Day Year) 28a. Placa of Injury - At hobuilding, etc. (Specify	28b. Time of Injury M ome, farm, street, factory wiedge, death occurred a tion and/or investigation,	tc. Injury at Work? 1 Yes 2 No office t the time, dete and plece in my opinion, death occidents.	28f. Location (City or Tou	Street and Number or wn, State) cause(s) and manner date end place, end d	Rural Route Number, es steted. ue to the cause(s)
of Vita hysician: his certifica il director,	1 Yes 2 No 27. Manner of Death 1 Natural 2 Accident 3 Sulcide 4 Homicide 29a. Certifier (Check only one) 1 Certifying Phyone)	28a. Date of Injury (Month, Day Year) 28e. Placa of Injury - At he building, etc. (Specify resident: To the best of my known iner: On the basis of examinat	28b. Time of Injury M ome, farm, street, factory wiedge, death occurred a tion and/or investigation,	ic. Injury at Work? 1	28f. Location (City or Tou	Street and Number or wn, State)	Rural Route Number, es steted. ue to the cause(s)
Division of Vita or Attanding Physician: Ital death. Director: After this certifical in by the funeral director, artification: To Be C	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending investigation 3 Sulcide 4 Homicide 6 Could not be determined 29a. Certifier (Check only one) 1 Certifying Phyone)	28a. Date of Injury (Month, Day Year) 28a. Placa of Injury - At he building, etc. (Specify relcan: To the best of my known iner: On the basis of examinat and menner stated.	28b. Time of Injury M ome, farm, street, factory wiedge, death occurred a tion and/or investigation, 29c	tc. Injury at Work? 1	28f. Location (: City or Tou e, end due to the urred at the time,	Street and Number or wn, State) cause(s) and manner date end place, end d	es steted. ue to the cause(s) BALTIMORE
Division of Vita or Attanding Physician: Ital death. Director: After this certifical in by the funeral director, artification: To Be C	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending investigation 3 Sulcide 6 Could not be determined 29a. Certifier (Check only one) 29b. Signature and title of certifier	28a. Date of Injury (Month, Day Year) 28a. Placa of Injury - At he building, etc. (Specify relcan: To the best of my known iner: On the basis of examinat and menner stated.	28b. Time of Injury M ome, farm, street, factory wiedge, death occurred a lition and/or Investigation, 29c 123a) (Type, Print)	tc. Injury at Work? 1 Yes 2 No office t the time, dete and plecin my opinion, death occi	28f. Location (: City or Tou e, end due to the urred at the time,	Street and Number or wn, State) cause(s) and manner date end place, end d	es steted. ue to the cause(s) BALTIMORE

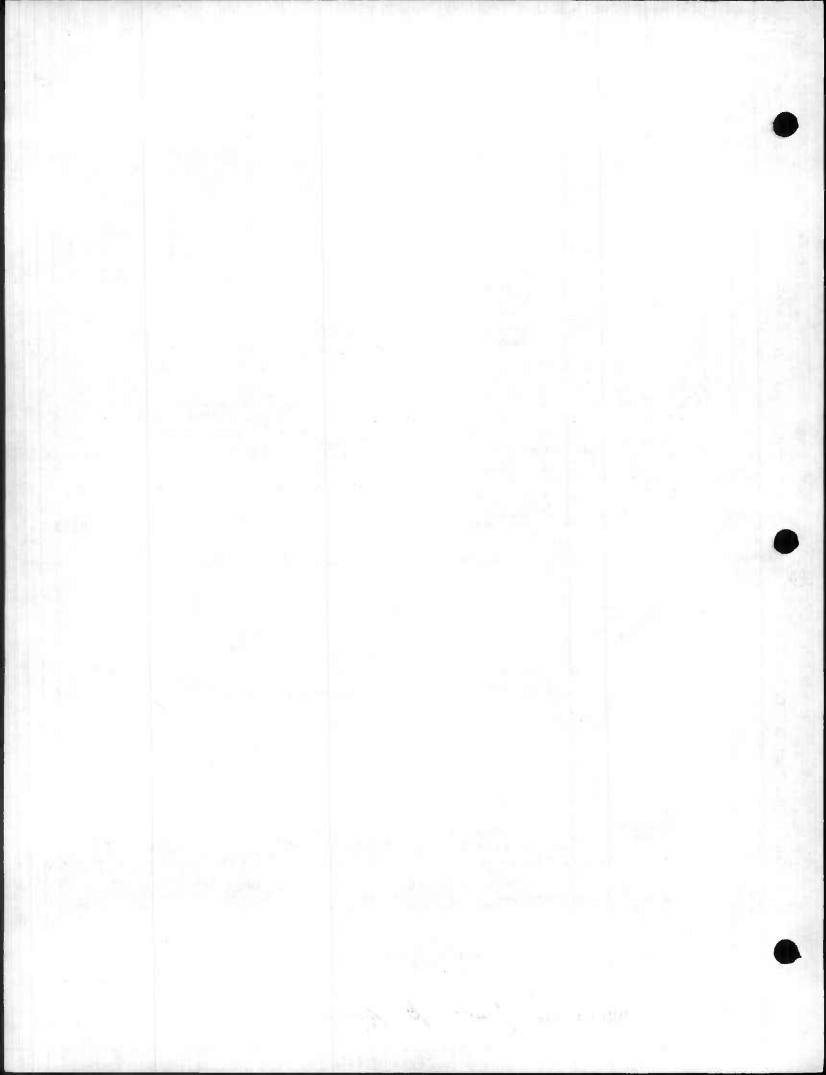
DHMH 16 Rev 6/95

K H . H SAME The state of the second of the and v THE RESERVE OF A STATE OF THE PROPERTY OF THE PARTY OF TH

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

ert b. nore	den -				C	ertifica	ate of	Death		Reg. No.	99	18	902
Physician	1. Decedent's Name (First Robert B. Ho								2. Dete of Month	Day	Year	r	ima of Death
/Medical Examiner	4. Facility Name of and in			mber)				4b. City, Town,	or Location of De	e 10, 3	1999 County of De		57 A.M.
Lxammer	3605 Keene	Avenue						Baltim			N/A		
Funeral Director	5. Social Security Number 217-14-9759		M 2□F	7. Age (# 76	n yrs. last birtho Yn	Month	s Deys	r If Under 24	Hrs. 8. Date of Month, 07/13/	Birth Pay Year) 1922	9. B	inthplace (S Country) y I and	Stete or Foreign
pu Man	Usual Residence of Deced			10	Dc. City, Town o	r Location						10d. Ins	side City Limits
the Merylar 28a-f show notified at	MD N/A				Baltimo	re							Yas 2□No
fredeath with the Me free 23s or 28s-fa instruction notified Funeral Director	10e. Street end Number 3605 Keene A	venue					Zip Code 214				ted St		
within 72 hours effer death with the Meryland ne. then "natural", or items 23s or 28s-f show its Medical Estating must be notified at most each of the most end of the control of the cont	3 ☐ Widowed 4 ☐ Di] Married	12. Wes Deci Armed Fo 1 X Yes If Yes, Giv Year or D	2 No	43-46		cedent of pecify Cul 2X No		? (Specify Yes or uerto Rican, etc.)		4. Race - An Bleck, Wt Specify: W	nite, etc.	en,
	15. De (Specify only Elementary/Secondary (cedent's Edu highest grade	cation e completed) College (1	1-4or 5+)	(C	ecedent's Universities NO NOT	vork done use retin	e during most of ed)	working		al(se		ployed)
tal Hyging avant, the Co	17. Father's Neme (First, A	liddle, Last)	95 -		1110	u1/ui	CCIII		Neme (First, Mid				project
2 should be and Menta la marked aumatic av	Robert B. Ho	lden,	Sr.					Anna	H. Kamtm	nan			
and 2 should saith and Mer 127 is marke or traumatic	19a. Informent's Neme/Ra Dorothy H. 7			er					n, Maryl			, Zip Code)	
emit. Peges 1 ar Separtment of Hea mportant: if Hem? my Injury or other MSB.	20a. Method of Disposition	etion 3 🗆 R	emovel from	State	20b. Plece of D cemetary,				Data		ation - City o		
artmen ortant: Injury	4 □ Donation 5 □ Of	her (Specify)			Parkwoo			•	06/14/99 eonard J.			Mary	/land
Depa Impo any in	Christin	1 X. X	Dame	d		5305	Harf	ord Road	d, Balti	nore,	Maryla	and 2	21214
tificate be executed as the burial-transit	Cause (Disease or injury thet initiated events resulting in death) Last	{		Due	a to (or as a cor	sequence o	f): f):	/ounce	of the	7, 2			
death cer death cer e-sitendin od for usa												1	
that the death ce ed by the attendidetached for use	Part II. Other significant co	nditions con	tributing to de	eath but n	ot resulting in th	e underlying	cause g	iven in Part t.		ld tobacco u		rte to the c Probably	ause of death?
he law requires has been sign tge 2 should be						H			- Li	las an autops erformed? Mi'+ecl		aveilable	on of cause
certificate rector, pag	25. Wes case referred to mexaminer?	15.77	la an idade						Death (Check on	ly ona)			
aling Physics of the state of t	2 Accident 3 X Suicide 6	Pending nvestigetion Could not be letarmined	28a. Date (Mont	of Injurying, etc. (S	At homa, farm	e of y 15 M	28c. Inju	ury at ork? ☐ Yas 2.风 No	Subject 28f. Location City or	be how injury Shape Shape	occurred of Si Number or 3605	elf Rural Rout Keen	e Number L'AVENU
To the Hospital or Attand within 24 hours after deal To the Funeral Director: completely filled in by the Medical Certifical			er: On the ba	best of m	mination end/o				Baltim lace, end dua to t occurred et the tim	ha cause(s)	and manner	as stated.	,
To the vithin 2 To the comple	29b. Signeture and title of o	11 1	v	las	My,	np		ose number			signed (Mo		
State	30. Name end address of p Stephen 31. Date filed (Month, Day,	5. 6	ade				Penn	Street	, Baltin	ore, M	Maryla	nd 21	201



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended Item#28a,28b per Phy G772 6/14/99 EW Certificate of Death 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month 11:30 Am 06 June 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 300d Samaritan Hospital Baltimore City Baltimore If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) Birthplaca (State or Foreign Country) 5. Social Sacurity Number 6 Sax 7. Aga (In yrs. lest birthday) Days M 2DF 349-20-3796 Vrs 73 April 8,1926 Pennsylvania Usual Residence of Decedent 10a. Stata 10b. County 10d. Inside City Limits 10c. City. Town or Location Parkville 1 ☐ Yas 2 XNo Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21234 United States 27 Carriage Walk Court 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 Nes 2 No Korean If Yes, Giva Yaar or Dates: WWII 1 □ Never Married 2 □ Married 1 Yes 2₺ No Specify: Specify. 3₺ Widowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Welder Automobile Manufacture 12 Years 17. Fathar's Nema (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Edna Bertha Lyle Oscar Johathan Harp 19a. Intorment's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mrs. Karen Cordell/Daughter 27 Carriage Walk Court Parkville, MD 20b. Plece of Disposition (Neme of cametery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 Cremation 3 Removal from State Hilltop Service Corp. 6/10/99 Towson, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland use, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, in. List only one cause on each line. Approximate Interval Between Onsat and Daath Stand Control of Medical Examiner Immediate Cause (Final disease or condition resulting in death) Respiratory tall Due to (or as a consequence ot): Subjuxation after tal 5 6 Due to (or es a consaguança of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23h. Did tohacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown

Physician /Medical Examiner

> 8 Ad peudis

this certificate has page 2

Affact

funeral

Physician:

Attending

8

death

To the Hospital within 24 hours To the Funeral

after death Director:

Division of Vital

Physician/Medical Examiner

by

Completed

Be

To

Certification:

edicai

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Funeral

Director

7 is marked other than "natural", or frems 23a or 28a-f show traumatic event, the Modical Examiner mant be notified at

the Maryland

with

hours after death

filed within

Hygiene.

permit. Pages 1 and 2 should be fite.
Department of Health and Mental Hy important: If Item 27 is marked other any injury or other traumatic event

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest

24e. Was en eutopsy performed?

25. Was case reterred to medical examiner?

24b. Were autopsy tindings available prior to completion of causa of death? 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No

1 Yes 2 No 27. Manner of Death

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury

26. Place of Death (Check only one) 28d. Describe how injury occurred

Other: 4 Nursing Home 5 Residence 6 Other (Specify) HOSOTA

1 Natural 2 Accident 3 ☐ Sulcide

4 Homicide

5 Pending Investigation May 3,1999 6 Could not be determined

Unknown 28e. Place of Injury - At home, tarm, street, tactory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

Fall while Fishing 28t. Location (Street and Number or Rurel Route Number, City or Town, Stete)

29a. Certifier (Check only one) City or Town, Siete)

Batimore, Mary land

Certifying Physician: To the best of my knowledge, death occurred at the time, date and due to the cause(s) and manner as sharted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of partifier

29c. License number

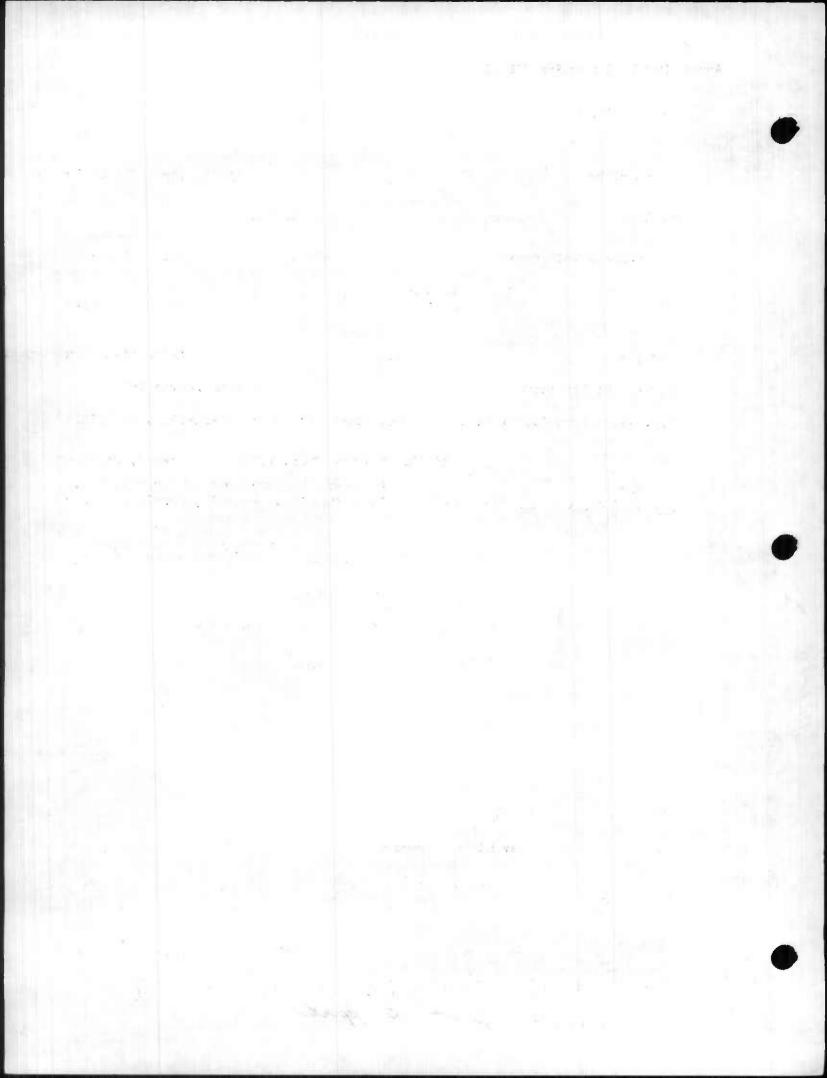
29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Loch Raven 31. Date tiled (Month, Day, Year)

>uite 32. Registrar's Signeture

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death JUNE 4, 1999 **GORDON** HIMELFARB 8:30 PM 4b. City, Town, or Location of Daath 4a Facility Nama (If not institution, giva street and number) 4c. County of Deeth HEBREW HOME OF GREATER WASHINGTON ROCKVILLE MONTGOMERY If Undar 24 Hrs. Hours Min. Birthplace (Stata or Foraign Country) 5 Social Security Number 8. Date of Birth (Month, Day, Year) 7. Aga (In vrs. last birthday) Months Days 1X M 2DF 214-18-6913 JULY 10,1921 MD Usual Rasidanca of Dacedani 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 ☐ Yas 2 X No MONTGOMERY ROCKVILLE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 6121 MONTROSE ROAD 20852 U.S.A. 12. Was Decadant Evar in U,S. Armad Forcas? 1 Yas 2 No if Yas, Giva WWI Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indien, Black, Whita, atc. 1 Nevar Marriad 2 Married WWII 1 ☐ Yes 2 No Specify: WHITE Specify 3 Widowad 4 Divorced Year or Datas: 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) TEACHER EDUCATION 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) MOE HIMELFARB SARA REINER 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Coda) 19a, Informant's Nama/Relationship (Type, Print) 13129 BRUSHWOOD WAY - POTOMAC, MD SHELDON HIMELFARB / SON 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 X Burial 2 □ Cremetion 3 □ Removal from Stata 6/9/99 SHAAREI TFILOH CEMETERY WOODLAWN, MD 4 □ Donetion 5 □ Other (Spacify) 21. Signeture of Fundamental 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 e, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest. List only one cause on each line. Approximate Interval Betwaen Onsat and Death Immediata Causa (Final mediate disaasa or condition resulting in death) Sequantially list conditions, if any, leading to immediata causa. Entar Underlying Causa (Disaasa or injury that initiated avants rasulting in death) Last 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware eutopsy findings eveilable prior to complation of causa of death? 24a. Was an autopsy 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarrad to medical axaminar? 26. Place of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. Data of Injury (Month, Day Year) 28c. fnjury at Work? 28b. Tima of 28d. Describe how Injury occurred 5 Panding invastigation 1 ☐ Yas 2 ☐ No

the death certificate be executed and physicien a s the burielfor usa es ed by the dateched Division of Vital Records, P.O. signed by t The law requires been si pege 2 cartificate

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23a or 28a-f show to Medical Examiner must be notified at

marked other

Pages 1 end 2 should be filterent of Health and Mental Hant: if Item 27 is marked oth jury or other traumatic even th and Mental h

Depertment or important: If any injury or once.

Physician /Medical

Examiner

Directo

Funeral

by

Completed

Be

2

Examiner

Physician/Medical

by

Completed

Be

2

Certification:

Medical

the Marylend

with

death

72 hours efter

filed within Hygiene.

Baltimore, Maryland 21215-0020

27. Manne of Death 1 Natural 2 Accidant 3 Suicide 4 - Homicide

29a. Cartifier

(Check only one)

al or Attending Physician: The saftar death.

I Director: After this cartificated in by the funeral director, pe hin 24 hours aft the Funeral Di npletaly filled in

State Registrar

Burt I. Feldmann 31. Date filad (Month, Day, Year) JUN 1 4 1999

29b. Signeture end titla of certifiar

6 Could not be datarmined

MD 32. Begistrar's Signatura

and manner stated.

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s)

29c. Licanse number

D 23958

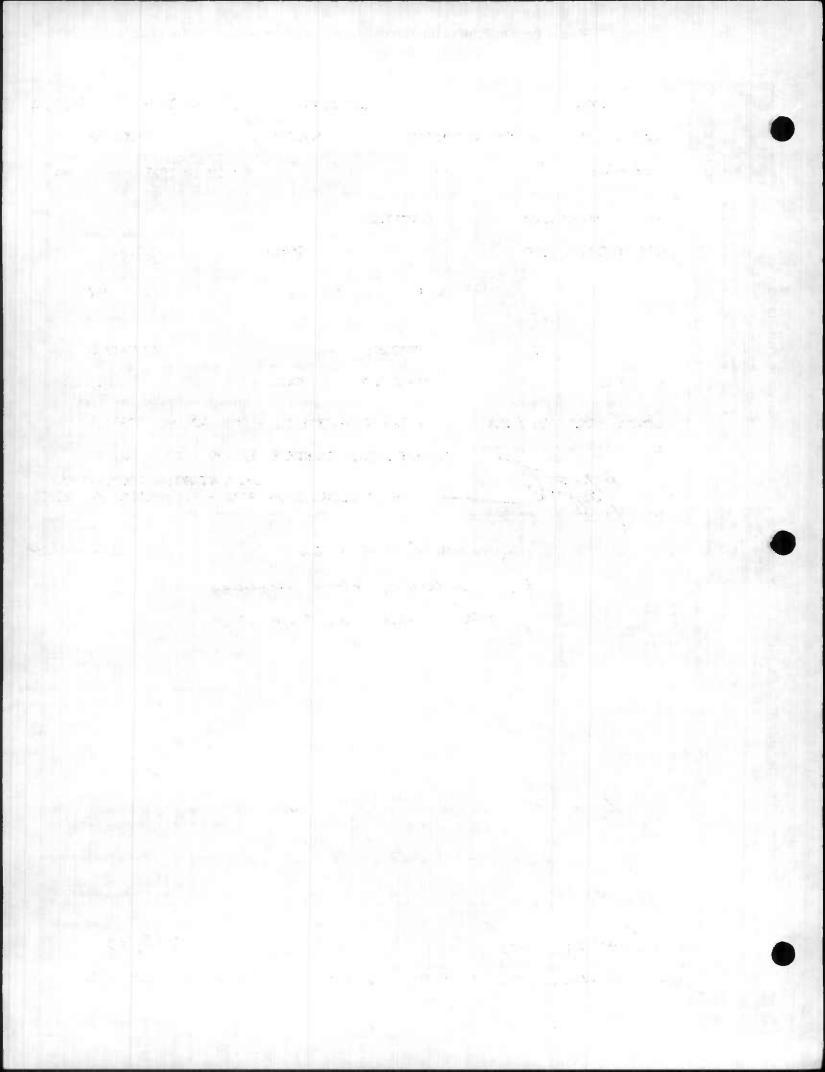
29d. Data signad (Month, Day, Year)

28f. Location (Straet end Number or Rural Routa Number, City or Town, Stata)

6/05 Montrose Rd. Rockville, MD 20852

DHMH 16 Rev 6/95

within 2 To the F



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middle, Last) 2. Date of Death Month Day Yaar **Physician** Hastings - De Gutierrez 8:10 PM Lucy June 1999 /Medical 4a Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Johns HOPKINS Hospital If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 03/13/1917 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Year 6. Sex Birthpleca (State or Foreign Country) **Funeral** Months 10 M 20 F Days 003-03-2780 82 Yrs Director New Hampshire Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Costa 1 Yas 2 No must be notified Director N/A Heredia 28a-4 Rica 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ therms 23a P.O. Box 411 3000 Heredia N/A United States 12. Was Decedent Ever in U,S. Armed Forces?
1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: WWII Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, 11. Maritel Status Bleck, White, atc. 1 Never Married 2 Merried 1 Yes 2 No Baltimore, Maryland 21215-0020 "natural", or Specify Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. College (1-4or 5+) Elementary/Secondary (0-12) permit. Pages 1 and 2 should be filled w Department of Health and Mental Hygien Important; if them 27 is marked other th, any Injury or other trauments Botany Plant Pathologist 4 years 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Alfred B. Hastings Helen Fellows 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mario Gutierrez / Spouse P.O. Box 411 300 Heredia, Costa Rica, Central America 20b. Place of Disposition (Name of cemetery, cremetery or othar place) 20e. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burial 2 🖸 Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Greenmount Crematorium 6/12/99 Baltimore, Maryland of Funeral Service lice 22. Name end Address of Fecility David J. Weber Funeral Homes, P.A. 401 S. Chester Street Baltimore, Maryland 21231 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart fallure. List only one cause on each line. Approximate Intarval Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel Cerebrovascular Accident disease or condition resulting in deeth) Examiner Physician/Medical Examiner Subarachnoid physician end s the burial-trens Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Due to (or es e consequence of) Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed i þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐(No 1 □ Yes 2 2 No Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medicai Certification: To 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28d. Describe how injury occurred 28b. Time of 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? lospital or Attending P I hours after death. uneral Director: After I 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours a control of Funeral In Hospital 1X Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier To the H within 24 To the F complete 29d. Data signed (Month, Day, Year) 29b. Signatura end title of certifie 29c. Licensa number RES-000 June 11, 1999 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

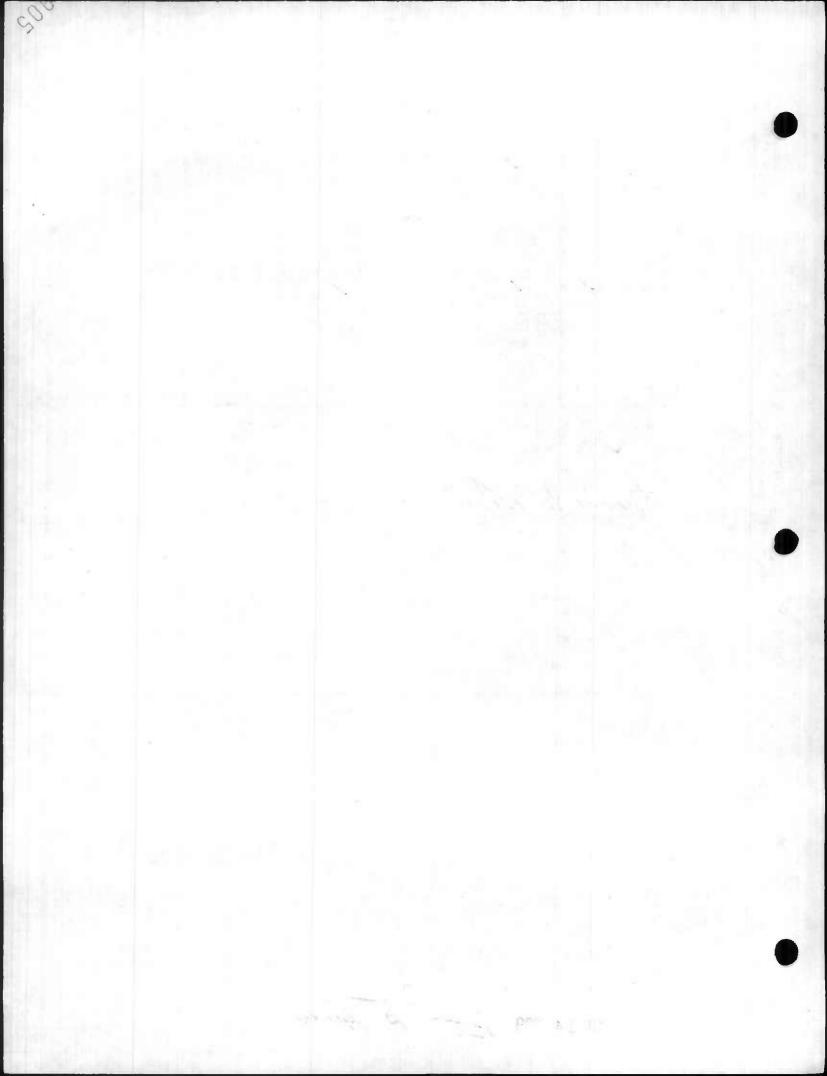
Wahl

DHMH 16 Rev 6/95

Johns

32. Registrar's Signature

Hopkiles Hospital



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. Home State of Maryland / Department of Health and Mental Hygiene Reg. No.9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Dey Yee Month **Physician** HANNA TRVING 22=35H2 ANTHONY 1999 Prahby 527-0768 MAY 29 /Medical 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street end number) 4c. County of Death Examiner HOSPITAL HANFOND MEMONAL HAURE OF GLACE HAFORD If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Deys 1 M 2□ F Months Hours 214-08-3895 Director Usual Residence of Decedent 10d. Inside City Limits 10h County 10c. City. Town or Location 10e State 1 Yes 2 No lavore de Corace, ME Directo Harton 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code USA d 2 should be filed within 72 hours after death with the not Mental Hygiese. 7 I a marked other than "natural", or items 23s or 7 I a marked other than "natural", or items 23s or reaumatic event, its weden Examine must be 21078 Funerai 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 220 No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1X Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: BIACK þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) Restaurant GUSTODIAN 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) Be Pages 1 and 2 should be nent of Health and Mental 39.99 FUGENC Helen handerdalx 2 HANKAN 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) Union Ave. 27 Hannah Landerlale Le Grace, MO Helew Haune 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State permit. Pages Department of Important: If it eny Injury or o M Burial 2 ☐ Cremetion 3 ☐ Removal from State 6-4-89 House de Coraco, MD 2/07 STSDNUS CEM 4 ☐ Donation 5 ☐ Other (Specify) 22, Name and Address of Facility 21. Signature of Funeral Service Licenses Line Seat 552 Cens of 5+ Have de Corace Approximate Interval Between Onset and Death 23a. Part1. Enter the disea e, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical 22910515 Examiner Due to (or es a consequence of) Physician/Medical Examiner physician and s the buriel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of) Hanvish, I Paring Anders Due to (or es e consequenca of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown þ been sig 24b. Were eutopsy findings aveilable prior to 24a. Was an autopsy performed? Completed completion of ceuse of deeth? has l page 1 Yes 2 No 1 ☐ Yes 2 No this certificate Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how Injury occurred 28c. Injury at Work? Certification: or Attending 1 Natural 2 Accident 5 Pending Investigation 1 Yes 2 No Director: A 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide within 24 hours a To the Funeral C complataly filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

Redicat Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. edicai 29a. Certifier 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifier DME OCME 39. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print) NABHU MO BELAR 218 200 31 Date filed (Month, I State Registra

Eugene Hannah

Lelen HOMMAD Land.

Such

Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Examiner 4 Funeral Director 1 Location 1 Fast of All Proceedings of All Procedings of All Proceedings of All Proceedings of All Proceedings of All Proceedings of All Procedings of All Proceedings of All Proceedings of All Proceedings of A	MD E 10e. Street and Number 8631 WIN 11. Menitel Status 1 \[\begin{subarray}{cccccccccccccccccccccccccccccccccccc	IANDS 6. Se 10 dent County	ROAD x AM 2 F	Age (In yrs.	. last birthday) Yrs. ity, Town or Lo	If Under 1 Year Months Days	4b. City, Town, or N/A If Under 24 Hrs Hours Min		8, 19 h 4c. County of BALT	OMI	
Enumeral Director	5. Social Security Number 248-14-238 Jsuel Residence of Dece 10e. Stete 10b. MD E 10e. Street and Number 8631 WIN 11. Menitel Status 1 Naver Married 2	6. Se 10 dent County	x ∑ M 2□ F	79	Yrs.		If Under 24 Hrs	8. Date of Bit			
ai, or items 23s or 28s-f show Daminet must be notified at by Funeral Director	MD E 10e. Street and Number 8631 WIN 11. Menitel Status 1 Naver Married 2	County	ORE	10c. Ci	ity, Town or Lo			06-08			lace (State or Foreigntry) BORO, SC
it, or items 23a or 28a-f traminer must be notified by Funeral Directo	8631 WIN 1. Mentel Status 1. Naver Married 2		ORE			cation				1	0d. Inside City Limi
bi, or items 23s.	8631 WIN	IDANDS				BALTIMO	RE				1 Yes 2 X
by	1. Mentel Status 1 Naver Married 2	IDANDS				10f. Zip Code			10g. Citizen of W		itry?
netural edical	3 ☑ Widowed 4 □ D		ROAD 12. Was Deceder Armed Forca 1 Yes 25 If Yes, Give Year or Date:	s? No		211,33 Was Decedent of I If Yes, specify Cub		Specify Yes or No rto Rican, etc.)	U • S • 14. Race Black Specify:	- Americ c, White,	an Indian, etc. ACK
M. DE	(Specify onl	ecedent's Edu y highest gred (0-12)	cation le completed) College (1-4c	or 5+)	(Give	dent's Usual Occup kind of work done DO NOT use retire	during most of wo d)		16b. Kind of Bus		fustry
	4th 17. Fether's Neme (First,	Middle, Last)		- 10	SELFE	MPLOYED			HANDYMA Maiden Sumame		
0 0	WILLIAM JA						LUCILI	LE JACK	SON		
	19a. Informent's Neme/Ri GAIL FORD				100	WINAND					
etho ro (ri	20e. Method of Disposition 1 ☐ Burial 2 ☐ Cref 4 ☐ Donetion 5 ☐ C	mation 3 🗆 F		te	cemetery, cren	sition (Name of natory or other pla REMATOR		Date 6-15-9	20c. Location - 0		
any Injury or once.	21. Signature of Fundad S	Service Licens	soll	0	22 H	Name and Addre	ss of Facility UNERAL	HOME			MD 2120
edic	Sequentially list condition of eny, leeding to immedia cause. Enter Underlying Cause (Disease or injury thet initieted events resulting in death) Lest	is,	ca	Due to (or as e consequence or as	U	lenge	-			Minul 19as
esn S			d	100						1	
Physi	Pert II. Other significant o	conditions cor	ntributing to death	but not res	sulting In the un	nderlying cause gi	ven in Pert I.				the cause of dear
thou the								24a. Was	an autopsy ormed?	av co	ere autopsy finding ailable prior to mpletion of cause death?
Com								10	Yes 2 DNo	1[Yes 2□ No
To Be Compl	25. Was case referred to examiner? 1 Yes 2 No	-	fospitel: 1 🗆 Inpa	ntient 2] ER/Outpatien	N 3 DOA OH	vor-	Home 5 PResi	one) dence 6 □Othe	r /Snacil	vl
DO:	2 Accident	Pending invastigation	28e. Date of Ir (Month, L		28b. Time of Injury	28c. Inju		1	how injury occurre		
Medical Certification:	3 ☐ Suicida 6 ☐ 4 ☐ Homicide	Could not be determined	28e. Place of building,	Injury - At h etc. <i>(Speci</i> i	ome, ferm, stre	eet, fectory, office		28f. Location (City or To	Street and Numbe wn, State)	er or Run	l Route Number,
Completely filled in by the tr Medical Certification	29a. Certifier 1 ♥ C (Check only 2 ■ M	ertifying Physical Example	ner: On the basis end manner	of examine	wiedge, death	occurred et the ti restigation, in my o	me, date and place opinion, death occ	e, and due to the urred at the time,	cause(s) and mar date and place, a	nner as s ind due to	lated. the cause(s)
■ 2	9b. Signature and title of	pertition	Mug	Ju.	P	29c. Licens	e number - 6585		Date signed	(Month,	Day, Year)
36 T	o. Neme end address of	person who co	empleted cause of	death (Iter	n 23a) (Type, I	Print) to	ruson MI	213-0	4	1	

weekly to make many their

Please Type or Print In Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month Year May 1999 2000 10 William Alfred Johnson 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Kent & Queen Anne's Hospital Chestertown Kent If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 6. Sex 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Months Days 18 M 2□ F 82 220-09-0521 NOV. 28 1916 MARYLAND Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits MARYLAND QUEEN ANNE CENTERVILLE 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 112 KING COURT 21617 US 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ZaNo If Yes, Give 14. Race - American Indian, 11. Merital Status Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify BLACK 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 7th PLUMMER DUNTON & SONS 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) WILLIAM W. JOHNSON BERTHA HOY 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) VIOLA I. JOHNSON (WIFE) 112 KING CT. CENTERVILLE, MD. 21617 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ⊠ Buriai 2 ☐ Cremetion 3 ☐ Removal from Stete HILL CREST CEMETERY 5/17/99 ANNAPOLIS, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Facility WM. REESE & SONS MORTUARY, P.A. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. 821 WEST ST. ANNAPOLIS, MD. 21401 Approximate fritervel Between Onset and Death Lavy fmmediate Cause (Final CARDIO pulmon any disease or condition resulting in death) leval Factor Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (clas a consequence of): Culduals Citronic Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 DUnknown SENILe Dementin, Hypen vationin 24b. Were autopsy findings evelleble prior to completion of cause of death? 24a. Was an autopsy POOR Equilibrary with multiple 1 Yes 2 HNO 1 Tyes 2 No 25. Was case referred to medical 26. Plece of Death (Check only one) 1 Yes 2 No Hospital: 1 ☐ Impatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner of Death 28c. injury at Work? 28b. Time of 28d. Describe how injury occurred 28e. Date of injury (Month, Dev Year) 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No UNKNOWN 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

physician end s the buriel-trensit lew requires that the death certificete be executed 98 for been signed by the should be deteched Records, certificate Division of Vital To the Hospital or Attanding Physician: within 24 hours effer deeth.

To the Funeral Director: Affer this certifica completely filled in by the funeral director, I

Examiner Physician/Medical þ Completed Be 2 Certification:

Physician

/Medical

Examiner

Funeral

Director

r 28a-f show

r than "natural", or items 23s or the Medical Examiner must be

Hygiene.

Pages 1 and 2 should be filed w timent of Health and Mental Hygier tant: If them 27 is marked other th tury or other traumatic event, If a

Department of Important: If any Injury or once.

Physician /Medical

Examiner

Director

Funeral

þ

Completed

Be

filed within 72 hours efter deeth with the Meryland

altimore, Maryland 21215-0020

edicai

29a. Certifier (Check only one)

29b. Signature and title of continue

State Registrar

John C. ARKABAR M. WID 32. Registrar's Signature 31. Dete filed (Month, Day, Year) JUN 1 4 1999

30. Name and address of person who completed cause of deeth (item 23e) (Type, Print)

948 WAShington Ave CHESten Foun

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

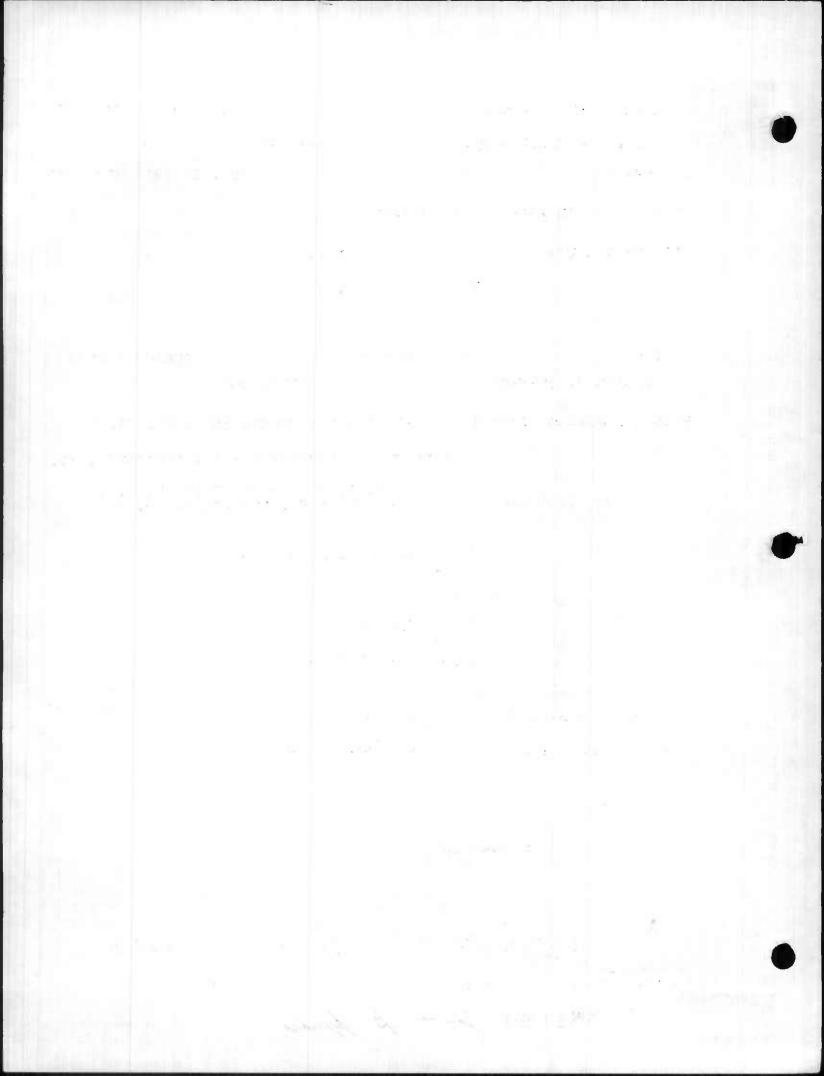
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner stated.

29c. License number

23889

29d. Date signed (Month, Dey, Year)

5/14/99



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 18909 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Physician 10:55 PM 6 1999 rune /Medical 4b. City, Town, or Location of Death 4e Facility, Nama (If not institution, giva street and number) 4c. County of Death Examiner SPITA yill last birthday) 0 mo Birthplace (Stete or Foreign Country) 24 Hrs. If Under 1 Year 6. Sex **Funeral** Months Deys Hours 10M 20F 70-12,1900 Yrs. Director Usuel Residence of Decedent with the Maryland Qfg. Town or Location 10a. Stete 10b. County 10d. Inside City Limits r than "natural", or flome 23s or 28s-f ahow the Medical Examiner must be notified at TOYes 2 No Director more 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? d NO Funeral death 13. Wes Decedent of Hispanio Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U.S. Armed Forcas? Race 11. Marital Status American Indian Bleck, White_etc filed within 72 hours after 1 Nevar Married 2 Married 1 Yes 2 the Yes, Give Year or Detes: 2 D No Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify. P 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiane. Elementary/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled wit Department of Health and Mental Hygiana important: If flem 27 is marked other tha ent njury or other traumatic event, trail PAGEs. 17. Fether's Name (First, Middle, Last) , 18. Mother's Name (First, Middle, Maiden Sumeme, Be IERC ationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Na City on Town. State, Zip Code) 0 DINSON 20b. Place of Disposition (Name of 20a. Method of Disposition 20c 1 Buriel 2 Cremetion 3 DRemoval from 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Lice 22. Name and SMA 262 10 4 500 amon 23a. Pert1. Enter the disaesa, or complications that caused the death. shock, or heert tailure. List only one ceuse ground line. Do not enter tha mode of thying, such as cardiac or respiratory Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final SEPSIS DAY diseese or condition resulting in death) Examiner Due to (or es e consequence of): Examiner physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or es a consequence of): Records, P.O. Box 68760 Physician/Medical Due to (or es a consequence of): 087 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 □ Tunknown 1 ☐ Yes 2 ☐ No drehon þ 24b. Were autopsy tindings eveilable prior to completion of cause of death? 24a. Wes an autopsy performed? Completed 2 DINO 1 Yes 1 Yas 20 No Attending Physician: Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) edical Certification: To 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred 28b.\Time of 28c. Injury at Work? 1 Neturel 5 Panding r death. 1 TYes 2 No 2 Accident investigetion 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, tarm, street, tactory, office building, etc. (Specify) yd ni beilil 4 Homicide 24 hours 15 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner steted. 29a. Certifier (Check only within 2 To the one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Moulande, MD 46704 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) AGNES HOSPITAL 31. Dete tiled (Month, Day, Year) 32/Registrar's Signeture State JUN 1 4 1999 Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Year **Physician** June 99 Fannic Kages

4a Facility Name (If not institution), give street and number) 8 /Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner Howard COLUMBIA HOWARD County Hospifal Coeneral 8. Dete of Birth (Month, Dey, Year) FEB 17, 1927 If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 6/Sex 7. Age (In yrs. last birthday) Birthplaca (Stete or Foreign Country) **Funeral** Months Deys Hours 1 M 2 F 100-24-3005 Yrs. NEW YORK Director Usual Residence of Decedent - how 10a. State 10b. County 10c. City, Town or Location r 28a-f ehow 10d. Inside City Limits Yes 2 No Director MD **HOWARD** COLUMBIA 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 0 8 "naturel", or Nema 23a 6336 CEDAR LANE, APT. 368 21044 USA Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) Rece - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 72 hours after 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 ☐ No If Yes, GiveX Year or Dates: 1 Yes 2 No Specify: Specify WHITE à 3 ☐Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education ify only highest grade completed) 16b. Kind of Business/Industry pernit. Pages 1 end 2 should be filed within? Department of Heelth and Mental thyglene. Important: if Item 27 is marked other than "eny Injury or other traumatic event, trailed pages. Elementary/Secondary (0-12) College (1-4or 5+) INSURANCE CO. MATHEMATICIAN 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) 8 To BERNARD HERSCHLAG ANNIE KLEIN 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. BARBARA SWITZER (DAUG.) 7278 POMMEL DR. SYKESVILLE, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Steta 20a. Method of Disposition 1 XBurial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) MIKRO KODESH-BETH ISRAEL 6/10/99 BALTIMORE, MD vice Licens 22 Name and Address of Facility BROS., INC. 8900 REISTERSTOWN RD. PIKESVILLE, MD 21208 itions that eaused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, cause of each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Cerebrovasella Examiner Due to (or es a consequence of): Examiner attending physicien and for use as the buriel-transit The law requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of): Physician/Medical Due to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Hypertension, Status Epilleptiens Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? Disease, Asporation Premones 1 Yes 2 No 1 Yas 2 No or Attending Physician: 89 25. Was case referred to medicat examiner? 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No this funarel 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? After 1 Netural 5 Pending investigation death. 1 Tes 2 No 2 Accident after death Director: 6 Could not be 3 ☐ Suicide Hospital or Atta
 24 hours after de
 Funeral Directo 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. 29a. Certifier

completely within 2

State

edical

DeLeon 31. Date filed (Month, Day, Year)
JUN 1 4 1999 Registrar

(Check only one)

29b. Signature and title of-ctifffier

10724 32 Registrar's Signatura

30. Neme and address of person who completed ceuse of death (Item 23a) (Type, Print)

Atexent Pkny, Columbia,

29c. License number

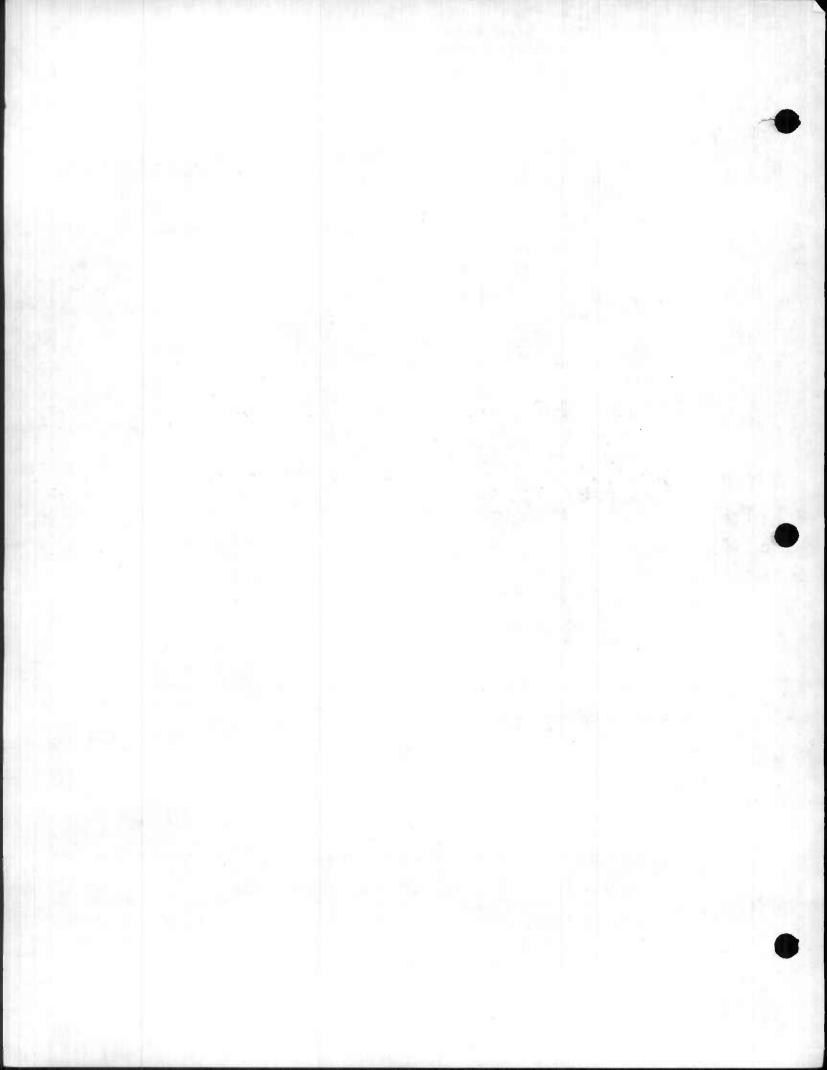
29d. Date signed (Month, Day, Year)

Baitimore, Maryland 21215-0020

P.O. Box 68760.

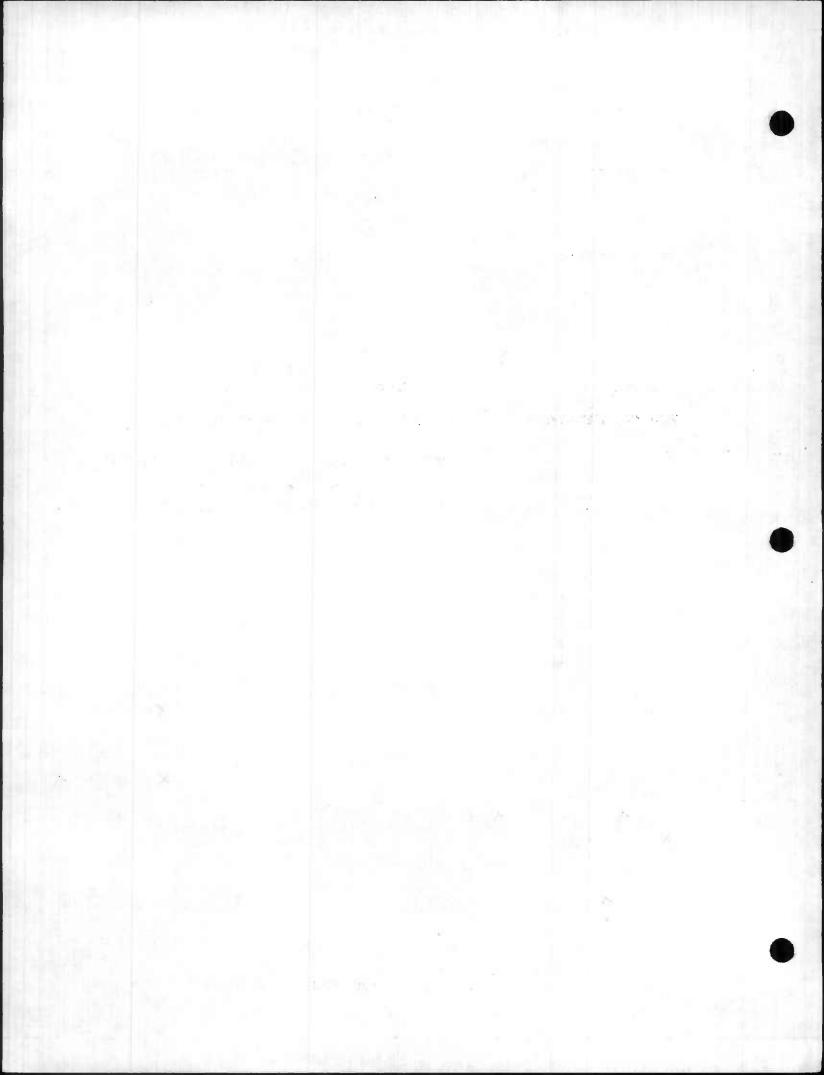
Records,

Division of Vital



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

200	Decedent's Neme (First, Middle, La	State of Maryla	Certific				Reg. No.	10	Time of Death
Physician	A CONTRACTOR OF THE CONTRACTOR					Month	Dey	Year	
/Medical	SIGMUND	R.	KALLI						:30 AM
Examiner	4a Fecility Neme (If not institution, giv				4b. City, Town, or				m 10 m
	Saint Joseph				Tows			altim	ore
uneral	5. Sociel Security Number 6. 5	TXM 2FF	s. last birthday) If Ui Mon	ths Days		8. Dete of Bir (Month, De	th y, Year)	9. Birthplaca Country)	(State or Foreign
irector	213-01-8766	93	YIS.			FEB 1	3, 1906	MAR	YLAND
*	Usuel Residence of Decedent 10a. Stete 10b. County	10c. C	City, Town or Location					10d le	nside City Limits
natural, or frame 23a or 28a-f ahow ofcel Examiner must be notified at eted by Funeral Director		1/4							Yes 2 No
be notified be notified	MD /	1//	BALTIMOR				40. 00. 41		
New 23a or 28a-i rec rount be notifi uneral Directo	10e. Street and Number		101	Zip Code			10g. Citizen of V	what Country?	
iner must Funeral	6300 PIMLICO RD.				1209		USA		
S	11. Meritei Stetus	12. Was Decedent Ever in Armed Forces?	U,S. 13. Wes Di	specify Cub	Hispanic Origin? (S an, Mexican, Puerl	pecify Yes or No o Rican, etc.)	Bled	e - American In ck, White, etc.	dien,
by F	1 Never Merried 2 Merried	1 ☐ Yes 2 ☐ No If Yes, Give	1□ Ye	s 2 No	Specify:		Specify	· WHIT	PE
	3 Widowed 4 Divorced	Year or Detes:			134				
Completed	15. Decedent's Ed (Specify only highest gra		16a. Decedent's l	work done	during most of wo	rking	16b. Kind of Bu	usiness/Industr	1
E	Elementery/Secondery (0-12)	College (1-4or 5+)	life. DO NO		<i>a</i>)				
ပိ	17. Father's Neme (First, Middle, Last)	5+	ATT	ORNEY	18. Mother's Ner	- Affina Afindalia		LAW	
Be							Maiden Sumen	*	
P	MORDECHAI		KALLINS			RTHA		FOX	
	19a. Informant's Neme/Reletionship (and Number or Ru				9)
	VERA KALLINS(WIF		6300 PI		RD. BAL	TIMORE,			
	20e. Method of Disposition XX Burial 2 Cremetion 3		Plece of Disposition (cemetery, cremetory	Name of or other pla	ce)	Date	20c. Location -	City or Town,	Stete
	4 □ Donetion 5 □ Other (Specifi	1)	HEBREW FRI	ENDSH:	IP €	/10/99	BALTI	MORE, N	1D
협	21. Signeture of Funeral Service Licer	1500			ess of Facility				
	180-1	7 -			SON & BRO				
	23a. Pert1. Enter the disease, or com shock, or heert feilure. List only	plicetions thet caused the de	eth. Do not enter the	mode of dvi	CERSTOWN ng. such es cardie	RD PT	KESVILLE rrest.	App	21208 roximete rvel Between
er	resulting In deeth)	Due to	(or es a consequence	of):	V BW				
Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	Due to	(or as e consequence	of):					
cian/Medical Examir	Cause (Disease or Injury that initieted events resulting in death) Last	C. Due to	(or es a consequence	of):	171				
Physician/M		d						1	
ysic	Pert II. Other significant conditions of		esulting in the underlyi	ng ceuse gi	ven in Pert I.	23b. Did	lobacco use co	ntribute to the	cause of death?
	CONGESTIVE HEA	RT FAILURE				10	Yes 2 No	3 Probably	4 Unknow
i by						04- 111		24h Wara a	utonou findinos
Completed							en eutopsy ormed?	aveilab	utopsy findings le prior to tion of cause
ig.				AT N				of death	
Ö	A STATE OF THE STA					1 🗆	Yes 2 No	1 ☐ Ye	s 28 No
Be	25. Wes case referred to medical examiner?				26. Place of De	eth (Check only	one)		
2	1 Yas 2 No	Hospitet: 1 Inpatient 2	☐ ER/Outpatient 3☐	DOA OH	her: 4 Nursing H	lome 5□ Resi	dence 6 Oth	er (Specify)	
	27. Menner of Deeth	28a. Dete of Injury (Month, Day Year)	28b. Time of tnjury	28c. Inju Wo	ry et rk?	28d. Describe	how injury occur	red	
Certification:	Neturel 5 Pending investigation		M		Yes 2□No				
illo illo	3 Suicide 6 Could not be determined	208. Piece of Injury - At	home, farm, street, fa	ctory, office		28f. Location (City or To	Street and Numb	per or Rural Ro	ute Number,
)er	4 Litomode	building, etc. (Spec	эну)			City of 10	wii, Siele)		
18	29a. Cartifier Certifying Ph	yelcian: To the best of my kr	nowledge, death occur	red at the ti	me, dete and place	, and due to the	cause(s) and me	enner as stated	
edicai	(Check only 2 Medical Exam	niner: On the basis of examination and menner stated.	netion end/or investiga	tion, in my o	opinion, death occu	irred et the time,	date end place,	and due to the	cause(s)
ž	29b. Signeture and title of contiller			29c. Licens	se number		29d. Date signe	d (Month, Day,	Year)
	1 des	and on	-	D	37254		6/8	199	
	30. Name and eddress of person who	completed cause of death (the	em 23a) (Type Print)					, ,	
				E TO	WSON. M	ARYLAN	D 21204	4	
-	31. Date filed (Month, Dey, Year)	32. Registrer's Sign	SLER DRIV	- I -	MODING IN	111 \	- man de bou to'		
State	IIINI 1 1 1000	oug	-A						



Please Type or Print In Black Indelible Ink.	Assure All Copies Are Legible
Chata of Mandaud / Danadasant of H	Inable and Mantal Livelana

ITEM: #26	PER F.H. G772 6-14-99		of Maryland	-	irtment of I tificate of		ind Mei		jiene 9	9 1	8912
18.00	Decedent's Name (First, Middle	e, Last)					2.	Date of Dea Month	_	Voor	3. Time of Death
Physician /Medical	Marie M. Kuci	nski						06 09	1999	Year	11:15 a.m.
Examiner	4a Facility Name (If not institution	n, give street and nu	mber)			4b. City, Tov	vn, or Locat	ion of Death	4c. County	of Deeth	
	1002 Edmondson	Avenue				Caton	sville	е	Balt	imore	
Funeral Director	5. Social Security Number 214-03-7942	6. Sex 1 ☐ M 2425/F	7. Age (In yrs. las 82	t birthday) Yrs.	Months Days		24 Hrs. 8. Min. 0	Date of Birth (Month, Day 8 14	Year) 1916	9. Birthpla Countr M	Ce (State or Foreign
2 -	Usual Residence of Decedent										
and and	10a. State 10b. County		10c. City, 1	Fown or Loc	cation					100	d. Inside City Limits
De Ma	Md		Bal	ltimor	e						1 Yes 2 No
with the M s or 28a-f be notifie	Toe. Street and Ivalides				10f. Zip Code			1	log. Citizen of \		y?
	12210 Pomoom Arro	nue Apt 2	14		2122	7			USA	1	
- 2 2 2 2	The state of the s	ied 1 Yes	2 (34No	H	Vas Decedent of I Yes, specify Cub ☐ Yes 2[X]No	an, Mexican,	in? (Specify , Puerto Ric	y Yes or No- an, etc.)		a - American ck, White, et	lc.
2 to 2 to 2		t's Education		16a. Deced	ent's Usual Occu	pation			16b. Kind of B	usiness/Indu	ustry
ad within 7 lygiene. we then 'n it, the Med	(Specify only higher Elementary/Secondary (0-12)	T	1-4or 5+)	lile. D	kind of work done OO NOT use retire emaker	during most od)	of working		Own H	lome	
Maryland 21215-0020 32 should be filled within 72 hours at h and Mantal Hygiene. 7 is marked other than "natural, or traumetic event, the Madical Exam To Be Commissed by 8	17. Father's Name (First, Middle,							irst, Middle, Koros	Maiden Suman	10)	11/2/17
Van de la company de la compan	19a. Informant's Name/Relations	hip (Type, Print)		19b. Mailin	g Address (Street	and Numbe	r or Rurat R	oute Numbe	r, City or Town,	State. Zip C	Code)
M Page	Regina Simon/Da	ughter			Stratford						
Te Tes	20a. Method of Disposition	ugiitei	20b. Plac	of Dispos	sition (Name of			Date	20c. Location -	City or Tow	m, State
O STATE	1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S		State	Rosa	natory or other pla	C8)	6/	12/99	Baltimo	re. M	id.
Baltimore semit. Pages 1 Separtment of H myortant: if Iten my Injury or oth	21. Signature of Funeral Service		1 ,		Name and Addre	ess of Facility	E			,	
CO SOLE	> 4may K		shall	St	erling-	Ashton	-Schw				nc 1228
Physician	23a. Part1. Enter the disease, or shock, or heart failure. List	complications that only one cause on	caused the death, each line.	Do not ente	er the mode of dyi	ng, such as o	cardiac or re	spiratory err	est,	1	Approximate Interval Between Onset and Death
/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)	a	Re	piro	tory -	Insu	ffici.	ency			weeky
<u> </u>			Due to (or a	s a consequ	vence on:	,		1:000		1	
8760, sate be executed shysician and the burial-transit dical Examin	Cause (Disease or injury that initiated events	c	Due to (or e			none		W 23	nc	1	weeks
P.O. BOX 687 at the death certificate d by the attending physicianched for use as the Physician/Medics	resulting in death) Last	d	500 to (01 6:	a consequ	iono oij.						
death death	Part ff. Other significant condition	ne contributing to d	eath but not resulting	no in the un	deriving cause of	ven in Part I	- 1	23h Did to	phacco use co	ntribute to t	the cause of death?
P.O. Dat the delay the detacher	Jens			ng in and dir	verifing cause gr	von ar r arc i.			es 2 No		ably 4 Unknown
DIVISION Of VItal Records, P.O. Box 6 to Attending Physician: The law requires that the death certificate death. Director: After this cartificate has been signed by the attending by the funeral director, page 2 should be detached for use as settification: To Be Completed by Physician/Me								24a. Was a perform		com	e autopsy findings lable prior to spletion of cause sath?
F 4 4 6 70								1 🗆 Y	es 200No	10	Yes 2□ No
/Ita	25. Was case referred to medical					26. Place	of Death (C	heck only or	ne)	1	
hysical hybridates hyb	examiner? 1 Yes 2 No	Hospital:	Inpatient 2 ER	VOutpatient	3 DOA ON	her: 4 Nur	sing Home	5) Resid	ence 6 ⊈ Oth	er (Specify)	AUGHTER'S RESIDENCE
ath. ath. Affects of tuneral	27. Manner of Death 1 [X]Natural 5 Pendin 2 Accident investig	W .	of Injury 28 th, Day Year)	3b. Time of Injury	M 28c. Inju Wo		28d		ow injury occur		ALISTY CHUIC
DIVISION (below Attending P ts after death. el Director: After t led in by the funeri Certification:	3 Suicide 6 Could r 4 Homicide determ	inari 208. Place	of Injury - At home ing, etc. (Specify)	e, farm, stre	et, factory, office		28f.	Location (S City or Town	treet and Numb n, State)	er or Rurat i	Route Number,
DIVISION Of VItal Rec To the Hooptal or Attending Physicien: The law Within 24 hours after death. To the Funeral Director: After this cardificate has completely filled in by the funeral director, page 2 Medical Certification: To Be Comp	29a. Certifier 15 Certifyin (Check only one) 15 Medical	g Physician: To the Examiner: On the b and man	best of my knowle asis of examination ner stated.	dge, death and/or inv	occurred at the tile estigation, in my o	me, date and opinion, deatl	place, and h occurred a	due to the cat the time, d	ause(s) and ma ate and place,	anner as sta and due to t	ted. the cause(s)
To the comp	29b. Signature and title of certifier	ney M	D		29c. Licens		21		9d. Dete signe June		
	30. Name and address of person PR. OCHA		se of death (ttem 23	3a) (Type, F	Print) 7845	5 0 a	Kuno	d Ro	June ad 5 1D 21	wite 041	205
State Registrar	31. Date filed (Month, Day, Year) JUN 1 4 1	32. F	legistrar's Signature	6	,		3477	7 //	20	9 01	
11-3-41-21		222	merca .	27	land						

Lucken Tay arm

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

-3323510		PART I, 27 PER MEO G773	State of Marylan				lealth a Death	nd M	,	(99 1	8913
Phys	sician edical	1. Decedent's Name (First, Middle, La.			tinoca.		Joan		2. Dete of Dee Month JUNE	Dey	Year	Time of Death
100	niner	4a Facility Name (If not institution, given LIBERTY MEDICAL	CENTER				BALTI	MORE		ſ	PYU	
Funer Direct		5. Social Security Number 25\-56.8 Usuat Residence of Decedent	ex 7. Age (in yrs.	last birthday) Yrs.	Months	Days	If Under 2 Hours	Min.	8. Dete of Birth	Year 931	9. Birthplace	(State or Foreign,
a Maryland la-f ahow	ctor	10s. State 10b. County N		y. Town or Lo		2	3					Inside City Limits
uth with the Manylar 23s or 28s-f show	ral Director	2112 Westwo	od Ave		10f. Zij	Code	47			10g. Citizen of V	Vhet Country?	
ter des	by Fune	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U, Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		Was Dece If Yes, spe I ☐ Yes	/	ispanic Orig in, Mexican, Specify:	in? (Spe , Puerto F	cify Yas or No- lican, etc.)	14. Race Blee Specify	e - American I ck, White, etc.	ndien,
21215-0020 d within 72 hours at plane. r than "natural", or the world the plane.	Completed	15. Decedent's Ec (Specify only highest gra Elementary/Secondary (0-12)		-	dent's Usu kind of wo DO NOT u	ork done (ise retire)	during most f)	of working	rider	16b. Kind of Bu		are
Maryland d 2 should be filed th and Mental Hyg 7 is marked othe traumatic avent,	To Be C	17. Father's Name (First, Middle, Last)	ec Kc H				-		(First, Middle,	Maidan Sumam	ea)	
- 5acs		19a. Informent's Name/Relationship (erson bush	er 2	112	w			d me		o Me	2131
Baltimore pemit. Pegas 1 Department of He important: If item	9500	20a. Method of Disposition 1 Burial 2 Cremation 3 4 Donation 5 Other (Specif) 21. Signeture of Funeral Survice Licen	Removel from State		Ratory or o	C St	ss of Fecility	51	51 B~		in m	un Md
Physicia /Medic Examina	al er	23a. Pert1. Enter the disease, or compand, or heart fathers. List only Immediate Cause (Final disease or condition resulting in death)	ATHEROSCLEROTIO		VASCU	LAR D		cardiac o	r respiretory an	rest,	Inte	proximete erval Between eset end Death
760, te be assected ysicien and e burial-transit	Examiner	Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury	b Due to (or	ras a conseq	juence of)	:						
	VMedical	that initiated events resulting in death) Last	Due to (or	as a conseq	uence of):							
P.O. BOX nat the death cert d by the attending setached for use	Physician/Med	Part II. Other significant conditions or	ontributing to death but not resu	ulting in the u	nderlying	cause giv	en in Pert I.			obacco use co	ntributa to the	cause of death?
cords, requires the been signed be controled by controled	leted by								24a. Was a		availat	eutopsy findings ble prior to etion of cause
Vital Rec licten: The law certificate has b	Completed								IP(v	es 2 No	of dee	
of Vita Physician: this certific ral director,	Be	25. Wes case referred to medical examiner?	Hospital:			Oth	or		(Check only o			
Phys cal di	-T	XXX Yes 2 No 27. Manner of Death	1 Inpatient 2 2	28b. Time of		OA	4 LI NUI	-		enca 6 □Oth ow injury occur		
Vision of Attending Phy ir death. actor: After this by the funeral of	Certification:	1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	(Month, Day Year)	Injury	М	-	k? Yes 2□t	No	28f. Location (S	treet and Numb		oute Number,
DIVISION To the Hospital or Attance within 24 hours after desire To the Funeral Directors completely filled in by the		29a. Certifier 1 Certifying Ph	building, etc. (Specify	wledge, death	occurred	at the tin	na, data and	d place, a	City or Tow	ausa(s) and ma	annar as state	d.
Ho Fu	edical	(Check only one) Medical Exam	iner: On the basis of examinat and manner stated.	tion and/or inv	vestigation	n, in my o	pinion, deat	h occurre	ed at the time, o	fate end placa,	and due to the	e cause(s)
To the Within 2 To the comple	×	29b. Signeture and title of certifier	1	-	29	c. Licens	e number			29d. Deta signe	d (Month, Dey	(, Year)
		30. Name and address of person who	A VLa completed cause of death (Item	23a) (7/pe.	Print)	OCM	E			JUNE 1	2, 1999	9
		Stephen S.	Radenta11	Penn		et,	Baltin	nore,	, Maryl	and 212	01	
Regi	State strar	31. DJUN (1014. 1999)	Server Signal	don	us.	,						

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

Physici	_	Decedent's Name (First, Middle, George Lemmon						2. Dete of De Month May	Dey	Yeer 999	3. Time of Death 7:02 p.m
/Medic		4a Facility Nama (If not institution,					4b, City, Town, or I	1			7.02 p.n
Examir	ner	Montgomery Gene					Olney			gome	rv
Funeral			-	a (In yrs. last	t birthday)	If Undar 1 Yaa	r If Under 24 Hrs.		rth	0	blece (Stata or Forentry)
Director		249-12-2202 Usuel Residence of Decedent	1⊠M 2□F	86	Yrs.	Months Deys	s Hours Min.	July 1	9, 1912	S. C	arolina
e-f show	tor	10a. State 10b. County Maryland Montgo	omery		own or Loc er Sp					1	10d. Insida City Llm 1 ☐ Yes 2X
3a or 28a	Il Directo	10e. Street end Number 2601 Bell Pre 1	Road			10f. Zip Code 20906			10g. Citizen of V	Whet Cour	ntry?
end Mental Hygiene. Is marked other than "natural", or items 23s or 28s-f show aumstic event, tra Medical Examiner man be notitled at	by Funeral	11. Meritel Status 1 → Nevar Married 2 → Marrie 3 → Widowed 4 → Divorced	12. Wes Decedent Armed Forces? 1 Yas 2 1 1 Yes, Give Yeer or Dates:			Ves Decedent of Yes, specify Cui	Hispanic Origin? (S ban, Mexicen, Puert Specify:	pecify Yes or No o Rican, etc.)		e - Americk, White,	
natura feuical E	pieted	15. Decedent's (Specify only highest	grede completed)		16e. Decede (Give k life. D	ent's Usual Occu kind of work done OO NOT use retire	upetion e during most of wor ed)	rking	16b. Kind of B	usiness/in	dustry
Hygiene. ther than	Be Completed	Elementery/Secondary (0-12) unknown 17. Fether's Name (First, Middle, La	College (1-4or 5 unknown		unkno				Railroa		
ev.	Be	George Lemmon					Fannie				
h end Mental 7 Is marked o traumatic eve	70	19a. Informent's Name/Relationshi	n (Type Print)		19b Mailine	a Address (Stree	et end Number or Ru	ıral Route Numt	her. Cify or Town.	Stete. Zir	n Code)
おとか		Montgomery Gener					Phillip				
Department of Health Important: If Item 27 any injury or other tr once.		20a. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Spe	□Ramovel from State	20h Place	e of Dispos	sition (Neme of setory or other pl		Date	20c. Location		
Departr Importu any inju		Ronald	C Made D.								
ysician Medical		23a. Pert1. Enter the diseese, or c shock, or heart failure. List of Immediate Ceuse (Final disaese or condition resulting in death)	omplications that ceused his one ceuse on each line.	d the death. [ne.	Ba Do not ente	1timore or the mode of dy	ying, such es cardiad	01 c or respiretory a		1	Approximata Intervel Between Onset end Death
nysician Medical kaminer pnuel-transit	n/Medical Examiner	23a. Pert1. Enter the diseese, or conshock, or heart failure. List of limmediate Ceuse (Final diseese or condition	Tack	d the death. [ne.	Ba Do not ente	Presumence of):	, MD 212	01 c or respiretory a		1	Approximata Intervel Between
hysician end funding physician end coruse as the pariel-transit	<u>a</u>	23a. Pert1. Enter the diseese, or coshook, or heart failure. List of limmediate Ceuse (Final diseese or condition resulting in death) Sequantially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Last	b. Her	Due to (or es	Ba Do not ente	Presented and a service of the mode of dy unence of):	, MD 212 ying, such es cardiac	01 c or respiretory e	arrest,		Approximata Intervel Between Onset end Death Week
e ettanding physician end was stree buriel-transit ad for use as the buriel-transit	Physician/Medical	23a. Pert1. Enter the disease, or conshock, or heart failure. List of limited in the condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events)	b. Her	Due to (or es	Ba Do not ente	Presented and a service of the mode of dy unence of):	, MD 212 ying, such es cardiac	01 c or respiretory e	arrest,		Approximate Intervel Between Onset end Death Week 6 mond
uysen signed by the ettanding physician end was as the buriel-transit	by Physician/Medical	23a. Pert1. Enter the diseese, or coshook, or heart failure. List of limmediate Ceuse (Final diseese or condition resulting in death) Sequantially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Last	b. Her	Due to (or es	Ba Do not ente	Presented and a service of the mode of dy unence of):	, MD 212 ying, such es cardiac	23b. Did	arrest,	antribute t	Approximate intervel Between Onset end Death Week
eta has been signed by the ettanding physician end was been signed by the ettanding physician end page 2 should be detached for use as the buriel-transit	by Physician/Medical	23a. Pert1. Enter the diseese, or coshook, or heart failure. List of limmediate Ceuse (Final diseese or condition resulting in death) Sequantially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Last	b. Her	Due to (or es	Ba Do not ente	Presented and a service of the mode of dy unence of):	, MD 212 ying, such es cardiac	23b. Did	i tobacco use co l Yes 2 □ No s en eutopsy	antribute t	Approximate intervel Between Onset end Death Week
eta has been signed by the ettanding physician end in a proper page 2 should be detached for use as the bunet-transit at a constant of the con	e Completed by Physician/Medical	23a. Pert1. Enter the disease, or c shock, or heart failure. List or immediate Ceuse (Final disease or condition resulting in death) Sequantially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in death) Last Pert II. Other significent condition	b. Her c. d	Due to (or es	Ba Do not ente	Pull uence of): Livence of): Livence of): Livence of):	ying, such es cardiac Unto U No Sin given In Pert I.	23b. Did 1 24a. Was peri	I tobacco use co] Yes 2□ No s en eutopsy ormed?	antribute t	Approximate Intervel Between Onset end Death Week
s certificate has been signed by the ettanding physician end in possibility of the buriel-transit as a signed for use as the buriel-transit as a signed for use as the buriel-transit as a signed for use as the buriel-transit.	Completed by Physician/Medical	23a. Pert1. Enter the diseese, or coshook, or heart failure. List of limmediate Ceuse (Final diseese or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events rasulting in death) Last Pert II. Other algnificent conditions 25. Wes cese referred to medical examiner? 1 🖺 Yes 252No	b. Hege c. d. Hospital: 1 Inpatie	Due to (or es	Ba Do not ente	er tha mode of dy Pull uence of): uence of): uence of):	ying, such es cardiac Unionic No Sis given In Pert I.	23b. Did 1 24a. Wa: perf 1 eth (Check only)	I tobacco use co Yes 2 No s en eutopsy formed? Yes 2 No one)	antribute t 3 Pro 24b. Wench	Approximate Intervel Between Onset end Death Week
s certificate has been signed by the ettanding physician end in possibility of the buriel-transit as a signed for use as the buriel-transit as a signed for use as the buriel-transit as a signed for use as the buriel-transit.	To Be Completed by Physician/Medical	23a. Pert1. Enter the disease, or c shock, or heart failure. List or limmediate Ceuse (Final disease or condition resulting in death) Sequantially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events rasulting in death) Last Pert II. Other significent condition 25. Wes cese referred to medical examiner? 1 1 Neture 5 Pending invastigal invastigal invastigal invastigal processors.	b. Hospital: Hospital: 1 Inpatie 28e. Dete of Inju. Month, De	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es) Due to (or es) Due to (or es) Due to (or es)	Ba Do not ente s e consequ s e consequ ng in the un-	er tha mode of dy Pull uence of): uence of): uence of): derlying ceuse g t 3 □ DOA □ 28c. Inj W 1 [ying, such es cardiac Unoul Location Grant State 26. Plece of De Other: 4 Nursing H jury et ork? Yes 2 No	23b. Did 1 24a. Was perf 1 eth (Check only tome 5 Res 28d. Describe	I tobacco use co I yes 2 No s en eutopsy ormed? I yes 2 No one) sidence 6 Ott	24b. Week of the control of the cont	Approximate Intervel Between Onset end Death Week
s certificets has been signed by the ettanding physician end in pipolician in pipolician end in pipoli	Certification: To Be Completed by Physician/Medical	23a. Pert1. Enter the diseese, or c shook, or heart failure. List of shook, or heart failure. List	b. Hospital: 1 Inpatie Recontributing to deeth be 1 1 1 1 1	Due to (or es Due to (or as	Ba Do not ente s e consequ s e consequ ng in the un-	er tha mode of dy Presented and a service of the mode of dy uence of): uence of): uence of): defrying ceuse of the mode of dy the service of the mode of dy uence of): uence of): the service of the mode of dy uence of): uence of): uence of): the service of the mode of dy uence of): uence of): the service of the service	ying, such es cardiac Union La Sis Given In Pert I. 26. Plece of De Other: 4 Nursing In iury et ork? Yes 2 No	23b. Did 1 24a. Wa: perf 1 28d. Describe 28f. Location City or To	i tobacco use co I yes 2 No s en eutopsy formed? I yes 2 No one) sidence 6 Otto to how injury occur (Street end Num.	24b. We except of the state of	Approximate intervel Between Onset end Death I week. 6 month of the cause of death of the cause of death of the cause of death of the cause of death? Yes 2 No with the cause of death?
uysen signed by the ettanding physician end was as the buriel-transit	To Be Completed by Physician/Medical	23a. Pert1. Enter the disease, or c shock, or heart failure. List or limited the condition resulting in death) Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in death) Last Pert II. Other significent condition 25. Wes cese referred to medical examiner? 1 1 Neturel ceymon referred to medical examiner? 27. Manner of Death 1 Neturel could not determine the could n	b. Hospital: 1 Inpatie 28e. Dete of Inju (Month, De	Due to (or es Due to	Ba Do not ente s e consequ s e consequ ng in the unit Noutpetient b. Time of Injury e, ferm, stre	et 3 DOA Concept, fectory, office cocurred et the mode of dy	ying, such es cardiac ying, such es cardiac ying, such es cardiac ying, such es cardiac ying, such es cardiac ying, such es cardiac 26. Plece of De time, dete end plece time, dete end plece	23b. Did 1 24a. Wa: perf 24a. Wa: perf 25b. Location City or To	I tobacco use co I tobacco use co I yes 2 No s en eutopsy formed? I yes 2 No one) idence 6 Ott how injury occur (Street end Num. own, Stete)	24b. We exceed the control of the co	Approximate Intervel Between Onset end Death I week 6 mond

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Marden Month Bianca rances Lucido 10 JUNE 4a. Facility Nama (If not Institution, giva street and number) Ave. 4b. City, Town, or Location of Death 4c. County of Death Manor N.H-5743 Edmentson Baltimore, Mid. Ballimore I age Way If Undar 24 Hrs. 8. Data of Birth (Month, Day, If Undar 1 Yaar 7. Aga (In yrs. last birthday) Sex Birthplaca (Stata or Foraign Country) 217-05-3000 Days 05/02 FTal Usual Rasidance of Decedent 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 1Ã Yas 2 □ No MD Baltimore 10e. Street and Number 10f. Zlp Code 10g. Citizan of What Country? 516 Rock Glen Road 21229 U.S.A. 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ੴNo If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Marriad 2 Married 1 Yas 2 No Specify: While 3 Widowed 4 □ Divorcad 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Tailor Clothing 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Rose PRESTI Joseph Lucido 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 628 Aldershot Road, Baltimore, Maryland 21229 19a. Informant's Name/Ralationship (Type, Print) S. Robert Bianca (Son) 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata New Cathedral 6/15/99 Baltimore, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licenses 22. Nama and Addrass of Facility Witzke Funeral Homes, Inc. 1630 Edmondson Avenue, Catonsville, MD 21228 23a. Part1. Enter the disease, or complete the caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Immediata Causa (Final disaasa or condition resulting in death) Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disease or Injury that initiated events rasulting in daath) Last Dua to (or as a consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dld tobacco use contribute to the ceuse of death? 1 100 2 No 3 Probably 4 ☐ Unknown 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 ☐ Yas 2 ☐ No 1 Yas 2 No 25. Wes casa refarred to medical axaminer? 26. Place of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Othar: 4 Nursing Homa 5 ☐ Residence 6 ☐ Othar (Specify) 1□ Yas 2□ No 28c. Injury at Work? 27. Menner of Death 26a. Date of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 1 Netural 5 Panding Invastigation 1 Yas 2 ☐ Accident

attending physician and for use as the bunal-transit The law requires that the death certificate be assecuted P.O. Box 68760. After this certificate has been signed by funeral director, page 2 should be detact Records, Division of Vital or Attending Physician: this : After t To the Hospital or Attending within 24 hours after death.
To the Funeral Director: After completely filled in by the fun

Physician/Medical by Completed Be Certification: To

Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Director

Funeral

þ

Completed

Be

Pages 1 and 2 should be filed within 72 hours after death with the Marylar ment of Health and Mantal Hygiene.
Int: If Hem 27 is marked other than "natural", or Hems 23e or 28a-f show ury or other treumatic event, the Medical Examples must be normed.

permit. Pages 1 and 2 s Department of Health ar Important: If Item 27 is any Injury or other treu

Physician /Medical

Examiner

21215-0020

Baltimore, Maryland

the Maryland

4 Homicide Medical

3 ☐ Suicida

6 Could not be datarminad Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

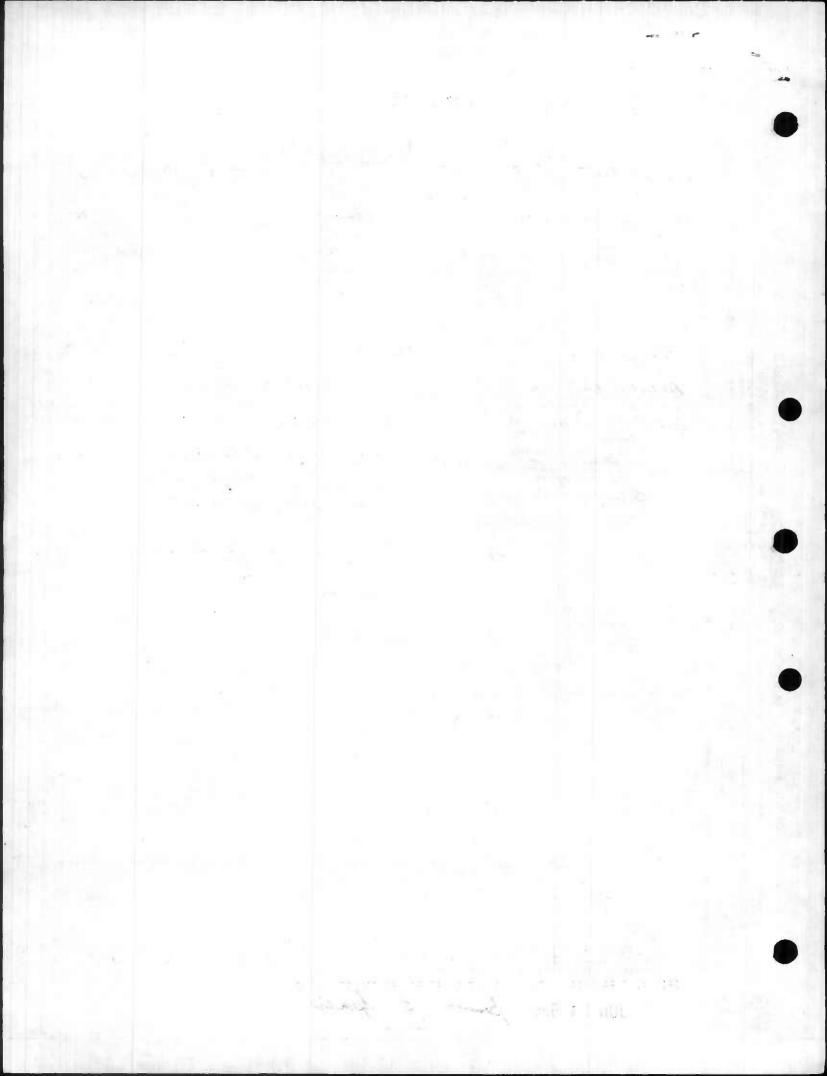
| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29d. Data signed (Month, Day, Year) 29c. Licansa number

29b. Signatura and titla of cedifier

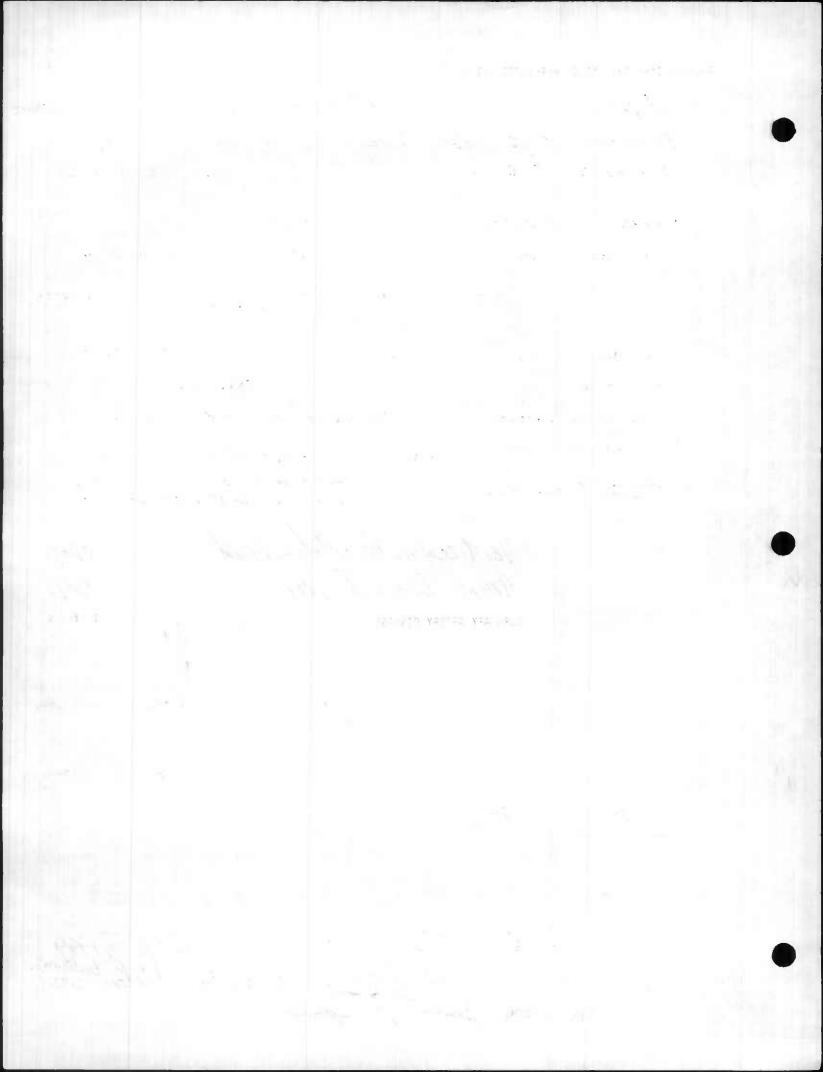
Berehles ous 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) DAMIAN EREDERICK

State Registrar ROAD, 5,447R 18, The part weeks all some and the second altered against

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death AMEND ITEM: 5 PER F.H. G773 7-6-99 WR. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death MALONE Month **Physician** 6.45-PM ALDONIA 11 99 4c. County of Deat /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 109THWEGT 10661191 391710708 910412 570W EYTER If Under 24 Hrs. 5. Social Security Number 2/2-32-3015 If Under 1 Year 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign 8. Date of Birth (Month, Day, Year) **Funeral** 1 M 20 F Months Days Hours Director Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location r than "natural", or itema 23a or 28a-f show the Hadical Examinar must be notified at 10d. inside City Limits REISTERSTON 1 Tes 2 No BOIHHERE Director Hary AND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? St. Georges Stution 21136 U5A 610 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No Was Decedent of Hispanic Origin? (Specify Yes or No-tif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritei Stalus 72 hours after 1 Never Married 2 Married Maryland 21215-0020 1 Yes 2 No Specify: Specify: Black à 3 ☐ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) permit. Pages 1 and 2 should be filled within? Department of Health and Mental Hygiene. Important: if fem 27 is marked other than "gently or other traumatic event, the Had price. Elementary/Secondary (0-12) College (1-4or 5+) Private from ly Domestic 8 B grack
17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) ALBERT Coleman Mattie Jones 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2// 36 Doris M. Crawfin 610 St. Georges Station Rum REISTERShown, Led Baitimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 Other (Specify) Extomb more Maryfore DRUID Ridge Ceneky 22. Name and Address of Facility CHATMAN - HARRE 21. Signature of Funeral Service Licensee 5240 RESSTERSTURE READ Beyon Aturi 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 21215 Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physician and the burial-transit certificata be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) 5x 68760. Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contribute to the cause of death? PO the signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Division of Vitai Records, à 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy completion of ceuse of death? 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medicat examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA this 28e. Date of Injury (Month, Day Year) 27. Manne of Death 28b. Time of 28c. Injury al Work? 28d. Describe how injury occurred Certification: After or Attending 5 Pending investigation To the Hospital or Attanding within 24 hours after death. To the Funeral Director: Atta completely filled in by the fun. 1 Yes 2 No 2 ☐ Accident 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 ☐ Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) Myp 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) BIPIN K. TURALCHIA, M.D. 5401 OLD COURT RD RANDALLSTOWN, MD 32. Registrer's Signature State Registrar



ysician	1.	Decedengs Name (First, Middle		/14/99 E	w Oci	rtificate of	Douth	2. Date of De	Reg. No.	2.50	3. Time of Death
ledical		HENRY		Contract Con		MEN	EZ	JUNE	Day 05	1999	7:00A
niner al or	5.	Facility Name (If not institution ION NS HOW IN Social Security Number 215–28–2810	SPAYWEEN	MEDIL 7. Age (In year 67	SL GEA last birthday) Yrs.	If Under 1 Year Months Days	BAGE If Under 24 Hrs. Hours Min.	MOSE B. Date of Bird (Month, Date Jan .		N/A 9. Birthpi Count	lace (State or Foreig try) aware
-		a. Stete 10b. County		10c. Cit	ty, Town or Lo	ocation				10	0d. Inside City Limit
tor		Marvland	Baltimore				Dundalk				1☐ Yes 2덨N
Director	10	e. Street end Number	parcimore	2		10f. Zlp Code	Dulidary		10g. Citizen of V	Vhet Coun	iry?
		8014 Midhaye	n Road			2	1222		United	d Sta	tes
by Funeral	11	. Maritel Stetus 1 □ Never Merried 2 □ Marr 3 □ Widowed 4 □ Divorced	12. Was Deced Armed For 1 Types If Yes, Give Yeer or De	ces? 2 🗌 No		Wes Decedent of If Yes, specify Cub ↑ Yes 2 □ No		pecify Yes or No Rican, etc.)	14. Rac Bled Specify	a - America ck, White, o	
Completed		15. Decedent (Specify only highes Elementery/Secondery (0-12)	s's Education at grade completed) College (1-	-4or 5+)	(Give	16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) Maintenance 16b. Kind of Business/life. Steel Inc.					
e Co	17	12 Years . Fether's Neme (First, Middle,	Last)		Mal	ntenance	18. Mother's Nem	ne (First, Middle,			ustry
To Be		Vincent Mend	ez				E	lvira J	uarez		
-		a. Informent's Name/Relations	hip (Type, Print) V	Vife	19b. Mailir	ng Address (Stree	t and Number or Ru	ral Route Numb	er, Cify or Town,	State, Zip	Code)
		Mrs. Deanna	D. Mendez		80	14 Midha	ven Road	Dunda	lk, Mary	yland	21222
	20	a. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S)		State	cemetery, crer	osition (Neme of metory or other plant) Service	Corp. 6/	Dale 8/1999	20c. Location -		wn, Stete ryland
	21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Duda-Ruck Funeral Home of Dundal 7922 Wise Ave. Dundalk, Marylan									lk, I	-
1	la di	3a. Pert1. Enter the diseese, or shock, or heart failure. List amediate Ceuse (Finel seese or condition	complications that ca	ech line.				or respiratory e			Approximete Intervel Between Onset end Deeth
niner		sulting in death)	1	Due to (d	07.90-4 000000		, ,			1	-
n/Medical Examiner	Ci th re	equentially list conditions, eny, leading to immediate use. Enter Underlying euse (Disease or injury at initieted events sulting in death) Lest	c. CORONA	ARY ARTE	BRAT or es e consec RY DISEA or es e conseq	SE	TURY				GDAYS 10 Years
edical	Ci th re	Suning in Geath) Lest	d	ARY ARTE	RY DISEA or es e conseq	(SE quence of):	TVKY	23b. Did	tobacco use co		GDAYS 10 Years
Physician/Medical	Control the re	equentially list conditions, eny, leading to immediate use. Enter Underlying ause (Disease or injury at Initieted events sulting in death) Lest	d	ARY ARTE	RY DISEA or es e conseq	(SE quence of):	TVKY		tobacco use co Yes	ntribute to	
by Physician/Medical	Ci th re	Suning in Geath) Lest	d	ARY ARTE	RY DISEA or es e conseq	(SE quence of):	TVKY	1 🗆		ntribute to	o the cause of deal
by Physician/Medical	Ci th re	Suning in Geath) Lest	d	ARY ARTE	RY DISEA or es e conseq	(SE quence of):	TVKY	1 🗆	Yes No	antribute to	o the cause of dear bably 4 Unknow ere eutopsy finding eliable prior to mpletion of cause
Be Completed by Physician/Medical	Per 25	Suning in Geath) Lest	d	ARY ARTE Due to (c	RY DISEA or es e conseq	(SE quence of): inderlying cause g	28. Plece of Dec	1 □ 24e. Wes	Yes ZANO	antribute to	bably 4 Unkn ere eutopsy finding eliable prior to mpletion of cause deeth?
To Be Completed by Physician/Medical	Pe 25	ort II. Other significent condition	d	ARY ARTE Due to (c	RY DISEA or es e conseq	int 3 DOA	28. Plece of Dee ther: 4 ☐ Nursing H	24e. Wes perfo	Yes ZANO	ntribute to 3 Prot	bably 4 Unknere eutopsy finding eliable prior to mpletion of cause deeth?
To Be Completed by Physician/Medical	Pe 25	ort II. Other significent conditions i. Wes case referred to medical exeminer?	Hospital: 28e. Dete o (Month) and be 28e. Pleca	ARY ARTE Due to (co	RY DISEA or es e consequence de cons	int 3 DOA	28. Plece of Dee iher: 4 ☐ Nursing H iny et ork?] Yes 2 ☐ No	24e. Wes perfect that (Check only come 5 Resi 28d. Describe	Yes 27000 one)	24b. We every coordinate of the coordinate of th	bably 4 Unkn ere eutopsy finding eliable prior to mpletion of cause deeth? Yes
Certification: To Be Completed by Physician/Medical	Pe 25 27	in the significent condition of the significent condition of the significent condition of the significent condition of the significant condition of the sincrease condition of the significant condition of the significant	Hospital: 28e. Dete of (Month) anto be ined 28e. Pleca building Physician: To the barraminer: On the barraminer.	ARY ARTE Due to (content to the content to the con	RY DISEA or es e conseq sulting In the u	int 3 DOA Of 28c. Injury M 1 Creet, factory, office	28. Piece of Dee ther: 4 Nursing H try et ork? Yes 2 No	24e. Wes performent of the Check only of the Check only of the Self-Location (City or To	Yes 20 No one) Idence 6 Oth how injury occur (Street end Number, State)	ntribute to 3 Prot 24b. We eve coo of 1 [ner (Specify red per or Rura	bebly 4 Unknown under the cause of dear death? The cause of dear death of the cause death? The cause of dear death of the cause death? The cause of dear death of the cause death?
To Be Completed by Physician/Medical	25 27 25	we case referred to medical exeminer? Yes	d. Hospital: 28e. Deteo (Month) action to be ined 28e. Pleca building Physician: To the la end menn	ARY ARTE Due to (content to the content to the con	RY DISEA or es e conseq sulting In the u	Int 3 DOA of 28c. Injury M 1 Creet, factory, office the occurred et the twestigation, in my	28. Piece of Dee ther: 4 Nursing H try et ork? Yes 2 No	24e. Wes performent of the Check only of the Check only of the Self-Location (City or To	Yes 20 No one) Idence 6 Oth how injury occur (Street end Number, State)	antribute to 3 Prot 24b. We every condition of the second of the secon	bably 4 Unknown under the unit of the cause of death of the unit o
edical Certification: To Be Completed by Physician/Medical	25 27 25	iver it. Other significent conditions of the condition of	d. Hospital: 28e. Deteo (Month) action to be ined 28e. Pleca building Physician: To the la end menn	ARY ARTE Due to (content to the content to the con	RY DISEA or es e conseq sulting In the u	Int 3 DOA of 28c. Injury M 1 Creet, factory, office the occurred et the twestigation, in my	28. Plece of Dee ther: 4 ☐ Nursing H try et trix? ☐ Yes 2 ☐ No ime, date end plece opinion, deeth occu	24e. Wes performent of the Check only of the Check only of the Self-Location (City or To	Yes Zy No one) dence 6 Oth how Injury occur Street end Numburn, Stete) ceuse(s) end me dete end place,	antribute to 3 Prot 24b. We every condition of the second of the secon	bably 4 Unknown under the unit of the cause of deal bably 4 Unknown under the unit of the



Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Yes **Physician** 2:25 PM 1999 JUNE 10 Willard J. Mitchell /Medical 4c. County of Death 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner GIEN BURNIE ANNE ARUNDEL NORTH ARUNDEL HOSPITAL If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 1 M M 2 □ F 7. Age (In yrs. lest birthday) **Funeral** 70 Yrs. 220-20-0907 28, 1929 West Virginia Director Usual Residence of Dacedent 10d. Inside City Limits 10a State 10h County 10c, City, Town or Location 1 ☐ Yas 2 X No Directo Maryland Anne Arundel Millersville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? finer must be n 8222 Railroad Avenue 21108 USA 12. Was Decedant Ever in U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yes or No-It Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yes 2 No It Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married "natural", or 1 ☐ Yes 2 No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Hygiene. other than "naturn ent, the Medical I Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) Heavy Equipment Operator Union Local 8 18. Mother's Nama (First, Middle, Maiden Surneme) 17. Fathar's Name (First, Middle, Last) Holly W. Mitchell Ada Elisie Fawley 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Nellie P. Mitchell - Wife If Item 27 or other tr 8222 Railroad Avenue, Millersville, MD 21108 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 XBurial 2 Cremation 3 Removal Glen Haven Cemetery 4 ☐ Donation 5 ☐ Other (Specify) June 14 Glen Burnie, MD Signature of Funeral Service 2. Name and Addrass of Facility Stallings Funeral Home, P.A. 3111 Mountain Road, Pasadena, MD 21122 Approximata fnterval Between Onsat and Death not enter the mode of dying, such as cardlac or raspiratory arrest, **Physician** Immediate Cause (Final. /Medical a. MASSIVE GASTAO INTESTINAL BLEGDING. UPPER disease or condition resetting in death) Examiner Due to (or as a consequenca of): ACCI DENT CEREBRO VASCRIAR Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated even Exam Due to (or as a consequence ot): pue 2 Physician/Medical nitiated events ing in death) Last 96 Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yea 2 No 3 Probably 4 Unknown à 24b. Wara autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy Completed ste has page 2 2 No 1 TYAS 1 ☐ Yas 2 ☐ No certific 89 25. Was cese retarred to medical examiner? 26. Place of Death (Check only ona) Hospitai: Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yes 2 No 2 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 27. Manger of Death 28b. Time ot 28d. Describe how injury occurred Ather Attending 5 Pending Investigation 1 Natural death. 1 Yas 2 No 2 Accident Director: d in by the 3 Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) after 4 T Homicide To the Hospital within 24 hours a To the Funeral C completely filled Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edical 29b. Signatura and title of certifier 29c. Licensa number 29d. Date signed (Month, Dey, Year) D43977 10 mp. 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

Drive, Glen Burne, MP. 21061

State Registrar ayoka Okatuali.

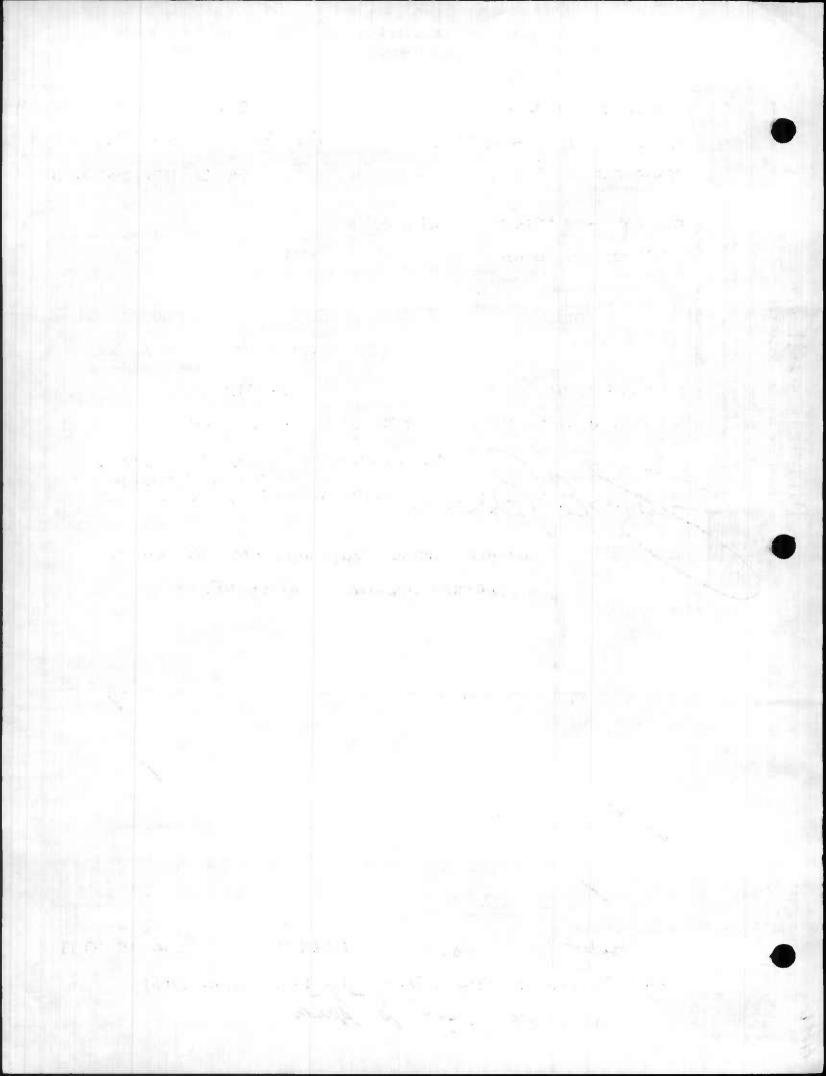
31. Date filed (Month, Day, Yeer)

301

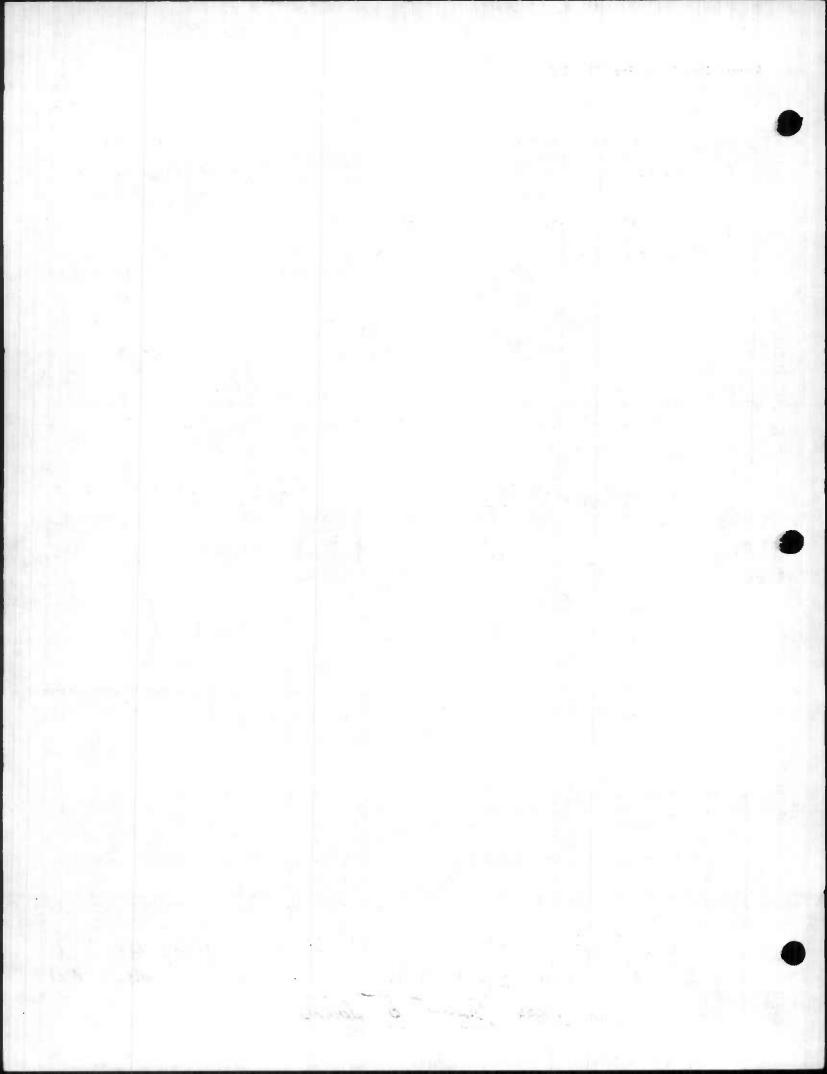
32. Registr

Division of Vital Records, P.O. Box 68760

nitchell, Willag



	ľ	n#24a perPhyG772 6 1. Decedent's Neme (First, Mid-			Cer	tificate of	Death	2. [Poete of Dae	leg. No.	J 1	3. Time of Deeth
hysician /Medical	Ruth M. Myers						Month May			Dey Yeer		2:55 p.m
xaminer												
ineral rector		National Luth Sociel Security Number 129-30-8378 Jeual Residence of Decedent	eran Home 6.Sex 1□M 2及F	7. Age (In yrs.	last birthday) 87 Yrs.	If Under 1 Year Months Deys		24 Hrs. 8. [Min.	Dete of Birth Month, Dey 1y 16		gomei 9. Birthp <i>Cou</i> n Mary	ry lace (State or Forei ity) yland
MO TO	-	10a. Stete 10b. Count	у	10c. Cit	y, Town or Loc	eation					1	0d. Inside City Limi
Net name 23e or 28e-f show	-	Maryland Mont	gomery	Roc	kville	10f. Zip Code				Og. Citizen of V	Man Cours	1 ☐ Yes 28 N
ai Dil		9701 Veirs Dri	Ve	20901						U.S.A.	ALIGI COUL	itry r
by F		1. Marital Status 1 ☑ Never Married 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	12. Was Dece Armed Fo 1 Yes	2 🙀 No /e	If	Vas Decedent of Yes, specify Cult	oen, Mexicen,	nn? (Specify Puerto Rica	Yes or No-	14. Race Blace	a - America k, White, o	etc.
nt, the Medical Ex-			nt's Education est grede completed) College (1	I-4or 5+)	16e. Decad (Give I life. D	Decadent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired)					usin ess/I nc	dustry
	-	12 7. Fathar's Name (First, Middle	8		Micr	obiolog:		de Nama (Fin	nA 48:446 1	Medi Melden Sumem		
To Be Co		James W. Myer						e B. F		weiden Sumem	Θ)	
raumatic ever		19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Streat end Number or Rure								, City or Town,	Steta, Zip	Code)
er tra		Janet Strube/s	ister			. John (
important: it item 27 is marked any injury or other traumatic a ance. To E	2	1 ☐ Buriel 2 ☐ Cremetion 1 ☐ Donetion 5 ☐ Other (lece of Dispos emetery, crem	e of Disposition (Nema of Dete 20c. Locetion - City or Town, Stete stery, cremetory or other piece)						wn, Stete
any Inj	21. Signature of Fuseral Service Licensee Ronald S. Wade, Director 22. Name end Address of Facility State Anatomy Board, 655 W. Balt Baltimore, MD 21201									. Balti	more	Street
for use as the buriel-transit and clan/Medical Examiner	1	mmadiate Ceusa (Final disease or condition esulting in deeth) Sequentielly list conditions, eny, leeding to Immediate seuse. Enter Underlying Jeusa (Disease or Injury het Initieted events esulting in deeth) Lest	e	Due to (or	rese consequence of the conseque	rence of): (Prosizing rence of): (On one of):	taje	uct	a dn			
by Physician/M	P	art II. Other significant conditions of the cond	ons contributing to de	ath but not resu	fully full	derlying cause gi	ven In Pert 1.	eap		bacco use con	Prob	the cause of death
2 should pieted	-					/			24a. Was e perform	n eutopsy ned?	eve	ora autopsy findings elleble prior to appletion of ceuse daath?
Com	L								1 □ Ye	s 2 No	1□	Yes 2□ No
I director, pag	2	 Wes casa raferred to madical examiner? 1 ☐ Yes 2 ☐ No 	Hospitel:		5010	Ott	nae:	of Daeth (Ch				
e funeral di ation: To	2	7. Manner of Deeth	28a. Dete o	npatient 2 1 of Injury h, Dey Year)	28b. Time of Injury	28c. Inju Wo		28d. l		ow Injury occurre		")
completely filled in by the funeral Medical Certification:		3 ☐ Sulcide 6 ☐ Could determ	not be nined 28e. Plece buildin	of Injury - At ho	me, ferm, stree	et, factory, office		28f. L	ocation (St. City or Town	reet end Numbe 1, Stete)	er or Rurel	Route Number,
pletely fill	2	9a. Certifier T Certifying (Check only one) 2 Medical	ng Phyaiclen: To the I Examiner: On the ba and menn	sis of examinet	vledge, daath o ion end/or inve	occurred et tha ti estigation, in my	me, dete end opinion, daath	plece, end d	ue to the ce the time, de	euse(s) end mer ete end pleca, a	nner es ste	eted. the cause(s)
сошр	2	9b. Sprature and tiple of politic	& W	2		29c. Licens	se number	8	n	9d. Dete signed	(Month, E	Dey, Year) 1999
	Ê	Name and address of person	who complated causa	of daath (Item	23e) (Type, P	rint) rddle	broo	hRa	6	erman	town	n, MD
1 1	-	Dete filed (Month, Dey, Year)	32. Re	()					1			/



State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Vear **Physician** NAOMI GLADYS McCLUNG Q 1999 22:30 PM June /Medical 4a Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner AGNES BALTIMORE 1 If Under 1 Year Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 1□ M 2X F Months Deys Hours 216-12-7965 90 Yrs. Director 8/15/1908 MARYLAND Usuel Residence of Decedent 10d. Inside City Limits 10a State 10h County 10c. City, Town or Location MD BALTIMORE CATONSVILLE 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 815 WINTERS LANE APT 307 21228 U.S.A. Funeral 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 20XNo If Yes, Give 14. Race - American Indian, 11 Maritel Status Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes XXNo Specify: Specify: by WHITE 3 XWidowed 4 □ Divorced Year or Detes: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) ASSOCIATED ELECTRIC Elementery/Secondary (0-12) College (1-4or 5+) SERVICE COMPANY PARTNERSHIP permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If flem 27 is marked oths any injury or other traumatic event, page. 18 Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be JOSEPH R. FUNK ANNIE: B. (WEITZEL) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) ROBERT MCCLUNG (SON) 715 CEDARCROFT ROAD BALTIMORE, MD 21212 20b. Ptece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Dete 20e. Method of Disposition 1 ☑ Buriat 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 6/14/99 ELKRIDGE, MD MEADOWRIDGE MEM. PARK 22. Name end Address of Fecility WITZKE FUNERAL HOMES, INC. of Funeral Service Lin 1630 EDMONDSON AVE CATONSVILLE, MD 21228 Approximete Intervel Between Onset and Deeth Pert1. Enter the diseese, of complications that caused if shock, or heart failure. List only one cause on each tine the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, **Physician** /Medical Immediate Ceuse (Final SEPSIS disease or condition resulting in death) 4 Days Examiner Due to (or es e consequence of): Examiner PERITONITIS 4 Days Sequentially list conditions, if any, teading to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medicai Due to (or as e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown p 24b. Were eutopsy findings eveilable prior to 24e. Wes en eutopsy Completed completion of ceuse of death? 2 No 25. Wes cese referred to medicat examiner? Be 26. Ptece of Deeth (Check only one) Hospitat: 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 ☐ Yes > No Other: 4 ☐ Nurstng Home 5 ☐ Residence 6 ☐ Other (Specify) To 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Certification: 27. Manner of Deeth 1 Neturel 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Certifying Phyelclan: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner steted. edicai 29a. Certifier 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier 29c. License number D52540 June 10, 1999 30. Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) Thomas J. Enelow St. Agnes HealthCare 900 Caton Avenue Baltimore, MD 21229

sporks

37. Registrer's Signature

State Registrar

DHMH 16 Rev 6/95

Marylend

death

72 hours efter

Maryland 21215-0020

Baltimore.

Box 68760. death certificate be

0 that the

۵

Vital Records.

of

Division Attending

The law has page 2

28a-f show

items 23a or 28a-f shortner must be northled at

the Medical Examiner

8

"natural",

other

physician and the bunal-transit

ō

signed by the e

peen

certificate Physician:

After this

death.

after death Director:

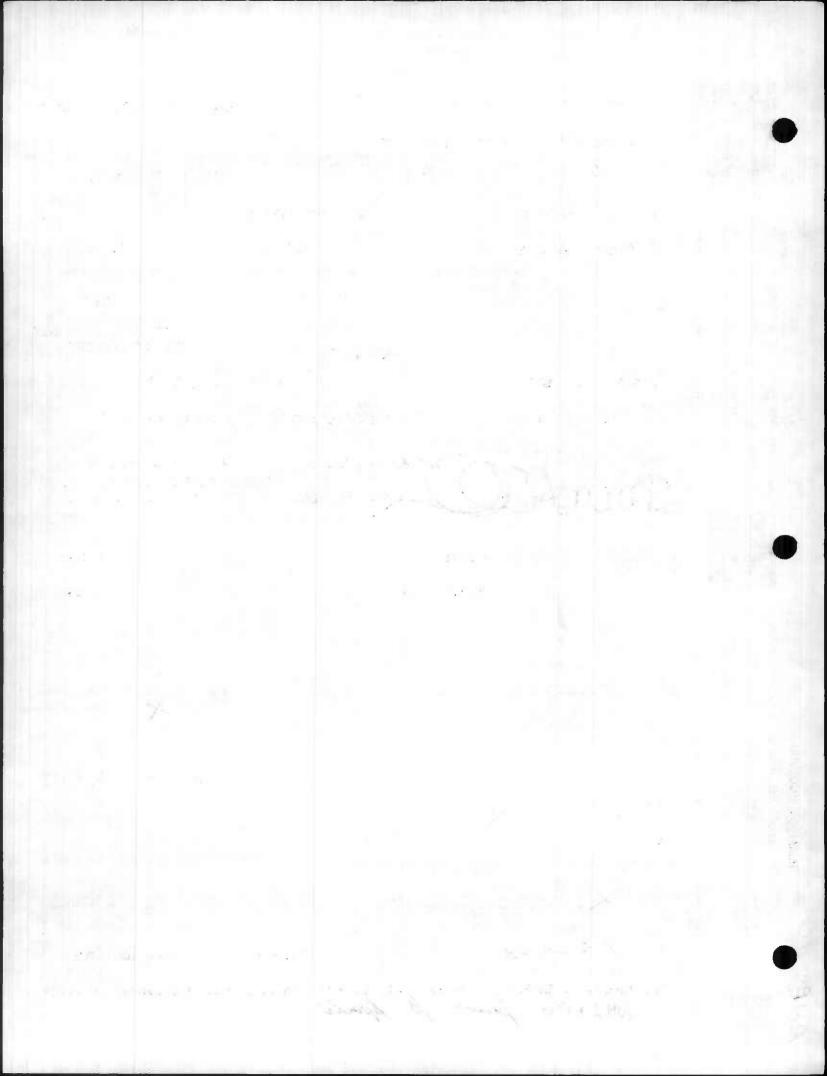
To the Hospital o within 24 hours af To the Funeral D completaly filled I

director,

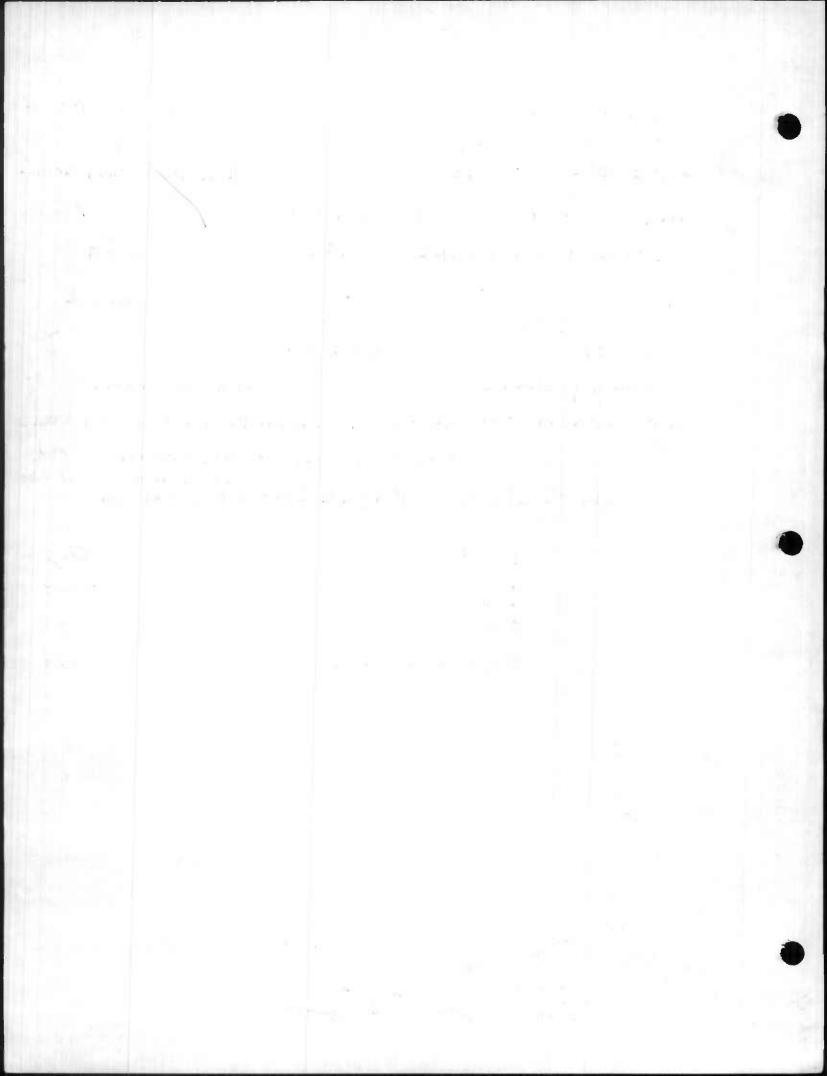
funeral

filled in by

filed within 7 Hygiena.



		11 1456	State of Marylar		nt of H	lealth and	Mental Hyg		9 18921	
Physi /Med Exam	licai	4e. Facility Neme (If not institution, give s			1		2. Dete of Dee Month Location of Deeth	Dey / U 4c. County		
Funera Directo	_	5. Social Security Number 6. Sex	GTS. AUE. 7. Age (In yrs. 9.5	last birthday) if Unde Yrs. Months	er 1 Year	BALTO . If Under 24 Hrs Hours Min.	8. Date of Birtl		9. Birthplace (State or Foreign, Country)	
vith the Maryland or 28a-f show	ctor	10a. State 10b. County 10c. City, Town or Location							10d. Inside City Limits 1 Yes 2 No	
leath with the	Funeral Director		Hats P	pe o	Code		Specify Yes or No- to Rican, etc.)	log. Citizen of V	Vhet Country? 1.5 A e - American Indian,	
Within 72 hours efter death with light. I within 72 hours efter death with light. I wan "naturel", or freme 23e or the Medical Examiner must be	by	1 Never Merried 2 Married 3 Widowed 4 Divorced	Specify	Black, White, etc.						
IQ 21215-0020 filed within 72 hours efter death with the Maryland Hygiene. other than "naturel", or items 23e or 28a-f show ent, tra Medical Examiner must be notified at	Completed	15. Decedent's Education (Specify only highest grede completed) Eiementary/Secondery (012) College (1-4or 5+) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) Domc							siness/Industry	
Maryland 2 d 2 should be filed th and Mental Hygie 7 Is marked other traumatic event, II	To Be C	Johnny Johnson (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Lula William								
CENL		19e. Informant's Neme/Relationship (Typ. Sharon John Son 20e. Method of Disposition 159 Buriel 2 Cremetion 3 Re	Grand Deng	19b. Mailing Address 4 520 Place of Disposition (Na gemetery, crematory or	9 Li	nden t	lats A	C Bal 20c. Location -	tand UIU!	
Baltimore, permit. Pages 1 ar Department of Has Important: if item:		4 Donetion 5 Other (Specify) 21. Signeture of Funerel Service License	K		and Addres	ss of Fecility	5151 Ba	Monor	contain Md.	
Physiciar		23a. Part1. Enter the disease, or complic shock, or heart failure. List only one	etions thet caused the dee				or respiretory en		Approximete Intervel Between Onset end Deeth	
/Medica Examine		Immediate Cause (Final disease or condition resulting In deeth) e.	Dehydra	tra, or es e consequence of):			3/4	3 Lay	
60, the axecuted siclan and buriel-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	At .	or es e consequence of)	:				6 months	
oo/ g phys	Physician/Medicai	Ceuse (Disease or injury that initiated events resulting in deeth) Lest	Persheul	or es e consequence of)	un				you yes	
Seath cer attendin	ician	Post II. Other algoritisant and distance and					ant Dill			
d by th	by Phys	Part II. Other significent conditione control	indusing to death but not les	sutting in the underlying	ceuse givi	en in Pen i.		es 2 No	all Probably 4 Unknown	
Hecor	Completed						24a. Was e perfor		24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth?	
Page 4		25. Wes cese referred to medical				00 0110	1 U Y		1 ☐ Yes 2 No	
- 5 00	tion: To Be	exeminer? 1 Ves No Ho 27. Manner of Deeth 1 Natural 5 Pending	ospitei: 1 Inpatient 2 28a. Date of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injun Work	er: 4□ Nursing F et c?	eth (Check only of Home 5 Resid 28d. Describe h	ence 6 □Oth		
- 755c	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	ome, farm, street, fector fy)		□ Yes 2 □ No 28f. Location (Street end Number or Rural Route Num City or Town, State)			er or Rural Route Number,		
To the Hospital of within 24 hours of To the Funarel D completely filled it.	edicai	one) 2 Medical Examine	clan: To the best of my kno er: On the basis of exemine and menner stated.	ation end/or investigation	n, in my op	oinion, deeth occu	irred et the time, o	ate end plece,	end due to the ceuse(s)	
To To Con	×	29b. Signature aper life of certifier	-		0.33	1977	1	G/Lo/	f (Month, Day, Year)	
		30. Name and address of person who con		n 23e) (Type, Print)	4	Solto	And 212	15		
Si Regis	ate trar	31. Dete filed (Month, Day, Year) JUN 1	32 Registrer's significant 1999	ature 6.	4	outs!		*		



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Day 11:57 A 4a Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death UNION MEMORIAL HOSPITAL N/A BALTIMORE If Under 1 Year If Under 24 Hrs. Age (In yrs. last birthday) 61 Yrs. Birthplaca (State or Foreign Country) MD 5. Social Security Number Months Days Hours 1 M 2 K 216-34-5165 Yrs. Usuat Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYes 2 No MD. N/A. BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 123 W 29th St. 21218 USA 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lt Yas, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Evar in U.S. Armed Forces? 14. Race - American Indian Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 ☐ XIo Specify: Specify: BLACK 3 Widowed 4 Divorced Year or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) SWITCHBOARD OPERATOR **EEPARTMENT STORE** 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) JOHN HOLLOMAN ROSALIE DOLMAN 19a. Intermant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SHON S. SHANNON (DAUGHTER) 3036 REMINGTON AVE. BALTIMORE, MARYLAND 20b. Place of Disposition (Name of 20a Method of Disposition Date 20c. Location - City or Town, State cemetery, crematory or other place) 1 ☐ Burlal 2 ※ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) METRO CREMATORY 6-16-99 BALTIMORE, MARYLAND 21. Signature of Funeral Service License 22. Name and Address of Facility PHILLIPS FUNERAL HOME, P.A. 1721-27 N. Monroe ST. BALTIMORE, MARYLAND 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart teilure. List only one cause on each line. Approximate intervat Between Onset and Death Immediate Cause (Final cardiorespiratory arrest disease or condition resulting in death) Due to (or es e consequence ot): Hypertension Dua to (or as a consequenca of): Dua to (or as a consequance of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown

Physician /Medical **Examiner**

the

USB BS 10

signed by the a

Dage 2 certificate

director,

3

this funeral

After

8

Certification: To

edical

The law requires that the death certificate be executed

Box 68760.

0 0

Records,

Division of Vital

Hospital or Attanding Physician:

death.

24 hours after deat Funeral Diractor:

Within 2 To the P e G

Physician

/Medical

Examiner

Funeral

Director

ahow

288-1

ò 238

Rema

natural', or

is marked

permit. Pages 1 and 2 Department of Health s Important: If Itam 27 is any Injury or other tra

The Medical

Examiner must be notified at

Director

Funeral

p

Completed

Be

0

with the Maryland

death

72 hours after

filed within Il Hygiene.

Pages 1 and 2 should be nent of Health and Mental

Baltimore, Maryland 21215-0020

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Physician/Medical Completed by

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Hyperlipidemia 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to S/P CVA completion of cause of death? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case reterred to medicat examiner? 26. Place of Deeth (Check only one) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. tnjury at Work? 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be 28e. Placa of Injury - At home, tarm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

29c. Licanse number

12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as steted. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

aldo 30. Name and address of person who completed cause of deeth (frem 23a) (Type, Print)

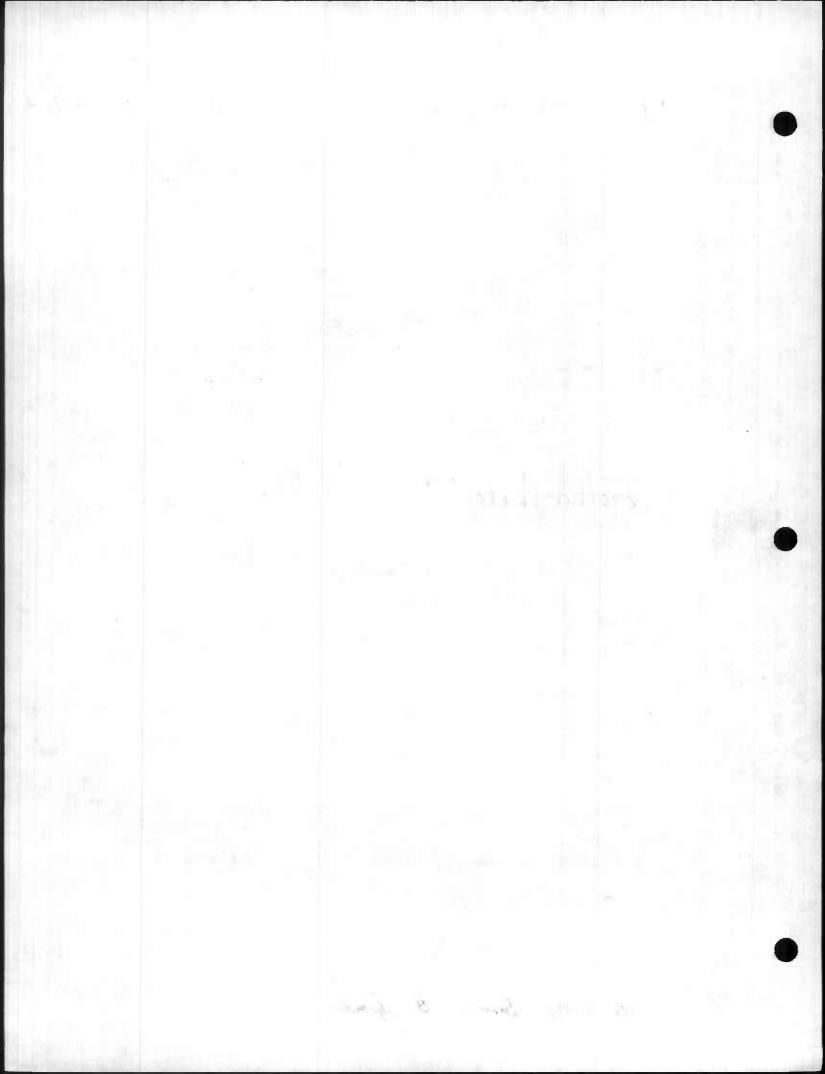
29d. Date signed (Month, Day, Year)

100 m

29b. Signatura and title of certifie

37. Registrar's Signature

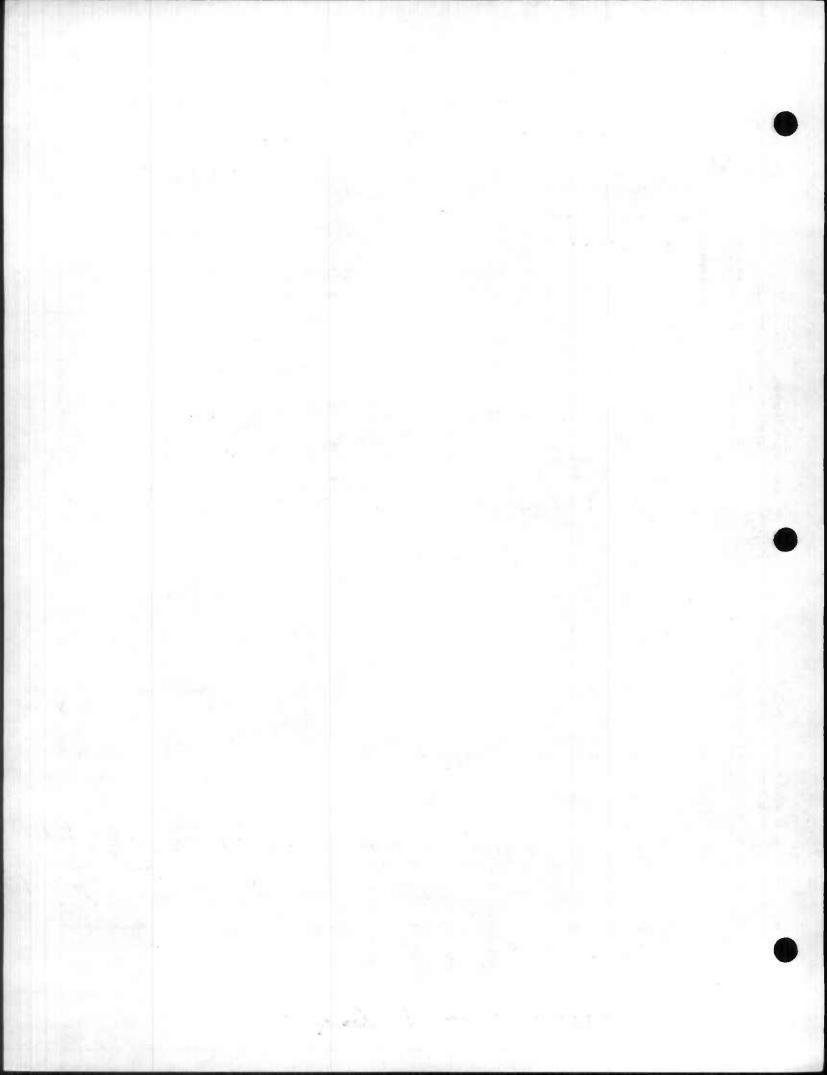
State Registrar



State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate of	Death		Reg. No.	2 1	0923	
	Dhusisi	an	1. Decedent's Name (First, Middle, Last)					2. Date of Dea Month	Day	Year	3. Time of Death	
Ę.	Physici /Medio		Anthony Allan	Phelps,	III			JUNE	12, 199	9	0257 AM	
	Examir	ner	4a Facility Name (If not institution, give: JOHNS HOPKINS BA		CAL CENTE		BALTIM		4c. County	of Death		
	Funeral Director		5. Social Security Number 6. Sec. 218-08-3187	7. Age	(In yrs. last birthday 20 Yrs.	If Under 1 Year Months Days			3, 1979	9. Birthp Coun Mary	lace (State or Foreign Itand	
	Mend		10s. State 10b. County		10c. City, Town or L	ocation				1	0d. Inside City Limits	
	Be-fall	ctor	Maryland Baltimore		Essex		W. C.				1 Yes 2 No	
	death with the Maryland me 23s or 28s-f show Limits be notified at	Funeral Director	10e. Street and Number 374 Nicholson Road 10g. Citizen of 21221 10g. Citizen of U.S.A.								f What Country?	
	or he	To Be Completed by Fune	11. Marital Status 1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ev Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	100	Specify Yes or No- to Rican, etc.)	No- 14. Race - American Indian, Black, White, etc. Specify: White					
0-6171	z should be filed within 72 hours effer and Mental Hygiene. Ie marked other than "natural", or fix reumado avant, the Medical Examin		15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)		(Give	dent's Usual Occu e kind of work done DO NOT use retire	during most of we	orking	16b. Kind of Business/Industry Construction			
מנוס ע	d be filed of the control of the con		17. Father's Name (First, Middle, Last) Anthony A. Phelps					me (First, Middle, ntkowiak	Maiden Sumam			
Mary	and 2 should saith and Men n 27 le marke ser treumatic	_	19a. Informant's Name/Relationship (Type, Print) Donald Antkowiak (Grandfather) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, 374 Nicholson Road, Baltimore, Marylan									
5	permit. Pages 1 and 2 Department of Health a Important: if Itam 27 is eny injury or other tre		20a. Method of Disposition (**Disposition 3 R 4 Donation 5 Other (Specify)	emoval from State	20b. Place of Disp cemetery, cre Gardens	matory or other pla	cemetery	Date 6/15/99	20c. Location - Baltim		wn, State Maryland	
Dalilli	Departr Departr Importu eny inje		21. Signature of Funeral Service License	urkurk		2. Name and Addr Bruzo 407 Old F	dzinskì F				and 21221	
	Physician /Medical Examiner	J.	23a. Part F. Enter the disease, or compliance, or heart failure. List only or Immediate Cause (Final disease or condition resulting in death)	cations that caused the cause on each line. M			ing, such es cardia	c or respiretory ei	rest,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Approximate Interval Between Onset end Death	
,00,00	the law requires that the deem confiners be specified at a been signed by the estanding physician and page 2 should be deteched for use as the burish-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last		ue to (or as a conse							
.0.	V requires that the daeth certific been signed by the ettanding by should be detached for use as i	Physician/	Part II. Other significant conditions con	tributing to death but	not resulting in the	underlying cause gi	iven in Part I.		obacco use col	ntribute to	o the cause of death?	
,600	seen signed	by							an autopsy med?	ave	ere autopsy findings eilable prior to mpletion of cause	
	yerden: me law le certificeta hes t director, page 2 a	Completed						1,000	res 2□No	of	death? Yes 2□ No	
		Be C	25. Was case referred to medical examiner?				26. Place of De	eath (Check only o	ne)			
	this or	2	XIXI Yes 2 No	lospital: 1 Inpatient		III SLI DON		Home 5 Resid			v)	
	2 2	Certification:	27. Manner of Death 1 Natural 5 Pending 2 Maccident investigation 3 Suicide 6 Could not be	28a. Date of Injury (Month, Day)	Year) 28b. Time of Injury	Wo	ry at ork? Yes 2 No	Subjec	t drive occur	well	it stuck	
	to the frostering the control of the	Certifi	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury building, etc.	y - At home, farm, st (Specify)	reet, factory, office		Boulum	Balta	or of Rura	langland	
	Fune Fune letaly fill	edical	29a. Certifier (Check only one)	nician: To the best of rener: On the basis of each manner state	xamination and/or in	h occurred at the to exestigation, in my	ime, date and plac opinion, death occ	e, and due to the urred at the time,	cause(s) and ma date and place,	and due to	ated. the cause(s)	
4	withir To the	¥.	29b. Signature and title of certifier	1 11		29c. Licen			29d. Date signe	d (Month,	Day, Year)	
	10		30. Name and address of person who co	mpleted causal dea	th (Item 23a) (Type		C.M.E		JUNE	12,	1999	
			THEROUNEM			Street,	Baltimo	re, Mary	land 212	201		

State Registrar



Amended I	ter	n#26 perPhyG772 6/14/9		marylar		artment of rtificate o		nd Mental H	Reg. No.	18924	
Physiciar	-	IAIL'I A A IA				PUGA'	TYCH	2. Date of Month MAY 2		3. Time of Death 2:10 PM	
/Medica Examine		4a Facility Name (If not institution, gi	ve street and num.	ber)		1008.		vn, or Location of De	- T	by of Deeth	
		SINAI HOSF	TAL		BALTIMO				N/A		
Funeral Director		5. Social Security Number 6. 217–20–9043 Usual Residence of Decedent	Sex 1X0 M 2□ F	Age (In yrs.	last birthday, Yrs.	If Under 1 Ye Months Day		Min. (Month,	Birth Day, Year) 26,1919	Birthplece (State or Foreign Country) PA	
/land]-	10a. State 10b. County		10c. Ci	ty, Town or L	ocation				10d. Inside City Limits	
Man a-f ah	200	MD N	I/A	9 7	BALTIM	IORE				1 XYes 2 No	
or 28	Director	10e. Street and Number				10f. Zip Code				What Country?	
e 23e	a a	7121 PARK HEIGH				W Dd	2121		U.S.A		
72 hours after death with the Maryland natural", or theme 23a or 28e4 show like Learning must be notified at the things of the country to the country of the	by Funeral	11. Marital Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Ford 1 Yes 2 If Yes, Give	s 2 2 No Specify:			Puerto Rican, etc.)	Speci	ice - American Indian, ack, White, etc.		
thin 72 hours af		15. Decedent's E	ducation		16a. Deca	dent's Usual Occ	cupation	of working	16b. Kind of E	Businass/Industry	
d within giene. r then	Completed	(Specify only highest gi	College (1-4	lor 5+)		kind of work doi DO NOT use rat ESTATE			REAL ESTATE		
Mental H Mental H irked oth		17. Fether's Name (First, Middle, Las BENJAMIN	0)		PUGATO	CH	18. Mothe	r's Name (First, Mide A	dle, Maiden Surna	LUBIN	
CENL		19a. Informant's Name/Ralationship LORRAINE PUGATC						r or Rural Route Nui AVE. #610		n, State, Zip Code) MORE, MD 21215	
emit. Pages 1 en Pepartment of Heal Moortant: if Item 2 Iny Injury or other INGS.		20a. Method of Disposition 1 ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑		ate	cemetery, cre	osition (Name of matory or other p CHIZUK	olace)	Date 5/31/9		- City or Town, State IMORE, MD	
pemit. Pag Department Important: I any Injury once.		21. Signature of Funeral Service Lice	insee			& BROS., INC. SVILLE, MD 212					
8 6 5	lcal	מתוכשו	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b	Due to (d	or as a conse	quence of):	tare	L		IMMEDIAT
requires that the death certifical seen signed by the ettending planning before the seen the detection of the seen seed by Physician Manager	HCIGHT	d Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I.							ld tobacco use c	ontribute to the cause of death	
gned by the be detached by Physic								1	3 Probably 4 Vonknow		
N 20 0						4			as an autopsy enformed?	24b. Wera autopsy findings available prior to completion of cause of death?	
F # 6 ()	5				100			11	Yes 2 No	1 Yes 2 No	
Physician: The this certificate ral director, page Co	a	25. Was case referred to medical examiner?	Hospital:			1	Other	of Death (Check on	4		
y sid a	-	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending 2 Accidant investigation	28a. Date of (Month,		28b. Tima o Injury	of 28c. In	4∐ Nu njury at Vork? ☐ Yes 2 ☐ I		e how injury occu		
tel or Attending P is after death. al Director: After ted in by the funering the funering Certification:		3 Suicide 6 Could not 1 4 Homicide determined	28e. Place o	f Injury - At h , etc. (Specil	ome, farm, st	reet, factory, offic	ce		n (Street and Num Town, State)	nber or Rural Route Number,	
To the Hospital or Atta within 24 hours after de To the Funeral Direct completely filled in by th		29a. Certifier (Check only one) 1 ▼ Certifying Place Contifying Place Certifying Pla	hysician: To the b miner: On the bas and menne	is of examina	owledge, daal ition and/or in	th occurred at the evestigation, in m	time, date and y opinion, deat	d place, and due to the cocurred at the time	he cause(s) and m	nanner as stated. a, and dua to the cause(s)	
To the To the comp		290. Signature and title of countier	Kale	~			onse number		29d. Date sign 5/30	ed (Month, Day, Year)	
		30. Name and address of parson who HARRY M. W	completed cause	of death (Iter	n 23a) (Type	1		REER	Ste3	200 BALT IMOR 2008	
State Registrar		31. Date filed (Month, Day, Year)	32. Reg	pistrar's Signa	ature	4. Sou	-				

Target 1 I declaration of

71112 - 1441

PART - I - WENT TO TRANSPORT OF THE WORLD BY THE PARTY OF

to the second second

Physician /Medical

Physician

/Medical

Examiner

Director

Funeral

P

Completed

8

Funeral

Director

filed within 72 hours after deeth with the Maryland

to theelih and Mentel Hygiene.
If item 27 ie marked other then "naturel", or itema 23a or 28a-f ahow or other traumatic event, tra Medical Examiner mant be nottled at

Pages 1 and 2 should be nant of Health and Mentel

permit. Page Department

Examine Physician/Medical P Completed 8 To

Examiner physicien and the burlal-transit P.O. Box 68760, signed by the at d be detached for Records, of Vital or Attanding Physician: After this funeral Certification: Division death. Hospital or Attandi
 24 hours after death
 Funeral Director: A filled in by Medical teh within 2 To the Complet

Immediate Cause (Finat disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy lindings eveilable prior to completion of ceuse of death? 24a. Was en eutopsy parformed? 1 ☐ Yes 2 2 No 1 Yes 2 No 25. Was cese referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manger of Death 28e. Date of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, Ierm, street, lactory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier 29c. License number 146962 JUNE 12, du,

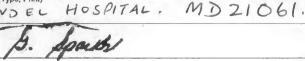
State Registrar

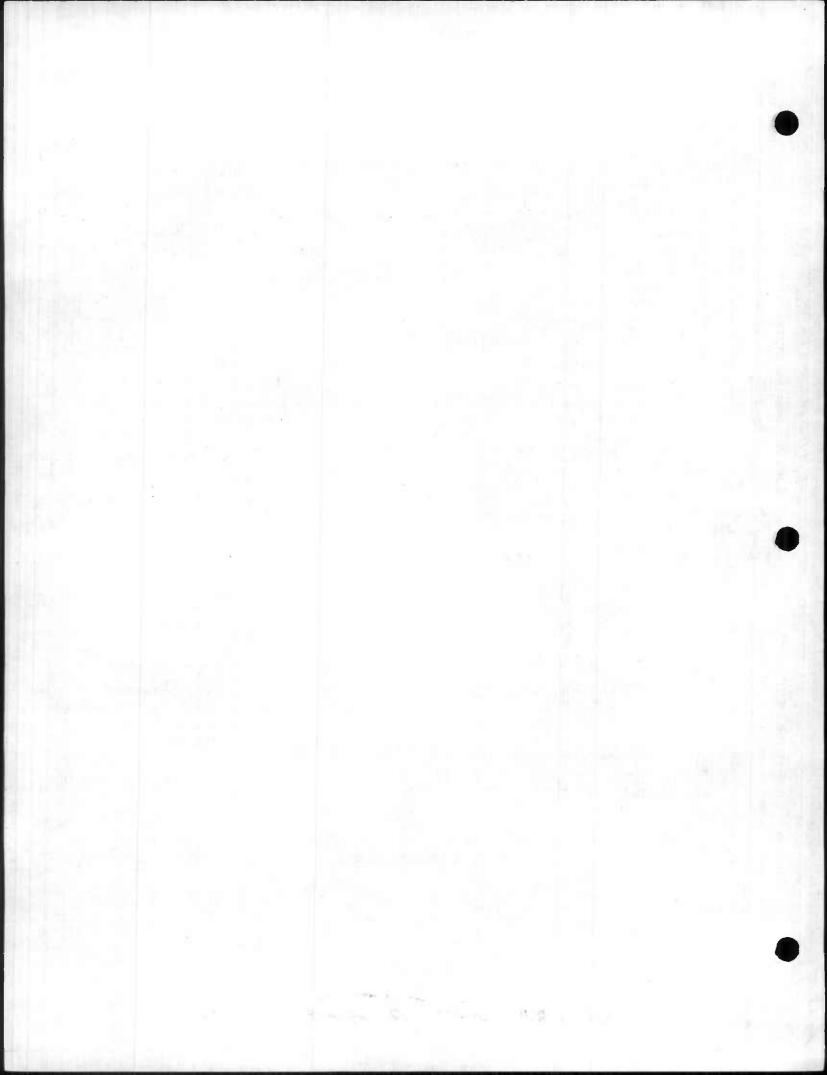
DHMH 16 Rev 6/95

M. SHIRAZI, M.D. 31. Date filed (Month, Day, Year) JUN 14

30. Name and address of parson who completed ceuse of death (Item 23e) (Type, Print)







Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year PHILLIP KANDOLPH JUME 21:15 1999 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death HOSPITAL ST. AGNES BALTIMORE NA | Months | Days | Hours | Min. | 8. Date of Birth (Month, Dey, | 1 - 12 -6. Sex / 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stele or Foreign Country) 218-82-2278 Yrs. mo Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE 1 Yes 2 No NIA mn 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21229 E.DMONDSON USA AVENUE 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11, Marital Status 1. Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK 16a. Decedent's Usual Occupation (Give kind of work done during most of working life_DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) JANITOR 11 TH GRADE NA HEALTH ARE 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) WILBUR KANDOLPH TINIE WHEELER 19e. Informant'a Name/Relationship (Type; Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) BAUTO. KANDOLPH MOTHER MD. 21229 INIE EDMOND SON AVE 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Buriat 2 ☐ Cremetion 3 ☐ Removel from State CREMATORY 6-12-99 BAUTO. MO METRO 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sundon Licenses 22. Name and Address of Fecility VAUGHN C. GREENE FUNERAL SERVICE 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart (ailurn) List only one cause on each line. 21229 Immediate Cause (Finel disease or condition resulting in death) HEMORICHAGIC 24h Due to (or es a consequence of): 24 h HEMORRH AGE SUBARACHNOID Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): HTM rears Due to (or as a consequence of): SUBSTANCE ARUSE UMKNOWN Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Was an eutopsy performed? 1 ☐ Yes 2 No 1 Yea 2 X No 26. Place of Deeth (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work?

The law requires that the death certificeta be executed F o. sate has been signed by the a page 2 should be detached f 0 Records. certificate Vital Hospital or Attending Physician: 24 hours after death.
Funerel Director: After this certifica director. 0 of 0 funeral Division KA In by 24 hours

Physician

/Medical

Examiner

Funeral

Director

or Nema 23a or 28a-f ahow

permit. Pages 1 and 2 ahould be filed within 72 hours attar death v Department of Heelth and Meniel Hygiena. Important: If item 27 is marked other than "natural", or itema 23a ents in Injury or other traumatic event, the Hed cal Examiner mans ence.

Physician

/Medical

Examiner

Baitimore, Maryland 21215-0020

Director

Funeral

þ

Completed

8

2

Physician/Medical Examiner

þ

Completed

Be

Certification: To

Medical

25. Was case referred to medical 1 Yes 2 No 27. Manner of Death 5 Pending investigation 1 Netural 1 Yes 2 No 2 Accident 6 ☐ Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier

(Check only one)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature end title of certifier

29c. License number

29d, Dete signed (Month, Dev. Year)

Muller

MD.

P1170

JUNE 1999

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

BALTIMORE MD 21229 FLORIN MICULESCU 200 CATON AVE 31. Date filed (Month, Day, Year)

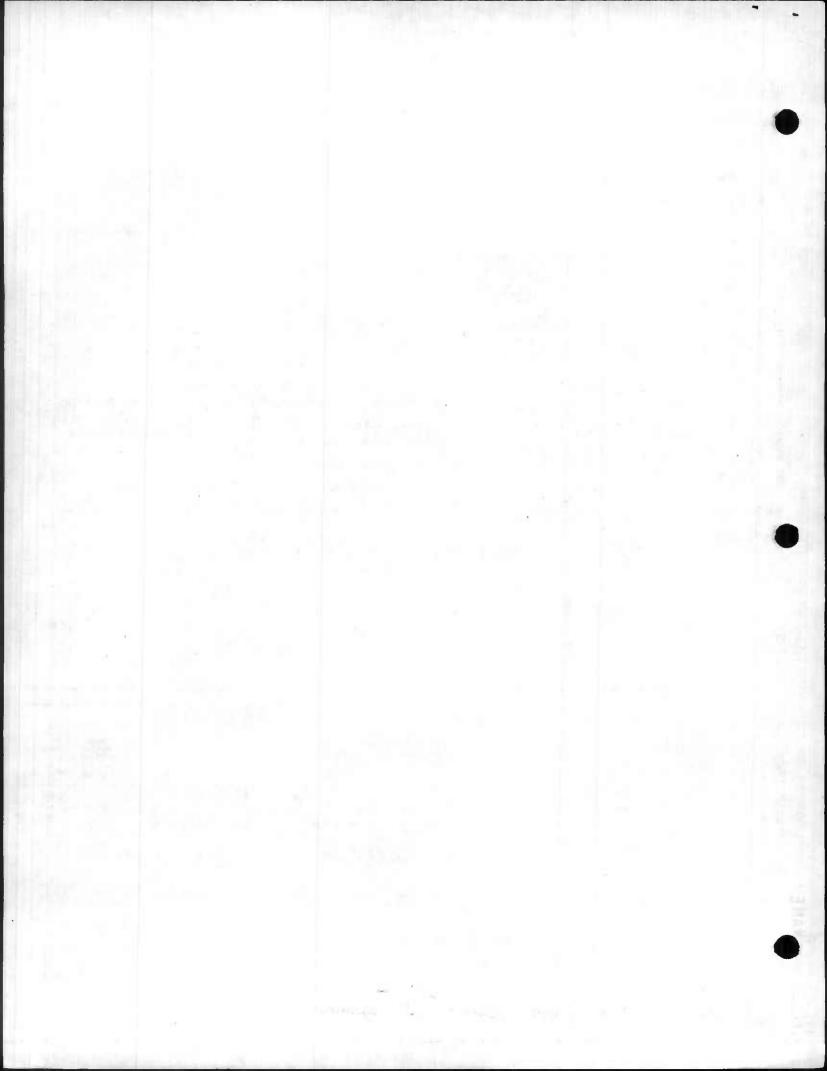
State Registrar

JUN 14



DHMH 16 Rev 6/95

To the Within 2



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. - 8927 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Mamie R. Ruth 06-12-99 10:05PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Genesis Eldercare - Hamilton Baltimore N/A Hours Min. 8. Date of Birth (Month, Pey, Yee 03/07/1909 If Under 1 Year 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) 1□M 21 F Months Days 212-03-2730 90 Arkansas Usual Residence of Decedent 10c. City, Town or Location 10a. State 10b. County 10d. Inside City Limits N/A Baltimore 1X Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3819 BelAir Road 21213 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Marital Status Race - Americen Indian, Black, White, atc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Sales Lady Clothing/Retail 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Surname) Joseph Tuminello Seraphina Rinavdo 19e. Informent's Name/Relationship (Type Print) Patricia B. McGraw/Paughter in 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 8800 Walther Blvd. (Apt 4613)Baltimore, MD 21234 20b. Placa of Disposition (Name of 20a Method of Disposition Date 20c. Location - City or Town, Stata Holy Redeemer Cemetery 1 KBurial 2 Cramation 3 Removal from State 06/15/99Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of FacilityLeonard J. Ruck 5305 Harford Road, Baltimore, Maryland 21214 restina and 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death Immediate Cause (Final neum disaase or condition resulting in death) Dua to (or es a consequence of) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consaquence of): Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of ceuse of death? astritis 1 Yes 1 ☐ Yes 2 ☐ No 25. Was call referred to medical 26. Piace of Death (Check only ona) 1 Yes 2 No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Pesidence 6 Other (Specify) 27. Manger of Death

Physician /Medical Examiner

Physician

/Medical

Examiner

MD

Director

Funeral

þ

Completed

Be

Lo

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

with the Maryland

death v

filed within 72 hours after

Hygiane.

permit. Pages 1 and 2 should be filled with Department of Health and Mantai Hygian Important: If Item 27 is marked other the eny Injury or other traumation.

altimore, Maryland 21215-0020

Examiner

Physician/Medical þ Be Completed Certification: To

The law requires that the death certificate be executed physician and is the bunal-trans Box 68760. attanding p use as P.O. I signed by t Records, should I cate has to certificate Division of Vital Hospital or Attending Physician: director this After death. Director: / To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by

Medical

State Registrar

29b. Signature and title of certifier

28b. Time of

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

29c. Licansa number

28c. Injury at Work?

1 ☐ Yes

2 🗆 No

Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) end manner es steted.

2 Medicel Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

28d. Describe how injury occurred

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) 9618 Belair

28a. Date of Injury (Month, Day Year)

31. Date filed (Month, Day, Year)

1 Natural 2 Accident

3 Suicide

29a. Certifier (Check only

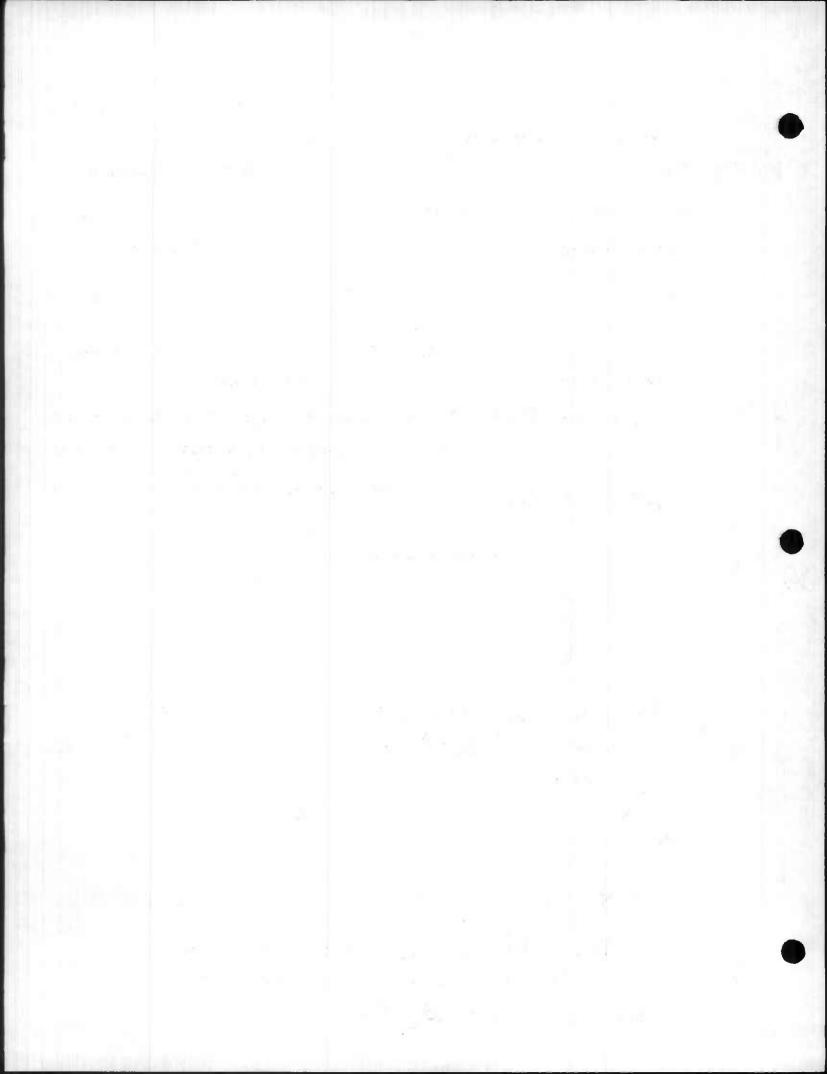
4 Homicide

JUN 1 4 1999

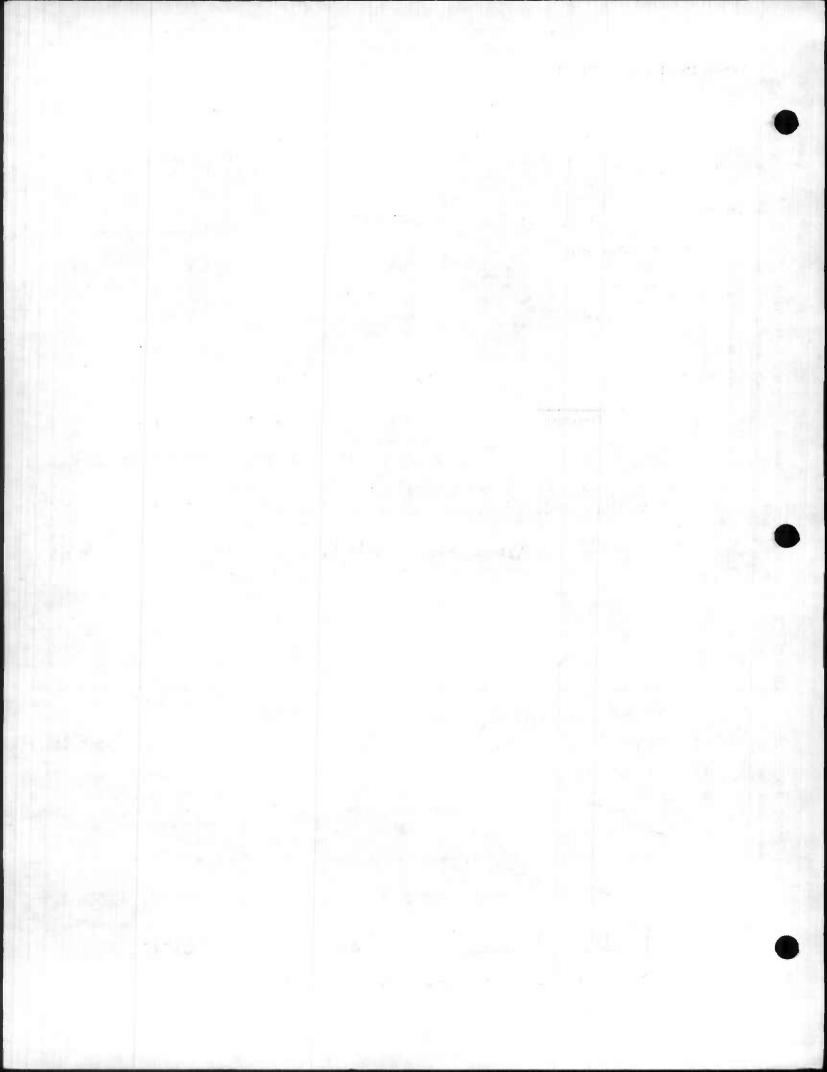
5 Pending investigation

6 Could not be determined

32. Registrar's Signature



	Amended	Item#19a perFHG772 6/18,	State of Maryl		tificate of		, ,	eg. No. 99	12000				
		Decedent's Name (First, Middle, Last					2. Date of Deat	h	3. Time of Death				
	Physician /Medical	ESTHER	В	B RASKIN			JUNE	Day Year 9 1999	4:40AM				
	Examiner	A. E. W. M. A. C. T. C.						Location of Death 4c. County of Deeth					
		FUTURE CARE - C			If Under 1 Year	REISTERS		BALTIMOR					
ı	Funeral Director	5. Social Security Number 6. Se 213–34–2922 Usual Residence of Decedent	7. Age (In)	yrs. last birthday) Yrs.	Months Days	Hours Min.	8. Date of Birth (Month, Day)		hplace (State or Foreign untry) SSIA				
	with the Maryland a or 28a-f show be notified at	10a. State 10b. County				10d. Inside City Limits							
	vith the Man or 28a-f st be notified	MD BALTIM	ORE	REISTERS	STOWN			1 Yes 2 No					
	Vith th	10e. Street and Number			10f. Zip Code		1	10g. Citizen of What Country?					
	death w	12020 REISTERSTOWN	12. Was Decedent Ever in	2116 12 14	2113		acit. Vac as No	USA 14. Raca - Ame	rices Indias				
0000	ors after or its	11. Meritel Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	Armed Forces? 1 Yes 2 No If Yes, Give X Yeer or Dates:	lf lf	Yes, specify Cubi	lispanic Origin? (Sp an, Mexican, Puerto Specify:	Rican, etc.)	Black, White					
21215-0020	thin 72 e.	15. Decedent's Edu (Specify only highest grad	ication le completed) College (1-4or 5+)	(Give I	ent's Usual Occup kind of work done OO NOT use retired	durina most of work	ing	16b. Kind of Business/	Industry				
	o filed will Hygien other the	8			SALES		RETAIL Name (First, Middle, Maiden Sumeme)						
Maryland	d 2 should be filed thend Mental Hyg 7 is marked othe traumatic event,	17. Father's Neme (First, Middle, Last) HYMAN	TONEY										
		19a Informaci's Name/Relationship (7) MRS. ANITA FRIEDMA Friedmann	(DAUG.)			City or Town, State, 2							
re,	ges 1 end it of Health If item 27 or other tr	20a. Method of Disposition	20		- T	ILLS, MD 2 20c. Location - City or							
aitimore,	entol nt: If i	1 XBurial 2 Cremation 3 Removal from State cemetery, cremetory or other place)											
aiti	permit. Peges 1 en Department of Heal Important: If Item 2 any Injury or other DRGB.	21. Signature of Funeral Service Licensee 22. Name end Address of Facility SOL LEVINSON & BROS., INC.											
8	20129	Scott /V	1. with					C. KESVILLE,	MD 21208				
	Physician	23a. Pent 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Betwoen the cause of the cau											
	/Medical Examiner	Immediate Ceuse (Finel disease or condition	Demen	tia -	Alzh	einer's	typ	2_	6440				
	_	resulting in death) Due to (or as a consequence of):											
	axecuted in end iai-transit	Sequentially list conditions	b. Due to	o (or as a consequ	uence of):		,	1					
60,													
68760,	- a a												
Box	the attending hed for use e												
	death e atter	Part II. Other significant conditions con	ntributing to death but not	resulting in the un	23b. Did to	bacco use contributa	to the cause of death?						
, P.O	ed by detac	Real im.	1.						robably 4 Unknown				
Records,	aw requires to see so so so so so so so so so so so so so	Atrial F.1	prollet				24a. Was a perform	med?	Were autopsy findings available prior to completion of cause of death?				
H	The law ate has page 2						1 🗆 Ye	es 20No	1 ☐ Yes 2 ☐ No				
of Vital	ysician: The is certificate director, pag	25. Was case referred to medical examiner?				26. Placa of Deat	h (Check only on	е)					
1	2 00	1 Yes 2 No		□ ER/Outpatient		44-Hursing Ho		ence 6 Other (Spe	cify)				
	Attending P or death. Sector: After the funer by the funer iffication:	27. Manner of Death 1 Vetural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Dey Year	28b. Time of Injury	M 28c. Injur Wor	y at k? Yes 2 □ No	28d. Describe ho	ow injury occurred					
Divis	tal or Attending P rs after death. al Director: After t led in by the funer Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - A building, etc. (Spe	t home, farm, stre ecify)	et, factory, office		28f. Location (St City or Town	reet and Number or Ri n, State)	ure! Route Number,				
	To the Hospital or Attending Ph within 24 hours after death. Completely filled in by the funeral completely filled in by the funeral Medical Certification: 1	29a. Certifier (Check only one) 1 Certifying Physical Exami	sician: To the best of my liner: On the basis of exam and manner stated.	knowledge, deeth inetion end/or inve	occurred at the tirestigation, in my o	ne, date and place, pinion, death occurr	and due to the cared at the time, d	ause(s) and menner as ate and placa, and due	s stated. to the cause(s)				
	withir To the comp	29b. Signature and title of certifier	10		29c. Licens	e number	2	9d. Date signed (Mont	h, Day, Year)				
		Jude	Nhe		057	123		6/9/09					
	10		empleted cause of death (I	Item 23a) (Type, F		1 1		1					
	State	31. Date filed (Month, Day, Year)	32. Registrar's Si	onalure -	21 Re	m ten town	(~	21136					
	State Registrar	JUN 1 4 1999	Sereya	D. 10	ackal								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death PABIUS ROLLINS TUNE, 4e. Fecility Name (If not institution, give street end number 4b. City, Town, or Location of Death 4c. County of Death Church Home Baltimore | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | April 4, 1903 5. Social Security Number 6. Sex 1M M 2□ F 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 216-05-3699 96 Vrs Maryland Usual Residence of Decedent 10h Count 10c. City, Town or Location 10d. Inside City Limits Maryland N/A Baltimore 1 X Yes 2 □ No 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? 21231 101 N. Bond St. United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 11 Maritel Status Was Decedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 ☐ Married 1 ☐ Yes 2 X No Specify: Specify: White 3 ₩ Widowed 4 Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind ot Business/Industry Elementery/Secondary (0-12) 12 College (1-4or 5+) projector operator cinema

611 Sussex Rd.

ARTERIOSCLEROTIC CARPIOVASCULAR DISEASE

20b. Plece of Disposition (Neme of cemetery, cremetory or other plece)

T. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory arrest, or heert tailure. List only one ceuse on each line.

Due to (or es e consequence ot):

Due to (or es e consequence of):

Due to (or as e consequence ot)

Loudon Park Cemetery

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

10e Stete

17. Fether's Neme (First, Middle, Last)

20e. Method of Disposition

Immediate Ceuse (Final disease or condition resulting in death)

Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest

25. Wes cese referred to medical exeminer?

29b. Signeture end title of certifier

5 Pending

Investigation

6 Could not be

1 Yes 2 No

27. Menner of Deeth

1 Naturel

2 Accident

3 Suicide

29a, Certifier

4 Homicide

Clarence Linwood Rollins

1X Buriel 2 □ Cremetion 3 □ Removel from State

19e. Informent's Name/Reletionship (Type, Print)

Barry Rollins/nephew

4 ☐ Donation 5 ☐ Other (Specify)

21. Signature of Funeral Service Licensee

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumetic event, the Medical Examiner must be notified at

filed within 7 Hyglene.

permit. Peges 1 and 2 should be filed within Department of Health end Mental Hyglene. Important: if item 27 is merked other than any injury or other trainment.

Baltimore, Maryland 21215-0020

and attending physician a for use es the buriel-

Physician/Medical

by

Completed

Be

Certification: To

Medical

P.O. Box 68760. Division of Vital Records, To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director,

State Registrar

DHMH 16 Rev 6/95

31. Dete tiled (Month, Dey, Year)
JUN 1 4 1999

Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I.

CANCER OF PROSTATE

28e. Dete of Injury (Month, Dey Year)

26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 28b Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, term, street, tactory, office building, etc. (Specify) 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as stated.

24a. Wes en eutopsy performed?

1 Yes 2 No

18. Mother's Name (First, Middle, Malden Sumeme)

22. Name and Address of Facility Mitchell-Wiedefeld Funeral Home, Inc.

21286

20c. Location - City or Town, Stete

21212

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

Approximete Intervel Betw

YEARS

24b. Were eutopsy findings eveileble prior to completion of cause of death?

1 Yes 2 No

6/19/99 Baltimore, Maryland

Lillian Deshieds Hicks

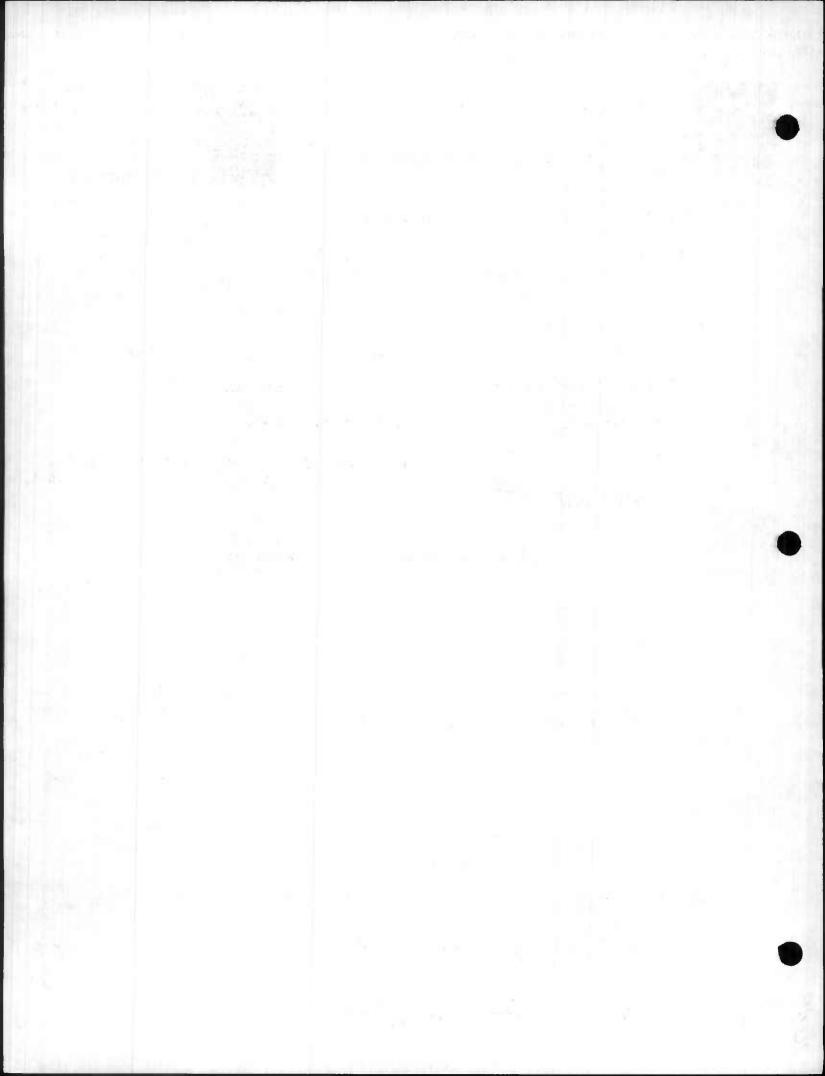
6500 York Rd. Baltimore, MD

19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Towson, MD

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated.

29c. License number 29d. Date signed (Month, Dey, Yeer) 29d. 7 3 2 2 3 3 2 3 3 4 3 9 9

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) NAZEMI, M-D. CHUNCH HOSPITAL. BACT. MD.21231



	Robert	Scott	State of Maryland / [Department of	Health and M	lental Hygie	ne	100	00
	ITEM: #22,	PER F.H. G762 6-14-99	WR.	Certificate o	f Death	Reg	No.	103	30
	Physician	1. Decedent's Neme (First, Middle, L	est)			2. Date of Death Month	Day	Year 3. T	ime of Death
	/Medica	1 1 10 1 1 1 1	E. SCOII			June 08):11 A.M
À	Examine				4b. City, Town, or Lo	cation of Death	4c. County	of Death	
		3600 W. Belved		H Hadas 4 Va	Baltimor			N/A	
П	Funeral	5. Social Security Number 6.	Sex 7. Age (In yrs. last bir	thday) If Under 1 Year Months Day		8. Dete of Birth (Month, Day, Yo	ear)	9. Birthplaca (S	State or Foreign
	Director	Usuel Residence of Decedent	, 01			PEBKUHK	7 19 17	tal	
	yland	10a. Stete 10b. County	10c. City, Town	or Location				10d. Ins	side City Limits
	Mar	(MI)	17)	DALTIMO	ORE			10	Yes 2□No
	72 hours effer death with the Maryland "natural", or flame 23s or 28s-f show belies Everyline must be notified at	10e. Street and Number	1.1 1	10f. Zip Code	0.10	10g.	Citizen of V	Vhat Country?	
	23a	3600 BE	-VEDERE A	VE	21215		(15A	
		11. Maritel Status	12. Wes Decedent Ever in U,S. Armed Forces?	13. Was Decedent of If Yes, specify Co	f Hispanic Origin? (Spuban, Mexican, Puerto	ecify Yes or No- Rican, etc.)		e - American Ind k, White, etc.	ien,
20	Mr. or P		1 Yes 2 No /960-	1□ Yes 2□N			Specify	AFRICA	AN,
8	"netural", or		Year or Detes: 1965	Decedent's Usuel Occ	unation	16	h Kind of B.	HTVIEE Isiness/Industry	CAN
21215-002	within 72 hours after ane. then "neturel", or fe the Medical Estemina	(Specify only highest g	ade completed)		ne during most of work	ing	D. KING OF BU	isiness/moustry	
212	in the second	Elementary/Secondary (0-12)	College (1-4or 5+)	terchant	Seama	N	SHIP	211/6	
and	id be filed within 72 ho ental Hyglane. Ked other than "naturalic evant, the modern of Re Completed	17. Fethere Neme (First, Middle, Las) /		18. Mother's Name	(First, Middle, Ma	iden Surnam	(e)	
19		DEINARL	COTT		LOR	OTHY	PER	KINS	
lany	d 2 ahould th and Mer 7 is marks traumatic	19e. Informent's Neme/Reletionship	(Type, Print) 19b	Meiling Address (Stre	et and Number or Run	I Route Number, C	ity or Town,	State, Zip Code,	
2		SOPME Scott	(exwite) 4	02 Newl	sein Are	15 BACI	10. M	1) 212	15
more,	ges 1 and to of Heal	20a. Method of Disposition 1 Burial 2 Discremetion 3		Disposition (Name of y, cremetory or other p	place)			City or Town, St	
	Pa Int:	4 □ Donation 5 □ Other (Spec		20 CREMA	TORY E	-11-99 (ATON.	stille,	MO
Baiti	permit. Pa Departman important: any injury once.	21. Signeture of Funeral Service Lice	nsee	22. Name and Add	resned Facility steil	FIH PA	2	2	1217
_	00 E 4 0	No.		638 N	Gilmors	+ PALT	mor	, MOX	12/9
		23a. Pert1. Enter the disease, or cor shock, or heert feilure. List only	replications that caused the deeth. Do recause on each line.	not enter the mode of d	lying, such es cerdiac	or respiratory errest	•	Interv	oximate val Between
	Physician /Medical	Immediate Cause (Final							t end Death
	Examiner	disease or condition resulting in death)	Hypertensive Art	eriosclero	tic Cardio	vascular	Disea	se	
			Due to (or as a	consequence of):					
	cata be executed physician and the burial-transit	Consumation that the distance of the last	b	consequence of):				1	
o,	ate be axecuted hysician and the burial-transit	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	20010 (01 83 8 (onsequence or,					
8760	physicia the bur	Cause (Disease or Injury that initieted events resulting in death) Last	C. Due to (or es a c	onsequence of):					
9	nd ph	1 resulting in death) Last							
Вох	at the death certificated by the attending pletached for use as the Physician Med		d					1	
0	ras that the designed by the at be detached if by Physical	Pert II. Other significant conditions	contributing to death but not resulting in	the underlying cause	given in Pert I.	23b. Did toba	cco use co	ntribute to the c	ause of death?
D.	d by detac					1 Yes	2□ No	3 Probably	4 Unknown
S,	requires that sen signed b hould be dete					04- 111		24b. Were eu	lones findings
Hecord						24a. Wes an a performe	d?	aveilable	
Ě	has bg 2 sg 2 sg					Inspect		of death?	
Vital	icata h or, page			1.00			2/2 No	1 ☐ Yes	2□ No
	Physician: The law this certificate has I rel director, page 2 (TO Be Comp):		Hospitel: 1 Inpatient 2 ER/Ou	2 200	Whor	(Check only one)	a Clou	- (0 - 4)	
0			28a. Date of Injury 28b. T	tpatient 3 DOA DOA DOA DOA DOA DOA DOA DOA DOA DOA	4 Nursing Ho	me 5X Residence 28d. Describe how			
Division	Attanding Physic death. actor: After this by the funeral iffication: T	1 Neturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day Year)		Vork? ☐ Yes 2 ☐ No				
N N	ar death. rector: A by the fu	3 Suicide 6 Could not determined	200. Placa of Injury - At nome, re	rm, street, fectory, offic	xe .	28f. Location (Stree		er or Rural Rout	e Number,
5	Page 1	4 LI I MILLOU	building, etc. (Specify)			City or Town, S	nato)		
	Hospital 24 hours Funeral tely filled	29e. Certifier 1☐ Certifying P	nysician: To the best of my knowledge miner: On the basis of examination and	, death occurred et the	time, date end place,	and due to the caus	e(s) and ma	nner as stated.	auco(c)
	E 8 22 2	one)	and menner steted.	and introdugation, ii) my	y opinori, oeau i occurr	ou or uno time, uate	end place,	STATE GOO TO THE C	1030(9)

State Registrar

Theodore King M.D.

29b. Signature and title of certifier

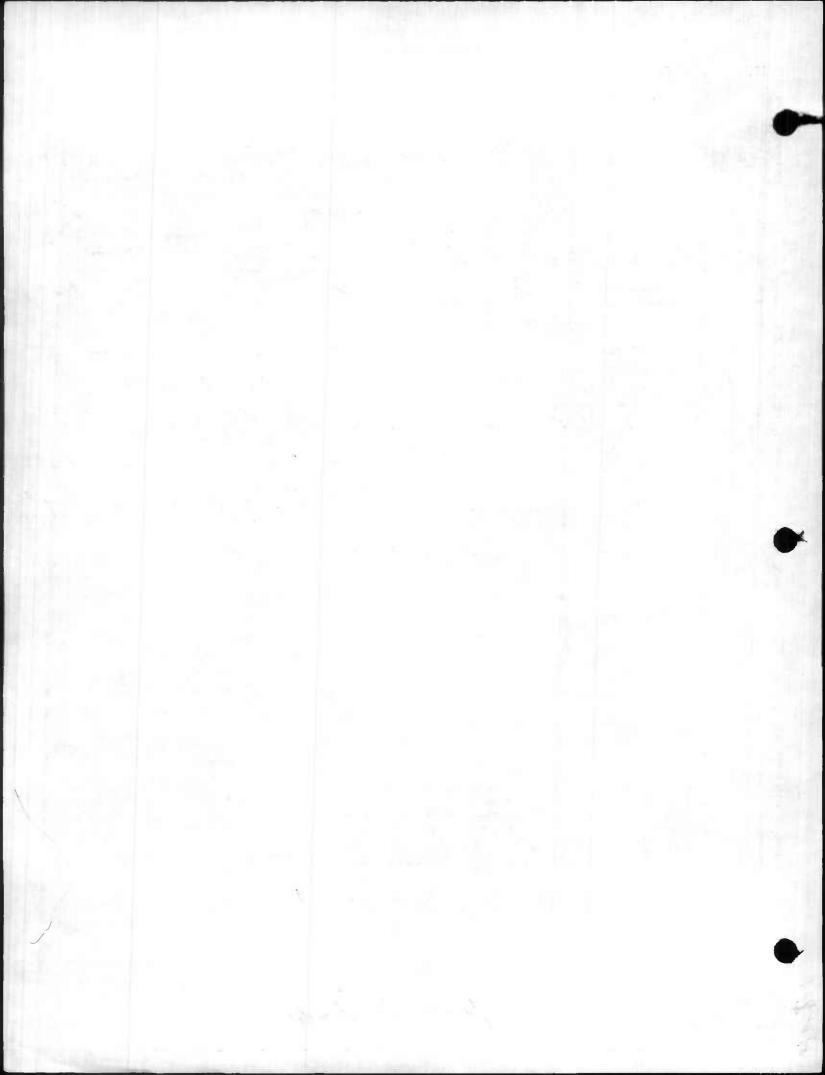
30. Neme and address of person who completed cause of heath (hem 23a) (Type, Print)

Penn Street, Baltimore, Maryland 21201

29d. Date signed (Month, Day, Year) June 09, 1999

29c. License number

O.C.M.E.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended Item#24a perVerbal MD G772 6/State of Maryland / Department of Health and Mental Hygiene Certificate of Death AMENDED ITEM#26 PER M.D. G772 6/9/99 AH Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month MAY **Physician** Everett L. Schiller 1999 3:40 P.M /Medical 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street end number) 4c. County of Deeth GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) Birthplace (State or Foreign Country) **Funeral** Months Deys Hours 1X M 2□ F 81 YES Director 397-07-3595 Aug. 31, 1917 Wisconsin Usuel Residence of Decedent the Marylend 10a State 10c. City, Town or Location 10b. County 10d. Inside City Limits r than "natural", or items 23a or 28a-f show 1 ☐ Yes 2 No Directo Maryland Baltimore Towson 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 517 Charles Street Avenue 21204 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 Merried Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Year or Dates: 1941-46 Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 12 5+ Professor Education marked other 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) th and Mentel I 2 should be Gust H. Schiller Ethel Stringham 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19e. informent's Name/Reletionship (Type, Print) them 27 is Pages 1 end 2 Iva L. Schiller/wife 517 Charles Street Avenue, Towson, MD 21204 Baltimore 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete Department of Important: If It any injury or o 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Licensee Ronald S 22. Name end Address of Fecility Director State Anatomy Board, 655 W. Baltimore Street L uni Baltimore, MD 21201 3a Part . Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, anoth, or hear failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Obshuchve Pulyanny Diseuse Examiner end el-trensit death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury physician er s the buriel-t Box 68760 Physician/Medical that initieted events resulting in death) Lest Due to (or as e consequence of) 98 ettending p for use es Part II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Pert 1. 23b. Did tobacco use contribute to the cause of death? Yes 2□ No 3□ Probably 4□ Unknown Coronary Artem disease Records, ģ been sig 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed The law certificete has b lirector, page 2 s 1 ☐ Yes 2 🗓 No Division of Vital Physician: 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) 1□ Yes 2□ Hospitel: Other: 4 Nursing Home 5 Residence 6 Tother (Specify) To 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28e. Dete of Injury (Month, Dey Year) After this funeral 28b. Time of Injury 27. Manner of Deeth 1 Waturel 28d. Describe how injury occurred 28c. Injury et Work? Certification: 5 Pending Investigation or Attending efter death.

Director: After d in by the fur 1 TYes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 D Homicide To the Hospital o within 24 hours of To the Funeral Di completely filled in 1 Certifying Phyeiclan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Madical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) and manner steted. 29a. Certifier edicai (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signeture and title of certifier 29c. License number 30. Neme and eddress of person who completed cause of death (Item 23e) (Type, Print)

6569 N. CHARLES ST

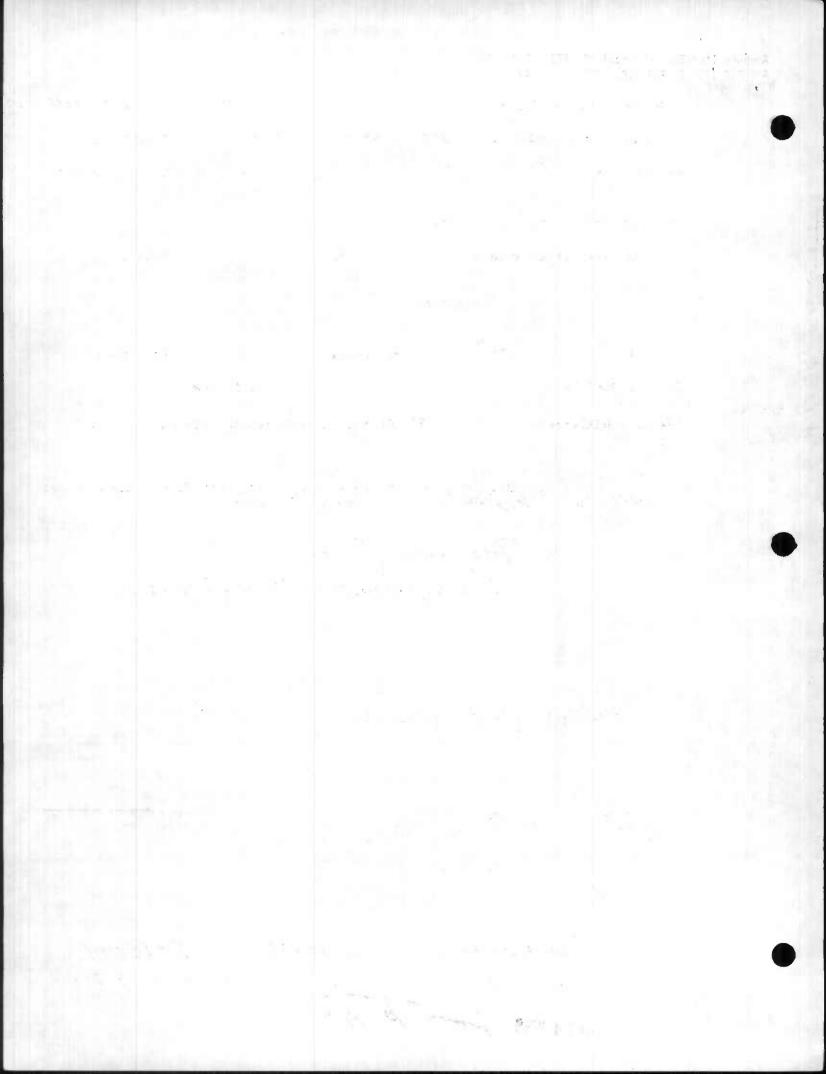
bouter

32. Registrar's Signature

BALTIMORE, MD

State Registrar MITCHELL SCHWART

31. Date filed (Month, Day, Yeer) -



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Mogth 6 0530 **Physician** Shaw 20598 /Medical 5 60 1 Loch Range Bity, Town, or Location of Death 4a Facility Name (If not in stitution, give street and number) 4c. County of De Examine Beltimon Baltmore Samarutan Baltmore MD Hosp ital If Under 24 Hrs. 7. Age (In yrs. last birthday) If Under Yeer 6. Sex 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** Months Days Hours XXM 2DF Yrs Director 213-07-9159A 89 07-23-09 VA Usual Residence of Decedent 10a State 10b Counts 10c. City, Town or Location 10d. toside City Limits show r than "natural", or items 23a or 28a-f short the Medical Examinar roust be notified at Director MD NA Baltimore 1X Yes 2 No 10e Street and Number 10f. Zin Code 10g. Citizen of What Country? 21234 USA 6601 Collinsdale Road Apt.H Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: Black P 3 ☐ Widowed 4 ☐ Divorced Year or Dates "natural" Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Curtis Bay @ Coast Welder Guard Yard permit. Pages 1 and 2 should be filed:
Department of Health and Mental Hygic
Important: If item 27 is marked other t
any Injury or other treumatic event 6th Grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Unknown Betsy Shaw 19a. Informant'a Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 6601 Collinsdale Road Apt. H Baltimore, MD. R. Shaw George 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State MD 20a. Method of Disposition Date X1XI Burial 2 Cremation 3 Removal from State Owings Mills 4 ☐ Donation 5 ☐ Other (Specify) Garrison Forest VA Cem. 06-17-99 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Baltimore, Maryland 21202 9 WM.C.March FH 1101 E. North Avenue Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each tine. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner 0 physician and the bunal-trensit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of) edicai Due to (or as a consequence of): ettending Physician/M USB ö Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? the signed by t 1 Yes 2 No Probably 4 Unknown by 24b. Were autopsy findings available prior to Completed 24e. Was an autopsy performed? peed completion of cause of death? has page 2 1 Yes 2 No 2 No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2♥ No 2 this funeral 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of tnjury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner es stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

Box 68760, Records, P.O.

with the Maryland

72 hours after

Baltimore, Maryland 21215-0020

Division of Vital is of Attending Ph. s efter death. I Director: After the 24 hours e Funerel C To the I within 2

State Registrar

0

29c. License number

29d. Date signed (Month, Dey, Year)

30. Name and address of person who empleted cluse of death (Item 23a) (Type, Print)

Pope, MD Good Samaritan Hospital 5601 Loch Raven Blyd. Gina Y. 31. Date filed (Month, Day, 1999)

32. Registrar's Signature

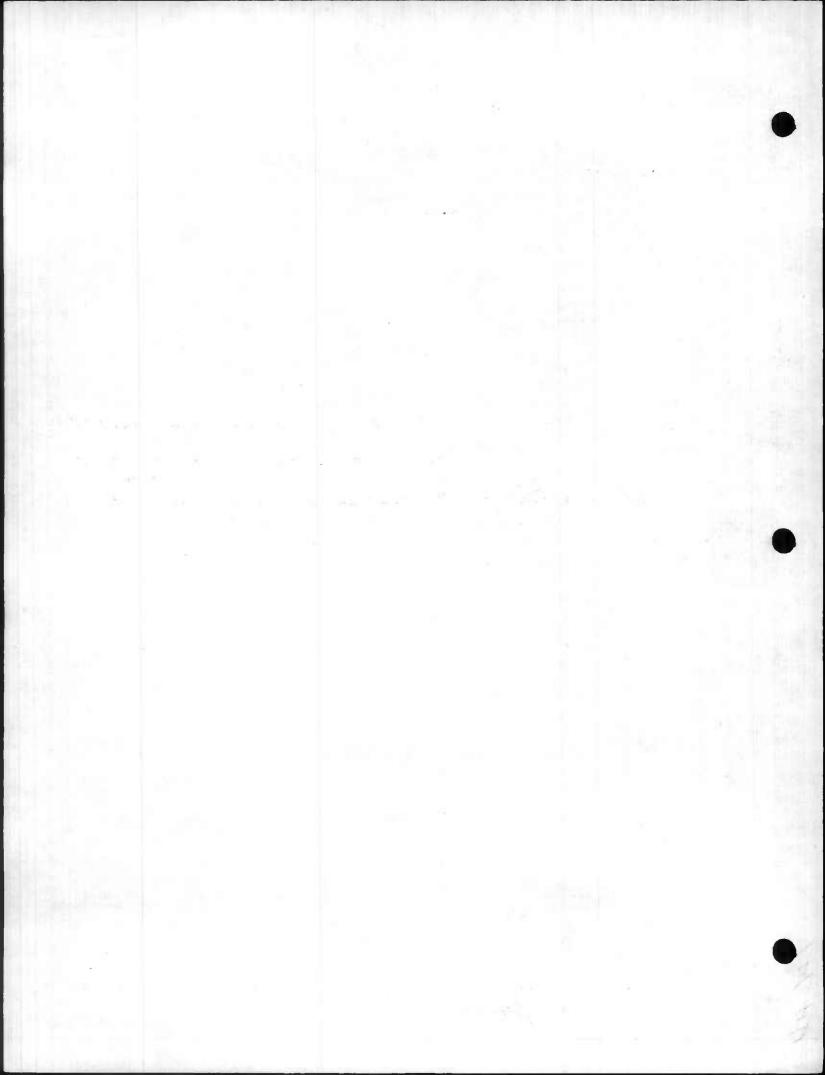
29a. Certifier

(Check only one)

29b. Signature and title of certifier

JUN

edical



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death AMENDED ITEM #1 PER MD G774 8/11/99 AH 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Physician May 5:45 A.M. E.D Shankle 23 1999 Anna /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Neme (If not institution, giva street and number) Examiner Manor Care - Wheaton Wheaton Montgomery if Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Months Days Hours 1 ☐ M 25 F Yrs. July 16, 1914 Director 578-05-1418 Maryland Usual Residence of Decedent with the Marylend 10c. City, Town or Location 10d. Inside City Limits 10a. State 10b. County "natural", or items 23a or 28a-f show solical Examiner must be notified at 1 Yas 2 □ No Washington, D. C. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 古 30th Street N.W. 20016 USA 4504 r death Funeral 12. Was Decedant Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11 Marital Status 72 hours aftar 1 ☐ Yes 2 ☑ No If Yes, Give Year or Datas: 1 ☐ Never Married 2 ☐ Married Specify: White 1 ☐ Yes 2 X No Specify: þ 3 X Widowed 4 ☐ Divorced if the Medical Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 12 should be field within 72 h and Mental Hyglene. He marked other than "ne traumatic event, the Medii Elementery/Secondary (0-12) College (1-4or 5+) 12 Book Keeper Television Station 18. Mother's Name (First, Middle, Meiden Sumame) 17. Fathar's Name (First, Middle, Last) Be 7 is marked or traumatic ev Raymond Sweeney Alice E. Rogers permit. Pages 1 and 2 st Department of Health and Important! If Item 27 is m any Injury or other traum 60cs. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nola Telfer - Friend 1702 Glen Karney Place Silver Spring, MD 20902 20b. Place of Disposition (Name of camatery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 5/24/99 Frederick, MD Mount Olivet Cemetery 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signature of Funeral Servica Licansee 22. Name end Address of Facility Joseph Gawler's Sons 5130 WI Ave. N.W. 20016 Washington, D. C. 23a Part1. Enter the drawn, or complications that causad the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or hear failure. List only one causa on each line. Approximate intervel Betwaen Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Metastatic Colon Cancer Examiner Due to (or as e consequenca of) Examiner The law requires that the death certificate be axecuted physician and the bunal-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as e consequence of): Box 68760. Physician/Medical Dua to (or as a consequance of): resulting in death) Last 88 attanding p ed by the a 23b. Did tobacco use contribute to the cause of death? Records, P.O. Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of ceuse of death? been si Completed 24a. Wes en eutopsy performed? page 2 has 1 Yes 2 X No 1 Yes 2 XNo certificate Division of Vital I or Attending Physician: director, Be 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 2 1 Yes 2 No 1 | Inpatient 2 | ER/Outpatient 3 | DOA this funeral 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28c. Injury at Work? Certification: After 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No eftar death Director: A 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Spacify) within 24 hours eftar To the Funerel Direc completely filled in by 4 Homicide 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. edical 29a. Certifier (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signetura and title of cartifie D 42578 May 24, 1999 30. Name and address of person who completed cause of death (item 23a) (Type, Print)

Registrar

31. Data filed (Month, Day, Year) JUN 14 1999

11119 Rockville Pike Gul Chablani, M. D. 32. Registrer's Signature

#316

Rockville, Maryland

DHMH 16 Rev 6/95

Will develop the second

the second as as it

Safe of contract of the first of the contract The the time of the section of the s

History of the control of the contro

¥ ...

SPECIFICATION OF THE PARTY OF T

. .

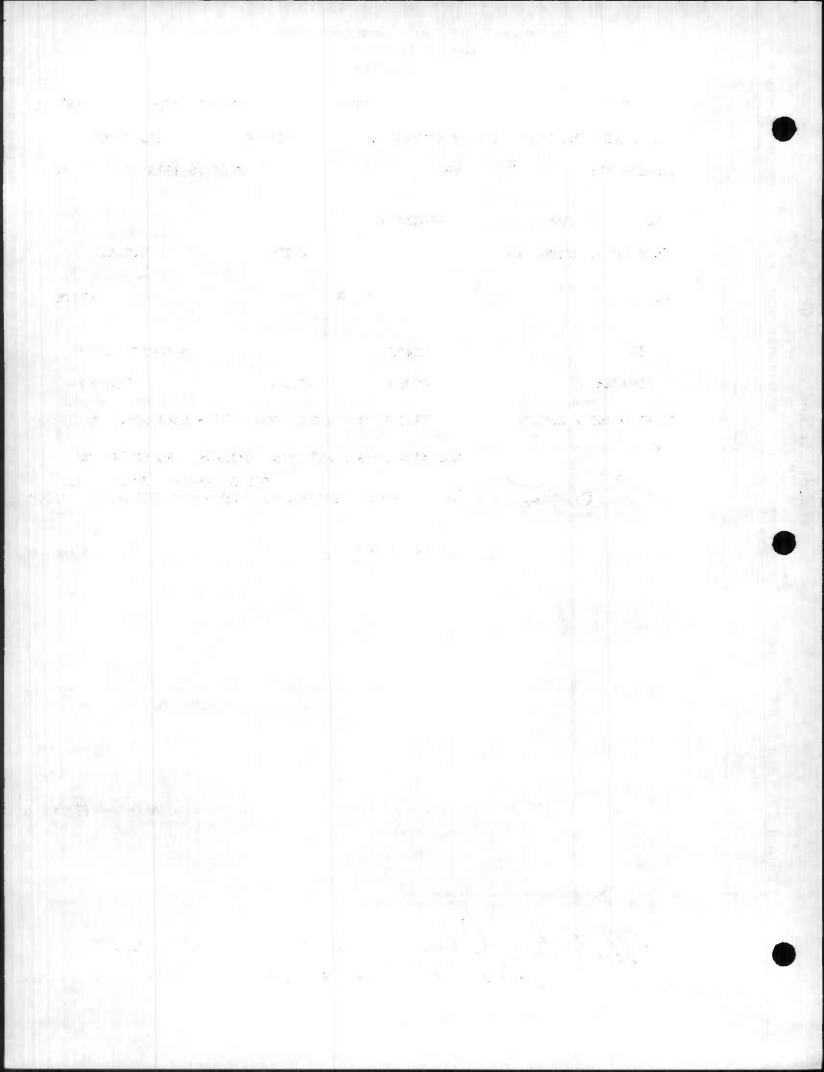
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 2. Dete of Deeth 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) **Physician** JUNE 8, 1999 BETTY SUSMAN 9:37 PM /Medical 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GILCHRIST CENTER HOSPICE OF BALTIMORE TOWSON BALTIMORE Birthplece (State or Foreign Country) If Under 1 Year | If Under 24 Hrs. 8. Defe of Birth (Month, Dey, Yeer) JUNE 26,1913 5. Social Security Number 7. Age (In yrs. last birthday) Deys **Funeral** 10 M 20 F Months Hours 85 215-09-4428 Director Usuel Residence of Decedent 10d. Inside City Limits 10e. State 10c. City. Town or Location 10b. County 1 X Yes 2 □ No Directo MD N/A BALTIMORE 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 2904 TERRY DRIVE 21209 #D U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Yeer or Detes: 14. Raca - American Indian, Bleck, White, etc. 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-ff Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Maritel Stafus the Medical Examiner 1 Never Merried 2 Married 1 Yes 2 No Specify: Specify: WHITE by 3℃Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondery (0-12) College (1-4or 5+) 12 CLERK SUPERIOR COURT 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be 8 **ABRAHAM** COHEN **JENNY** DAVIDOV Pages 1 and 2 should 2 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) FLORA COHEN / SISTER 7121 PARK HEIGHTS AVE. #603 - BALTIMORE, MD 21215 Harn 27 Baltimore, 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 8 1 M Burial 2 ☐ Cremetion 3 ☐ Removal from State 6/11/99 LUBAWITZ NUSACH ARI CEM. ROSEDALE, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility 21. Signature of Innerel Servica Licensee SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death Physician /Medical Immediate Ceuse (Finel CANCER ON. 3 months diseese or condition resulting in death) Examiner Due to (or es e consequence of) Examiner physician and the bunal-transit tha daath cartificate be axecuted Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Last Due to (or es e consequenca of): Box 68760 Physician/Medical Due to (or es e consequence of): 88 usa signed by the a d be detached f 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were eutopsy findings eveileble prior fo completion of ceuse of deeth? been si Completed 24a. Wes en eutopsy cartificate has t 1 Yes 2 No 1 ☐ Yes 2 ☐ No director. Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Placa of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) H & Sp7 Co 1 Yes 2 No 1 | Inpatient 2 | ER/Outpetient 3 | DOA Certification: To funaral 28c. Injury et Work? 28d. Describe how injury occurred 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) 28b. Time of 1 Naturel 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No death. investigetion Director: 6 Could not be determined 3 Sulcide 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 24 hours after Funeral Direct plately filled in b 4 Homicide ö 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end pleca, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end manner stated. 29a. Certifier edicai (Check only one) To the P within 2. 29c. License number 29d. Date signed (Month, Dey, Yeer) 29b. Signeture and title of certifie no elley 30. Name and address of person who completed cause of death (Name 3e) (Type, Print) Charles St. Balto. rile 6701 31. Dete tiled (Month, Day, Year) 32. Registrer's Signeture 1999 Registrar

DHMH 16 Rev 6/95

Sugman



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

			State of M	viaryian		tificate of			Reg.	22		8935				
Physician /Medical	Decedent's Name (First, Middle, Last) RAE		1)	SCHWARTZ					JUNE 10, 1999			3. Time of Death 12:05 PM				
Examiner		(If not institution, give						wn, or Location of	Death	4c. County o	Death					
	MILFORD MANOR NURSING HOME						and the same the	BALTIMORE				IMORE				
Funeral Director	5. Social Security 213–44 Usual Residence	I - 9449	X □M 2X F	Age (In yrs. 86	last birthday) Yrs.	If Under 1 Yea Months Day		Min. (Mor	of Birth th, Day, Ye		9. Birthpl Count	ace (State or Foreign) MD				
	10a. State	10b. County		10c. Cit	y, Town or Lo	cation					10	d. Inside City Limi				
ind at	MD	BALTIMO	AT.TTMORE			ORE						1 ☐ Yes 2X 1				
e or 28e-f e Lee nouffed Director	10e. Street and N					10f. Zip Code	2	1208	10g.	Citizen of WI		ry?				
# 23	11. Marital Status			nt Ever in II	S 13 1	Vac Decedent of			or No-			n Indian				
natural', or items 23s or 28s-f show deal European must be notified at sted by Funeral Director	1 ☐ Never Ma	Armed Force 1 Yes 2 fi If Yes, Give Year or Date:	No 1 ☐ Yes XX No Specify: Specify:						White, 6	otc.						
4 5	(Sp	15. Decedent's Edu ecify only highest grad condary (0-12)		or 5+)	16a. Decedent's Usual Occupation (Give kind of work done during most of life. DO NOT use retired)			of working	working 16b. Kind		of Business/Industry					
Hygier the the Cor	12				HOUSE	WIFE	To a second			WN HOM						
th and Mentel Hygiene. Tis merked other than traumetic avant, the Mentel traumetic avant, the Mentel traumetic avant, the Mentel traumetic avant, the Mentel traumetic avant, the Mentel traumetic avant, the Mentel traumetic avant, the Mentel traumetic avant, the Mentel traumetic avant to the Mentel traumet	17. Father's Nam	7. Father's Name (First, Middle, Last) NATHAN				?		r's Name (First, M SIE	Name (First, Middle, Maiden Sumame) TURNER			IRNER				
8 9 8	19a. Informant's	Name/Relationship (T)	-		r or Rural Route				Code)				
Heal ther	20a. Method of D			20b. F		LIRRUP C sition (Name of natory or other p		BALTIMO		D 2120 Location - C		wn, State				
tanent of tant: If its jury or o	4 □ Donation	2 Cremation 3 1 5 Other (Specify		16	TH YEH	JDA ANSH	E KURL	AND 6/11	/99	BALT	IMOF	RE, MD				
Departiment any in	21. Signature Service Licerum 22. Name and Address of Facility SOL LEVINSON 88900 REISTERSTOWN ROAD — PIKE															
	23a. Part T. Enter shock, or he	r the disease; or comp eart failure. List only o	ications that caus ne currie on each	ed the deat	h. Do not ente	er the mode of d	ying, such as	cardiac or respira	tory arrest,			Approximate Interval Between				
hysician /Medical xaminer	Immediate Cause disease or condit resulting in death	tion	Se	050	\$						1	Onset and Death				
Vi.	1000kiig iii doaki	,		Due to (d	or as a conseq	uence of):					1					
stelen end burial-transit	Sequentially list of any, leading to cause. Enter Uni	conditions, immediate	b	Due to (c	r as a conseq	uence of):				- 48	1					
× 9 0	that initiated events Due to (or as a consequence of):															
ettending for use a	7		d								+					
	Part II. Other sign	arkins		0	ulting in the ur	derlying cause (given in Part I	238	. Did tobac			the cause of deal				
ate has been signed by the page 2 should be detached.								24a	. Wes an a		ava	re autopsy finding illable prior to npletion of cause leath?				
page 2									1 Yes	2 3 No	10	Yes 2□ No				
	25. Was case refe	erred to medical					26. Place	of Death (Check								
	examiner?	No I	Hospital:	tient 2 🗆	ER/Outpatien	3□ DOA	Wher	rsing Home 5		8 Other	(Specify)				
Te Le	27. Manner of De	ath 5 Pending investigation	28a. Date of In (Month, L	jury Day Year)	28b. Time of tnjury		ury et ork? ☐ Yes 2 ☐		cribe how i	njury occurre	d					
al Director: After the in by the funara Certification:	3 ☐ Suicide 4 ☐ Homicide	6 ☐ Could not be determined	28e Place of I building,	njury - At ho etc. <i>(Specif</i>	ome, farm, str	et, factory, offic	9	28f. Loca City	ation (Street or Town, S	t and Numbe tate)	r or Rura	Route Number,				
Funer fely fill	29a. Certifier (Check only one)		sician: To the bes ner: On the basis and manner	of examina												
To the comple	29b. Signature an	diffe of certifier	()	IFE		se number	76	29d.	Date signed	(Month, I	Day, Year)				
	30 Nama artisad	dress of person who o	moleted course of	death (leas	2000					-/	-(

State

37. Registrar's Signature

Registrar 30N 1 4

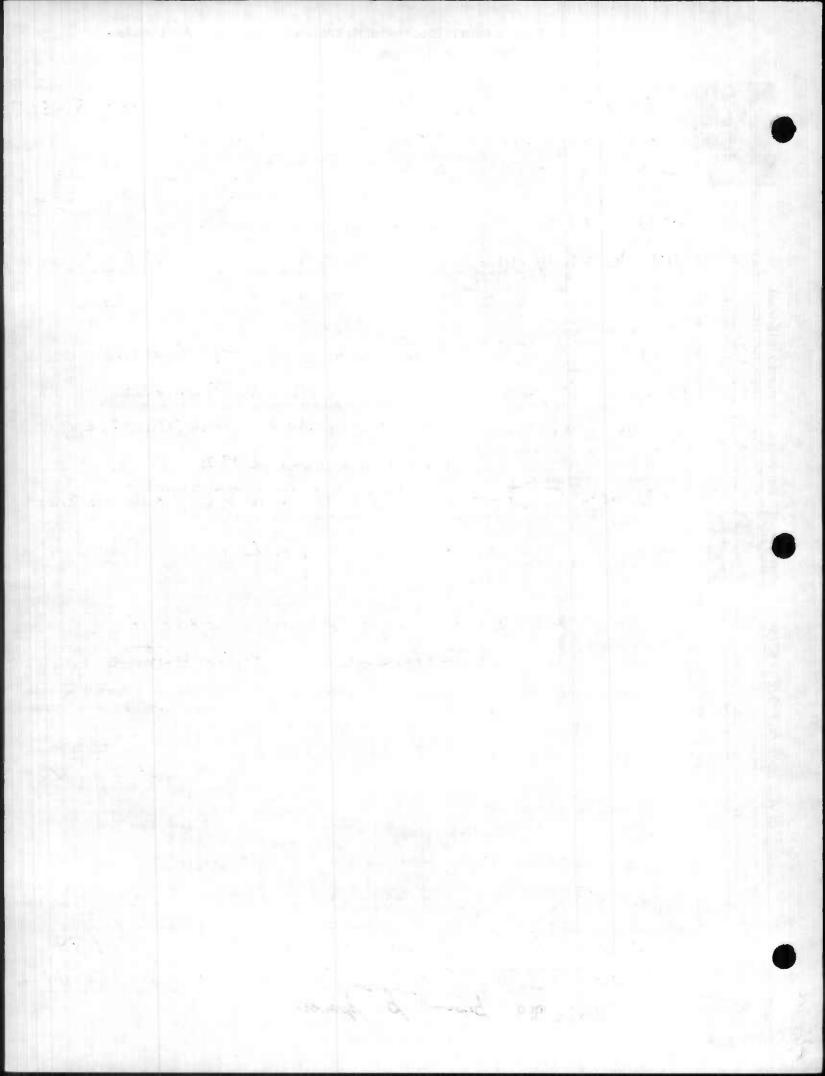
B. Sparle



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) **Physician** /Medical 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street and number) Examiner HOSPITAL SECQUES ON MORE If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthdey) Birthplace (Stata or Foraign Country) 5. Social Security Number **Funeral** 18M 20 F Months Days Hours Min 215.24-5449 C Yrs. **Director** Usual Residence of Decedent with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examinar must be notified at 1 Tes 2 No Directo more 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street and Number USA 14. Race - American Indian, Normand Aue 21229 Funeral permit. Peges 1 and 2 should be filed within 72 hours after deeth. Department of Health and Mental Hygiena. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Specify: Black altimore, Maryland 21215-0020 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade complated) Elementary/Secondary (0-12) College (1-4or 5+) th Steel Mill 12 toreman 18. Mother's Name (First, Middla, Maidan Sumama) 17. Fether's Name (First, Middle, Last) Be Richard San Benjarmin lalley Mamie 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda) 19a. Informant's Name/Reletionship (Type, Print) tham 27 is other tra normandy Ave 414 Balto, MD Yvonne Talley Daughte. 20a. Method of Disposition 21229 20b. Place of Disposition (Nama of cemetery, cramatory or other place) Date 20c. Location - City or Town, State Important: If the any injury or o 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State tus Memorial Cemetery 6-18-99 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Funeral Services Vansha C G1 5151 B. Ito C Greene 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. m121229 Balto Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner attending physician and for use es the bunal-trensit that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury (or es a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical that initiated events resulting in death) Last es e consequence of): signed by the a 23b. Dfd tobacco use contribute to the causa of death? Part ff. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part f. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 No 1 Yes 2 HNO Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Chack only ona) To Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28c. Injury at Work? Certification: After 1 or Attending 1 Matural 5 Pending Investigation 1 ☐ Yes 2 ☐ No r deeth. 2 Accident the after deeti 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) by 4 Homicide n 24 hour. the Funeral Direction Hospital edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. To the Hosp within 24 hou To the Fune completely fi 2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certified 29d. Date signed (Month, Day, Year) 00030355 m:1) 30. Name and address of person who completed cause of dea h (Kem 23a) (Type, Print) BON SECOURS HOS Registrar

A13 10

DHMH 16 Rav 6/95



Please Type or Print in Biack Indelibie ink. Assure All Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Day Yaa Eleanora Tate 1999 3:45 am June 11, 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, giva street and number) 4c. County of Death Future Care Old Court Nursing Home Randallstown Baltimore If Under 24 Hrs. If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Stata or Foreign ountry) PA 198-28-0641 1 M REF 95 Aug 31, 1903 Usual Residence of Decedant 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 € No Baltimore Randallstown 10e. Street and Number 10f. Zio Code 10g. Citizen of What Country? 5412 Old Court Road 21133 USA 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 1 Nevar Married 2 Married 1 ☐ Yas 2 ☑ No If Yes, Giva Year or Datas: 1 Yas 2 No Specify: Specify: White 3 Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 8 17. Father's Nama (First, Middla, Last) 18. Mother's Neme (First, Middla, Maiden Sumama) Florian Hirshline Altmann Margartha 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Lorimel Road, Eldersburg Maryland William J. Tate, Jr. / Son 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation ★☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) St. Joseph Cemetery, June 14, 1999 Easton , Victor P. Doda, Jr. 22. Nama and Address of Facility 21. Signature of Funaral Sarvice Licensee Charles L. Stevens Funeral Home, Inc. 0 1501 East Fort Avenue, Baltimore Maryland 21230 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediata Ceusa (Final · PROBABLE MYOCARDIAL INFARCTION = 5 min disaasa or condition resulting in deeth) RENAU HRONIC Sequentially list conditions, if any, leading to immediata cause. Enter Undarlying Cause (Disease or injury that initiated events rasulting in death) Last Due to (or as a consequence of): Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HTPERTESIVE ATURROSCIENOTIC CARDIOVASC 24b. Wara autopsy tindings available prior to 24a. Was an autopsy performed? - LLAR DISTASE complation of causa of death? 1 ☐ Yas 2 Ø No 25. Was casa ratarred to medical axaminar? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 □ Residenca 6 □ Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 5 Pending investigation 1, SNetural t ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, street, tectory, office building, atc. (Specify) 4 Homicide

or Attending Physician: The law requires that the death certificate be executed P.O. Box 68760. Records, Division of Vital To the Hospital or Attending within 24 hours after death.
To the Funerel Director: After completely filled in by the fun

Physician

/Medical

Examiner

Funeral

Director

"natural", or hams 23a or 28a-f show

permit. Pages 1 and 2 ahould be file Department of Health and Mental Hy Important: If Nem 27 is marked oth any Injury or other treumatic event ables.

Physician /Medical

Examiner

Physician/Medical Examiner

Completed

Be

Medical Certification: To

29a. Certifier

(Check only one)

29b. Signature and titla of certifier

After

flied within 72 hours after death

Baltimore, Maryland 21215-0020

Director

Funeral

à

Completed

8

Registrar

DHMH 16 Rev 6/95

State

11. D. D. G. Al, K. 31. Date filed (Month, Day, Year) 1 4 1999

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

MA: 5310 OLS COUNTRO, #20(PANDALLSTOWN, MD 21133 32. Registrar's Signatura

15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and mennar es stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end place, and due to the causa(s) and manner stated.

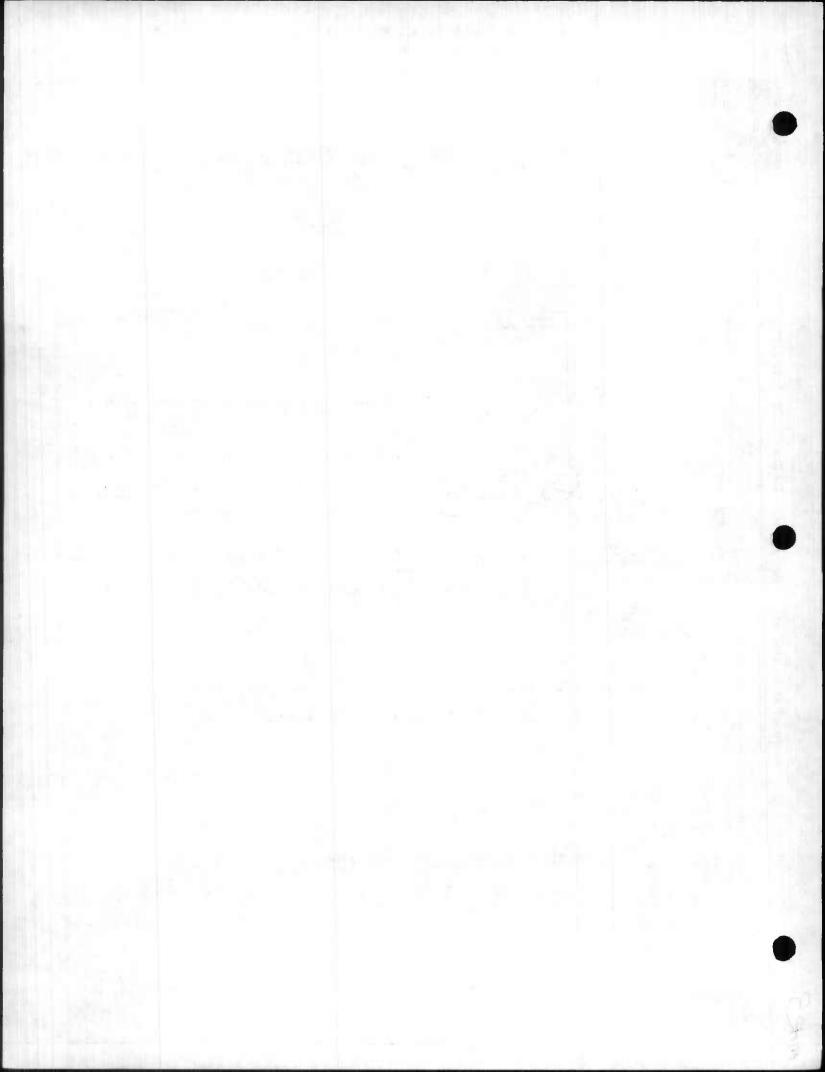
29c. License number

40390

29d. Data signed (Month, Day, Year)

JUNE 11, 1959

ORIGINAL



Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** Ruth Thomas June 9, 1999 6:15 am /Medical 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 2220 Benson Mill Road Baltimore Sparks, MD If Under 24 Hrs. If Under 1 Year Birthplace (State or Foreign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** Months Days Hours 1 M 2 F Yrs 426-07-8591 88 Director Aug. 10, 1910 MS Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits MD Baltimore Sparks Maryland 1 ☐ Yes 2 € No Director 288-7 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country? b 2220 Benson Mill Road 21152 United States flams 23a Funeral 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, etc. 72 hours after 1 ☐ Yes 2 ☑ No 1 Never Married 2 Married Baltimore, Maryland 21215-0020 natural, or 1 ☐ Yes 2 ☑ No Specify: Specify: White à 3 ₩idowed 4 Divorced Year or Dates Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed with Department of Health and Mental Hygien important: If Nem 27 is married other than any Injury or other traumatic. Secretary / Bookkeeper Food 12 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Claude Lee Travis Myrtis Elizabeth Lane 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Beth Varner / Granddaughter 2220 Benson Mill Road, Sparks MD 21152 20b. Place of Disposition (Neme of cametery, cremetory or other p Date 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 🖾 Ramoval from State Lakewood Mem. Park, June 14, 1999 Jackson, 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee Victor P. Doda, Jr. 22. Name end Address of Facility
Charles L. Stevens Funeral Home, Inc.
1501 East Fort Avenue, Baltimore MD Baltimore MD 21230 23a. Part1. Enter the disease, or complications that deused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest shock, or hear failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Physician 4mo /Medical Immediate Cause (Final disease or condition resulting in death) Examine Examine physician and the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760. that the deeth certificate be Physician/Medical Due to (or as a consequence of): for use as ed by the e Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? P.O. multi interct 1 Yea 2 No 3 Probably 4 Unknown Completed by of Vitai Records. The lew requires 24b. Were autopsy findings evailable prior to complation of cause ot death? 24a. Was an autopsy performed? hes 2 NO 200 No 1 Yas 1 Tes 25. Was casa referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 10 1 Yes 2 No 5 Residence 6 □Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? After Division Attending 5 Pending investigation 1 Yes 2 No death. Director: A 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stefe) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) To the Hospital or A within 24 hours after To the Funeral Direc completely filled in by 4 ☐ Homleide hours after 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifier (Check only 29b. Signature and title of certifier 29c. License number 29d. Date, sign of (Month) Dey, Year) al 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Greater Baltimore Medical Center Ruth Kanter, MD 6701 North Charles Street, Baltimore Maryland 21204

State Registrar

31. Date jier (Morth, Pay 999

32. Registrar's Signature

TOTAL STATE OF THE The ball we set to be transfer to CATE AND SOLD THE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 0 Amended Item#26 perPhyG772 6/14/99 EW 3. Time of Death 1. Decedent's Name (First, Middle, Last 2. Date of Death 1au ma 16 4a Facility Name (If not institution, give stratend number) 4b. City, Town, or Location of Death ud rince HEVENY If Under 24 Hrs. / 8 ade Nursing 7. Age (In yrs. lest birthday) It man 8. Date of Birth (Month, Day If Under 1 Y 5. Social Security Number 9. Birthplaca (State or Foreign 6 Sex Months -16-9218 1 M 2/2 F Days Hours 0 123 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 15 Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Are. 622006-ontz hila 14. Rece - American Indien, 13. Was Decedent of Hispenic Origin? (Specify Yes or If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 11. Marital Status Bleck, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Black 4 Divorced 3 Widowed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Board of Education OOK 12 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) Abraham Unk DOWN 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) hristine daughter 6220 20b. Placa of Disposition (Neme of cemetery, cremetory or other 20a. Method of Disposition 200 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) emeter 21. Signature of Funeral Service Licensel 22. Name and Address of Facility Douglass Fun eral Mc Culloh 54 0 1701 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Due to for as a consequence of) Due to (or as e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 No 25. Was case referred to medical 28. Piece of Death (Check only one) examiner? Other: 4 Norsing Home 5 Residence 6 Other (Specify) ENOutpatient 3 DOA 1 Inpatient 27. Manner of Deeth 28c. Injury 88 Work? 28b. Time of

Physician /Medical Examiner

ettending physician and for use es the burial-tran

signed by the e

page 2

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director,

The law requires that the death certificete be executed

Division of Vital Records, P.O. Box 68760

Examiner

Physician/Medical

Completed by

Be

Medical Certification: To

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be

Funeral

Director

treumstic event, the Medical Examiner must be notified at

injury or other

or items 23a

permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health end Mental Hygiene. If Itam 27 is marked othar than "naturel", or Itel Important: If Itam 27 is marked othar than "naturel", or Itel

Baltimore, Maryland 21215-0020

Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

Year)

Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier

4 Homloide

Natural 2 Accident 3 Sulcide

12 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated.

29b. Signaty and title of certifier

5 Pending investigation

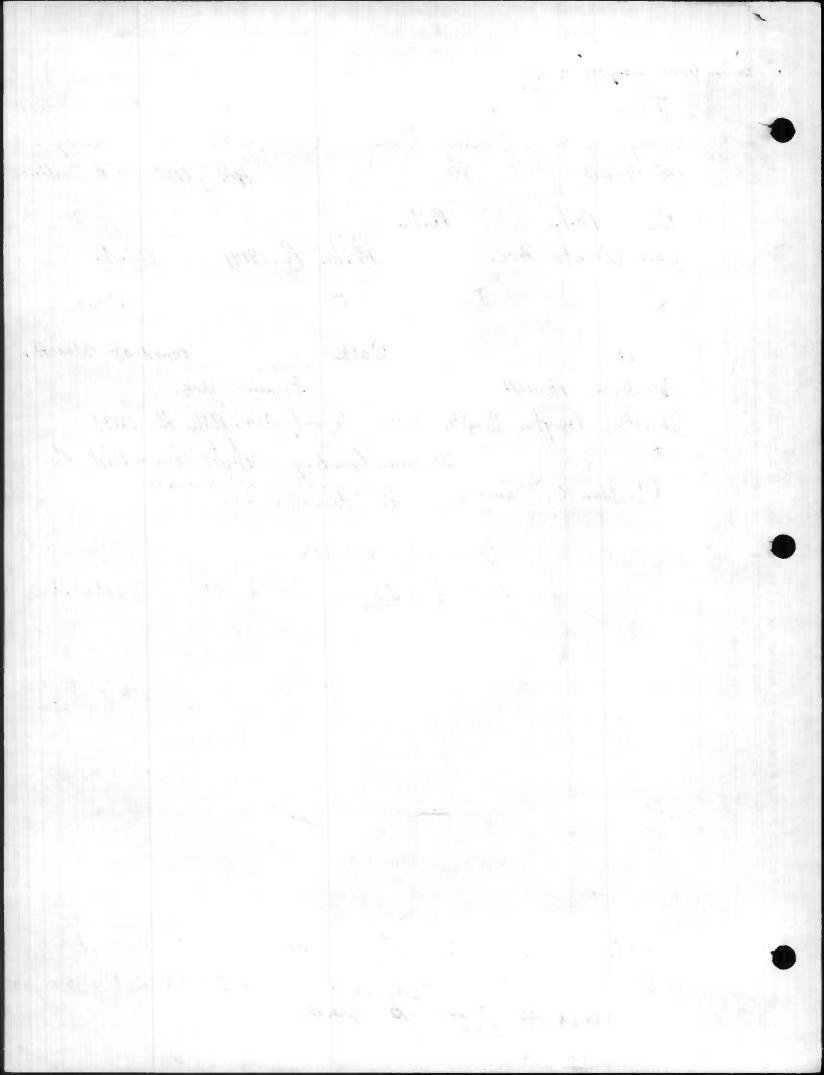
6 Could not be

29c. License number

29d. Date signed (Month, Dey, Year)

Spellman NWising Home

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend Item #5, per FH, G772, 6/29/99, gap Certificate of Death 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month **Physician** JUNP 55 AM /Medical 4b. City, Town, or Location of Deeth 4c. County of Death Examiner DE OR if Undar 1 Year if Under 24 Hrs Date of Birth lest birthday) **Funeral** Months Deys Hours 1 M 2 1 Yrs Director Usual Residence of Decedent with the Meryland 10a. State Qity, Town or Location 10d. inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be nothed at 1 Ves 2 No Directo 10f. Zip Code 10g. Citizen of Whet Country? 10a Street 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Funeral filed within 72 hours aftar death 12. Was Decedent Ever In U,S. Armed Forcas? ✓ American Indian 11 Marital Status Bleck, White, atc. 1 ☐ Yas 2 ☐ No If Yes, Giva Year or Dates: 1 Nevar Married 2 Married Specify: Black Maryland 21215-0020 1□ Yes 2DNo Specify. P 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation
(Give kind of work done during most of working)
life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry than Elementary/Secondary (0-12) College (1-4or 5+) other 1 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First Middle, Meiden Surneme) Be should be fund Mentel H marked 70VAn 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pagas 1 and 2 sh Depertment of Haalth and Important: if item 27 is m any injury or other traum pace. INRIE 10 Baltimore, 20c. Location - City or Town, Slete 20a. Method of Disposition 1 Burial 2 Cremetion 3 🗆 A 4 ☐ Donelion 5 ☐ Other (Specify) 21. Signature of Funeral Service-13e ES, on 2/22 23a. Part1. Entar the diseasa, or composional shock, or heart failure. List only one Approximata Intervel Between Onsat and Death ed the death. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner sertensin The law requires that the death cartificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initieted events resulting in death) Lest Due to (or es e consequenca of): and been signed by the attending physician should be dateched for use as the burie Physician/Medical Dua to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24e. Wes en autopsy performad? Attar this certificate hes been si funaral director, paga 2 should Completed 2 No 1 ☐ Yes 2 ☐ No 1 Yes Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2 No 4 Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: or Attending 1 Neturel 2 Accident 5 Pending 1 Yes 2 No daath. investigation Director: filled in by tha 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide within 24 hours e To the Funeral C complately filled edical Certifying Physician: To the best of my knowledge, deeth occurred et the time, dele end plece, end due to the ceuse(s) end menner es steted.

Madical Examinar: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end manner stated. 29a. Certifier 29b. Signature end title of-certifie 29d, Dete signed (Month, Dev. Year) 29c. License number M.X Jun. 30. Neme and eddress of person who completed cause of death (Item 23e) (Type, Print) 1800 Har Hartord allston Toad 32. Registrer's Signeture State Registra **DHMH 16 Rav 6/95**

Samuel Service

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

			۰
Certificate of Death	Reg. No.	99	
State of Maryland / Department of Health and Mental I	Hygiene	00	

Physician	
/Medical	
Examiner	Γ
	ı

Fune Direc

permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mentel Hyglene. Important: If item 27 is marked orber than "natural", or items 23s or 28e-f show eny Injury or other transmit to event, the Medical Est injury or other traumatic event, the Medical Est injury man be notified at

Baitimore, Maryland 21215-0020

Physicia /Medic Examin

P.O. Box 68760.

To the Hospital or Attanding Physician: The lew requires that the death certificate be executivithe as A hours after death.

To the Funeral prector: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burla-trans. Division of Vitai Records.

Medical Ce

29a. Certifier

29b. Sign

			Certificate	OI	Death		B	eg. No.	2	10941				
1. Decedent's Neme (First, Middle	, Last)						Date of Deat Month	h Dev	Year	3. Time of Death				
Francine		Wells					June	08, 199	9	11:20 A.N				
4a Facility Neme (If not institution	, give street and numbe	7)			4b. City, Town,	, or Location	on of Death	4c. County	of Deeth					
Bon Secours Ho	ospital				Balti	more		N	I/A					
5. Social Security Number		ge (In yrs. last birt	thday) If Under 1	Year	If Under 24	Hrs. R I	Date of Birth		-	plece (State or Foreign				
214-84-9408	1□M 2対F	36	Yrs.	Duyo	110015	C.	Month Day	-63	000	MD				
Usuel Residence of Decedent		1.0 00 00												
10a. State 10b. County		10c. City, Town								10d. Inside City Limits 1X Yes 2 □ No				
MD N	A	Balt	Baltimore											
10e. Street and Number			10f. Zip (10g. Citizen of Wi			ntry?				
1905 E. 30	th Street			21	218			USA	4					
11. Meritel Stetus	12. Was Deceden	t Ever in U,S.	13. Was Decede	nt of F	lispanic Origin' an, Mexican, P	? (Specify	Yes or No-		e - Ameri	can Indien,				
1 Never Merried 2 Marri			1□Yes 2		the same and the same and									
3 ☐ Widowed 4 ☐ Divorced	Yeer or Dates		12.00	N.ve	ороспу.			Specify	Black					
15. Decedent (Specify only highes	's Education t grade completed)	16a.	Decedent's Usual (Give kind of work	Occup	pation during most of	working		16b. Kind of Bu	usiness/In	dustry				
Elementery/Secondary (0-12)	College (1-4or	5+)	(Give kind of work life. DO NOT use	retire	d)									
12th Grade	NA		Worker							worker				
17. Father's Neme (First, Middle, L							rst, Middle, A	Aaiden Sumen						
Frank O. W	ells				Annie		R.	McMil	lia	n				
19a. Informant's Neme/Relationsh			Mailing Address (
Annie R.	Wells		3 Worth		treet	St.	Paul	, NC	283	84				
20a. Method of Disposition **DBurial 2 Cremetion	0 [] 0	20b. Place of cemeter	Disposition (Name y, cremetory or oth tus Mem	of er ple	G8) _		1	20c. Location -						
4 Donation 5 Other (Sp		Arbu	tus Mem		Рк. Се	em. C	06-12	-99 A	rbu	tus, MD				
21. Signature of Funeral Service L	icerpee		22. Name end	Addre	ess of Facility	Balt	imor	e. Mar	vla	nd 21202				
March 14	Conto		WM.C.	Mai					-					
23a. Pert1. Enter the disease, or	complications that cause	ed the death. Do n								Approximete				
shock, or heart feilure. List of	only one cause on each	tine.		•					i	Intervel Between Onset end Deeth				
Immediate Cause (Finet	Complic	ations fr	com Cocai	no	f. Naro	otic	Tntov	ication	į					
disease or condition resulting in death)	a. Compilica	omplications from Cocaine & Narcotic Intoxication												
		b. Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of):												
	b	Due to force					ton	المد	MER					
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Live to (or es e c	the to (or as a consequence of): THE FIGHT ON APPROVED BY MEDICAL EXAMINER THE FIGHT ON APPROVED BY THE DICAL EXAMINER											
Cause (Disease or injury that initiated events	c	0	Tituu -		7	FICATION	APPROVED		1					
resulting in death) Last		Due to (or as a consequence of):												
	d					1								
Pert It. Other significant condition	ns contributing to death	but not resulting in	the underlying car	use giv	ven in Pert t.					o the cause of death				
							1 🗆 Y	s 2 No	3 Pro	bebly 4 \textsq Unknow				
	10.00						24a. Wes e	n autones	24h W	/ere eutopsy tindings				
							perform	ned?	6/	veilable prior to empletion of cause				
							Appro	val	of	death?				
							1 🗆 Ye	s 2X No	1	☐ Yes 20 No				
25. Was case referred to medicat examiner?					26. Place of	Deeth (CI	heck only on	e)						
examiner?	Hospitel: 1 1 tnpat	ient 2 ER/Out	tpatient 3 DO/	Oth	her: 4 Nursir	ng Home	5 Reside	nce 6 Oth	er (Speci	fy)				
27. Manner of Death	28a. Date of In (Month, D	ury 28b. T	ime of 28	c. tnjui Wo	ry at	28d.	Describe ho	w injury occur	red					
1 Naturet 5 Pending 2 Accident investig	ation		8.4		Yes ACNO		Unkno	4770						
3 ☐ Suicide 6 ☐ Could n	ot be 28e. Place of to	be 28e. Place of trijury - At home, farm, street, factory, office					Location (St	reet and Numb	er or Run	el Route Number,				
4 Homicide	building, e	tc. (Specify)	Unknown				City or Town, State) Unknown							

State Registrat DHMH 16 Rev 6/95

of death (Nem 23e) (Type, Print)
5602 Baltimore National Pike, Balto., MD 21228

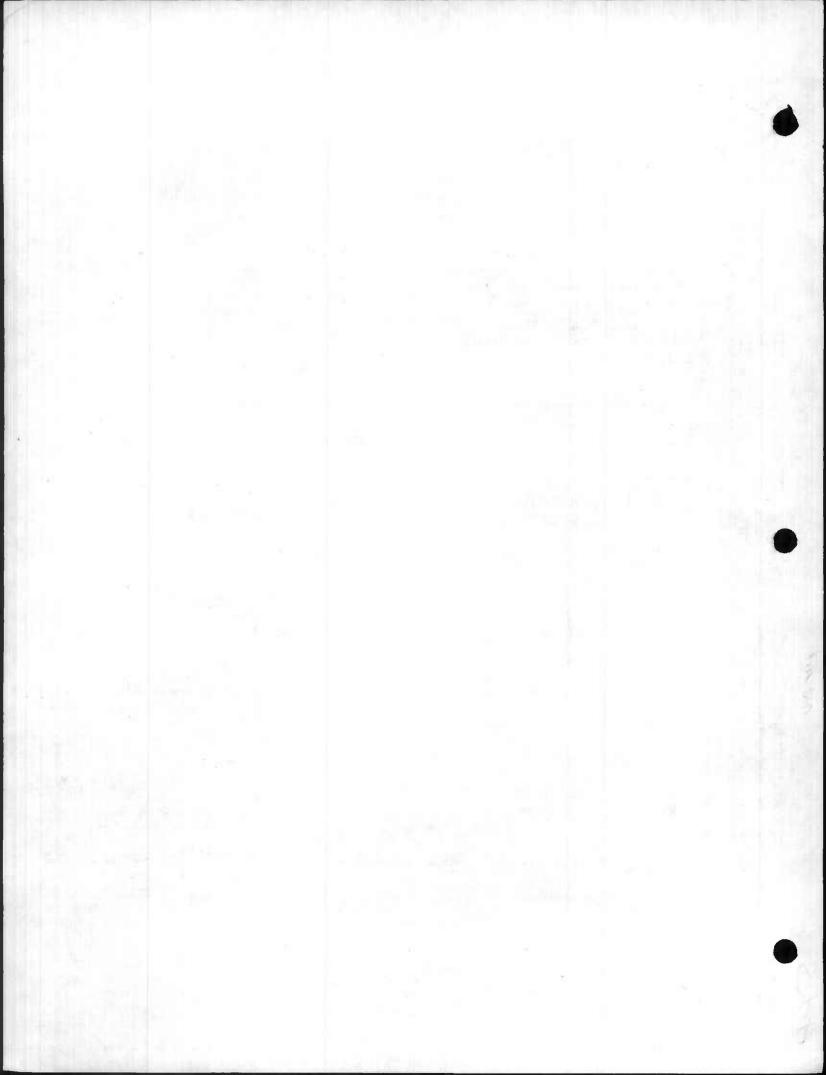
1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated.

2 Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner stated.

29c. License number D25055 29d. Dete signed (Month, Day, Year)

June 11, 1999

ORIGINAL



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 18942 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death Month Day Agnes Madeline Wisner 9, JUNE 1999 5:30 AM 4a Facility Neme (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death 6395 Euclid Avenue Elkridge Howard If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Days Months Hours 1 M 2 F 82 Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 X No Howard Elkridge 10f. Zip Code 10g. Citizen of What Country? 6395 Euclid Avenue 21075 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yes 2 No 1 Never Merried 2 ☑ Merried 1 Yes 2 No Specify: Specify: white 3 ☐ Widowed 4 ☐ Divorced Year or Detes: 16a. Decedent's Usuat Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Cotlege (1-4or 5+) Line Worker Factory 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Blanche Estelle Grummlin William Henry Coolahan 19a. Informant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Milton S. Wisner, Jr. - husband 6395 Euclid Avenue, Elkridge, Md. 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State Date 6/11/99 1 XBurlal 2 Cremation 3 Removal from State Meadowridge Memorial Pk. Elkridge, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licaruses 22. Name and Address of Facility Gary L. Kaufman Funeral Home@Meadowridge MP, Inc. 7250 Washington Blvd., Elkridge, Md. 21075 23a. Part1. Enter the disease, or complications that baused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one ceuse object line. Approximate Intervat Between Onset and Death ACUTE RENAL FAILURE TWO WEEKS Due to (or es a consequence of): CHRONIC RENAL FAILURE MONTHS

Physician /Medical Examiner

sician and bunal-transit

physician s the burial

980

paga 2

this

n 24 hours after death.

The Funeral Director: After contacts of the funeral death. ò Hospital

To the Hosp within 24 hor To the Fune completely fi

Attending

The law requires that the death certificate be executed

Box 68760

P.O.

Division of Vital Records.

Examiner

Physician/Medical

þ

edicai

Physician

/Medical

Examiner

Director

Funeral

p

Completed

Be

Funeral

Director

r than "natural", or Itema 23a or 28a-f show the Wedical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: if Item 27 Ie marked other than "natural", or Item any Injury or other treumatic event, the Medical Examinations.

Baltimore, Maryland 21215-0020

with the Maryland

death v

5. Social Security Number

10e, Street and Number

MD

11. Marifel Status

218-10-0255

Usual Residence of Decedent

Elementery/Secondery (0-12)

12

20e. Method of Disposition

Sequentielly tist conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest

Immediate Cause (Final disease or condition resulting in death)

Due to (or es a consequence of)

HYPERTENSION

Pert II. Other significant conditions confributing to death but not resulting in the underlying cause given in Part I.

Due to (or as a consequenca of):

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

YEARS

Completed			24a. Was an autopsy performed? 24b. Were autopsy finding available prior to completion of cause of death? 1 Yes 2 💆 No 1 Yes 2 🛣 No						
Be (25. Wes case referred to medical	26. Place of Deeth ((Check only one)						
0	examiner? 1 ☐ Yes 2 ☒No	Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home	5 ☑ Residence 6 ☐ Other (Specify)						
1	27. Menner of Deeth 1 XNeturel 5 Pending 2 Accident investigation	(Month, Day Year) Injury Work?	d. Describe how injury occurred						
Certification:	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined	28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)	f. Location (Street and Number or Rural Route Number, City or Town, Stete)						

29a. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and fitle of cartifier

29c. License number D 30469.

29d. Date signed (Month, Day, Year) 1999. 10th,

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

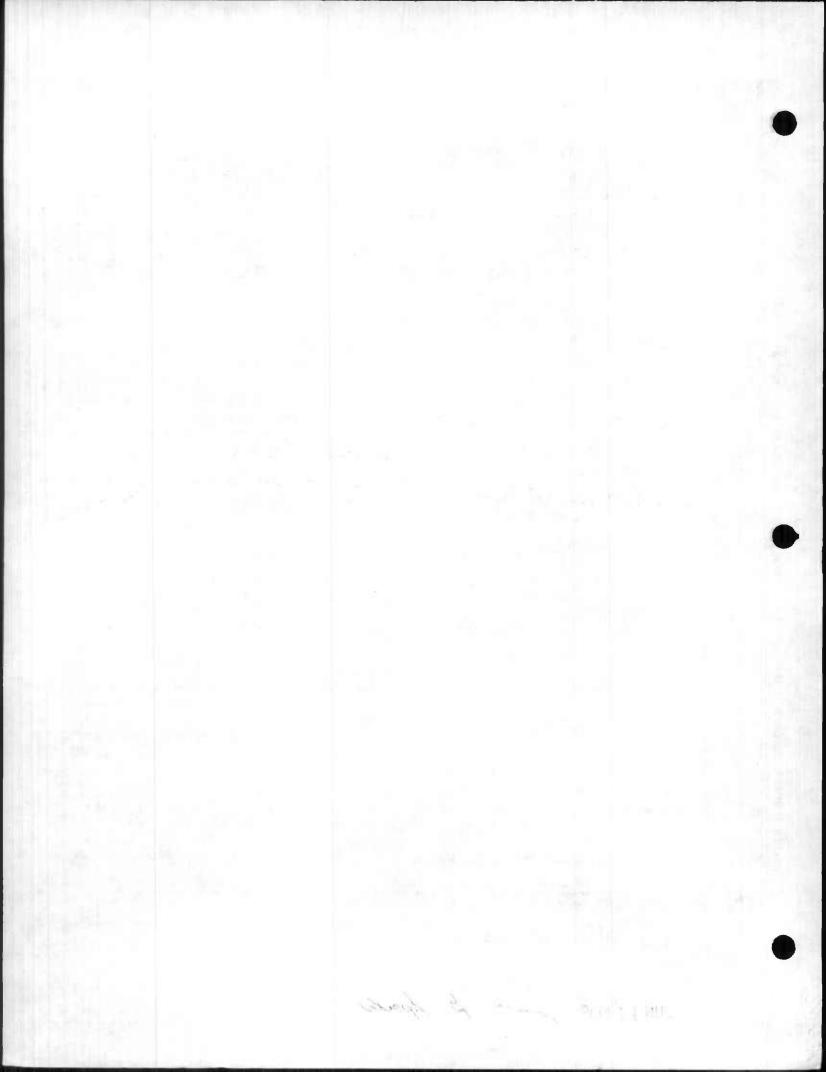
N.B. Vellanki, 9055, Chevrolet Drive, #100, Ellicott City, MD 21042.

State Registrar

31. Dete filed (Month, Day, Year) JUN 14 1999

32. Registrer's Soneture

DHMH 16 Rev 6/95



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 8943 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Noble 8:30 A.M. G. Williams 1999 6 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Rock Glen N/H If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) 4-13-1913 **Funeral** Months Deys Hours 213-09-2634 10 M 2□ F Yrs Va Director **Usual Residence of Decedent** 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Directo Md Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? herra 23a or i 313 Winters Lane 21228 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Bleck, Whita, etc. Pages 1 and 2 should be filed within 72 hours after and of Health and Medial Hygiens, surfaced other than "natural", or he ury or other treumed event, the Medical Examinative or other treumed event, the Medical Examination 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☒ No Specify: **Black** Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 4th grade College (1-4or 5+) Bethlehem Steel Laborer 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Eddie Williams Mattie Dotson 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 313 Winters Lane Catonsville, Md 21228 of Disposition (Name of Date 20c. Location - City or Town, State Mavis Williams - Wife 20b. Place of Disposition (Neme of cemetary, crematory or other plece) 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Department of important: If any injury or ance. 4 Donation 5 □Other (Specify) Arbutus Memorial Park 6-17-99 Arbutus, Md 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility March F/H West 4300 Wabash Avenue Baltimore, Md 21215 23a. Part1. Enter the disease, or complications that daused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart tailura. List only one cause on each line. Approximete Intervat Between Onset and Death Physician Immedieta Cause (Final disease or condition resulting in death) Metastatic /Medical mo Examiner Physician/Medical Examiner Inome attanding physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of): Due to (or as a consequence of): Part It. Other significant conditions contributing to death but not resulting in tha underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? cartificata has 1 Yes 2 PNo 1 ☐ Yes 2 ☐ No 8 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Aursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No this funaral 27. Manner of Death 1 Diviatural 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After t 5 Pending investigation a after death. I Director: After director of the further of the f 1 Yes 2 No 2 ☐ Accident 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stele) 3 ☐ Suicide in by t 28e. Place of Injury - At home, tarm, street, tactory, office building, etc. (Specify) 4 ☐ Homicide Medical 1 Cortifying Physician: To the best of my knowledge, death occurred at the tima, date end place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the bests of examinetion end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted. 29a. Certifier

or Attanding Physician: The law requires that the death cartificate be executed of Vital Records, P.O. Division To the Hospital o within 24 hours at To the Funeral D

Box 68760,

the Maryland

altimore, Maryland 21215-0020

State Registrar

completely

SAMBANDAM 31. Date filed (Month, Day, Year) JUN 1 4 1999

29b. Signature and title of ophilio

(Check only one)

ASKARAN 32. Registrar's Signeture

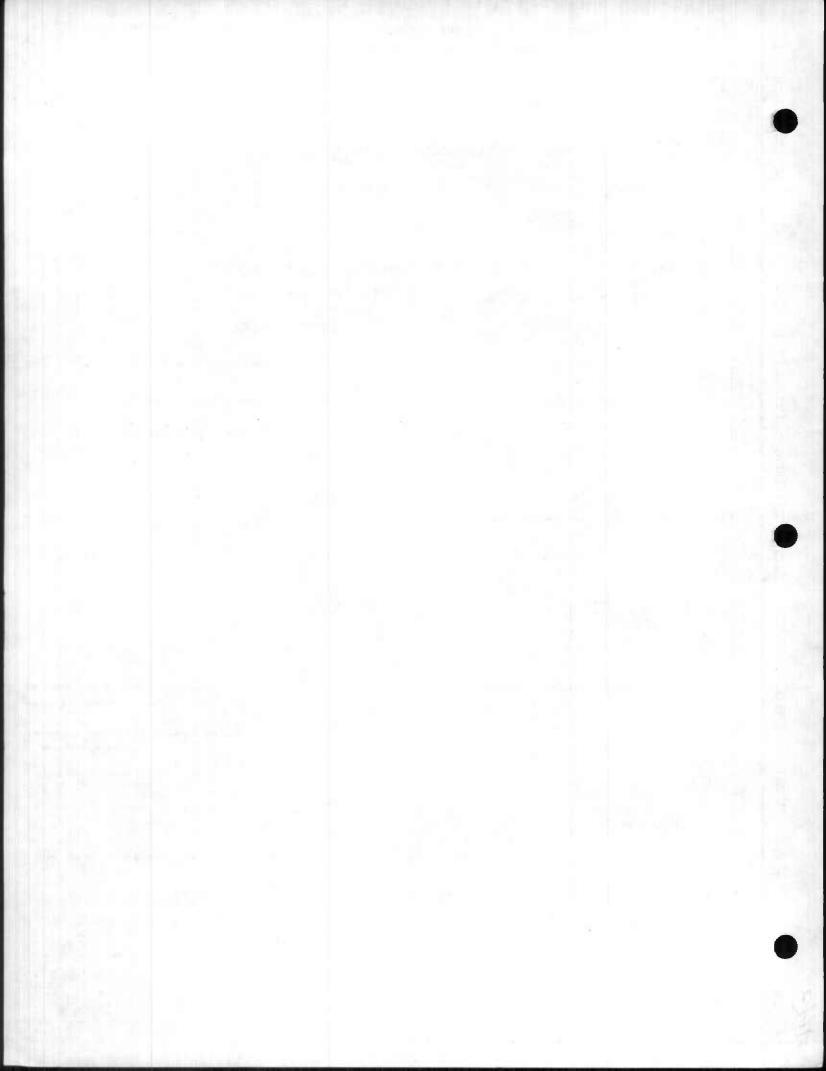
30. Name and eddress of person who completed causa of death (Item 23a) (Type, Print)

Wilkows Ar. Bultimor 4021229

29c. License number

29d. Date signed (Month, Day, Year)

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death AMENDED ITEM #20b PER FH G772 6/14/99 AH 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Sylvia Welch 2:20am une /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 0 tospitol Anion / ocial Security Number Memoria 105 To It more If Under 1 Year 8. Date of Birth (Month, Dey, Year) 9 Birtholeca (State or Foreign **Funeral** Deys Months Hours 10 M 20 F 16,1930 Balti Director 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 des 2 No Director Mary 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? "natural", or items 23a or 8 123 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Wes Decedent Ever in U.S. Armed Forces? Funeral 11. Merital Status 14. Raca - American Indien, Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Detes: 1 Yes 2 No Specify: Baltimore, Maryland 21215-0020 p 3 ₩idowed 4 Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed will Department of Health end Mental Hygien Important: If Nem 27 is marked other the any Injury or other treumatic avent. The 2 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme, Be Sheffe George Johnson Cmma. 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) 238Sherwa Son 1/238) Act of GREEN MUUTO Details of GREEN MUUTO Cometery, cremetery or other place CEMETERY June 13:195 Michael 20a. Method of Disposition OP 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 22. Name and Address of Facility Daigloss Funeral Seturge
1701 MeCulloh Street, Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Lice arlos oustras Rart1. Enter the disease shock, or heart failure. e or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximete Interval Between Onset end Death Physician /Medical fmmediate Cause (Finel 2 days · Multisystem disease or condition resulting in death) Examiner Physician/Medical Examiner 15 Seps the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or es e consequence of) Recubitus Ulcer Due to (or es a consequence of) gangrenous above knee amountation Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? End Stage Renal Fiscale, Chronic Obstructive Pulmonas 1 Yes 2 No 3 Probably 4 Unknown signed t 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? Consistive Heart Failure Baletes Ducdenal and Esophageal Elicers, Atnal Fibrillation 1 Yes 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Wes case referred to medical examiner?

1 Yes 2 No Be 26. Placa of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Inpatient 2 ER/Outpatient 3□ DOA 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Netural 5 Pending 1 ∏ Yes 2 ☐ No investigation 2 Accident

P.O. Box 68760, Records, Division of Vitai

> 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) State Registrar

. Aprado

6 Could not be determined

3 ☐ Suicide

29a. Certifier (Check only one)

4 ☐ Homicide

29b. Signeture end title of certifier

, MD 3/ Registrar's Signature

, MD

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

Union Memorial Hospital

AU417643519155

Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end placa, end due to the cause(s) end menner steted.

29d. Date signed (Month, Dey, Year) June

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Baltimore MD

or only the price straining

Y

San Paparette

The same of the sa

150 m

Funeral Director

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

	State of Maryland / Department of	Health and M	lental Hygie	ene	991.5
	Certificate of	f Death	Reg	, No.	0) 4 0
n ai	1. Decedent's Name (First, Middle, Last). James H. Waters Jr.		2. Data of Death Month JUNE 0	B , 1999 Year	3. Tima of Death 5:47 PM.
er	4a Facility Name (If not institution, give street and number) 1531 POPLAR GROVE ST.	4b. City, Town, or Lo		4c. County of Peath	
	5. Social Security Number 6. Sex 1 M 2 F 7. Age (byrs, last birthday) Yrs. Wonths Day:		8. Date of Birth (Month, Day,)	ear) 960 Ma	place (State or Foreign
rector	10a. State 10b. County 1 10c. City, Town or Location Bullinger			1	10d. Inside City Limits
	10e. Street and Number 153 Poplar Grove St. 2/2	16	10g	Citizen of What Cour USA	ntry?
by Funeral Di	11. Marrital Status 1 M Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of If Yes, specify Cu	Hispanic Origin? (Spe ban, Mexican, Puerto o Specify:	ecify Yes or No- Rican, etc.)	14. Race - Americ Black, White, Specify: BL	
Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 16a. Decedent's Usual Occi (Give kind of work don life. DO NOT use retir	e during most of worki		St. Kind of Business/Ind Grocery	dustry
To Be	James H. Waters Sr.	18. Mother's Name	Smit	iden Sumame)	
	19a. Informant's Narge/Relationship (Type, Print) 19b. Mailing Address (Street 153) PODIC	at and Number or Run	2 St. B	alta, MD.	21216
	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other place) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State	ry (C	Date 20	nscloune	mD.
	21. Signature of Funeral Service Licensee 22. Name and Add	March F	Juneral Busseral	Home P. F.	3. 21229
	23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of disease, or heart failure. List only one cause on each line.	ying, such as cardiac o	or raspiratory arras	t,	Approximata Interval Between Onset and Death
	Immediate Cause (Final disease or condition resulting in death) a. What os continue Cost	miorpsu	uyor D	18508	
Je L	Due to (or as a consequence of):				

Physician /Medical Examiner

permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mertal hypisen. Important: If them 27 is marked other than "netural; or ferme 23s or 23s-f show any injury or other traumatic avent, the Medical Earth or other traumatic avent, the Medical Earth or other traumatic avent, the Medical Earth or other traumatic avent, the Medical Earth or other traumatic avent, the Medical Earth or other traumatic avent, the Medical Earth or other traumatic avent, the Medical Earth or other traumatic avent, the Medical Earth or other traumatic avent, the Medical Earth or other traumatic avent, the Medical Earth or other traumatics and the Medical Earth or o

Baitimore, Maryland 21215-0020

Be Completed by Physician/Medical Exam To the Funeral Diractor: After this certificata has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burlat-tran Medical Certification: To

or Attanding Physician: The law requires that the death certificate be executed

To the Hospital or Attandir within 24 hours after death. To the Funeral Director: Al

Box 68760.

Division of Vital Records, P.O.

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Due to (or as a consequence of):

Dua to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

JUNE 09, 1999

24a. Was an autopsy performed?

24b. Were autopsy tindings available prior to completion of cause of death?

Yes 2 No

Yes 2□ No

25. Was case referred to medical 26. Placa of Death (Check only one) Other: 4 Nursing Home SXResidence 6 Other (Specify) XX Yes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28a. Date of Injury (Month, Day Year) 27. Menner of Death 1 Natural 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident

6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier (Check only

29d. Date signed (Month, Day, Year) 29c. License number

and address of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 Ny

O.C.M.E.

31. Date filed (Month, Day, Year) State

3 Suicide

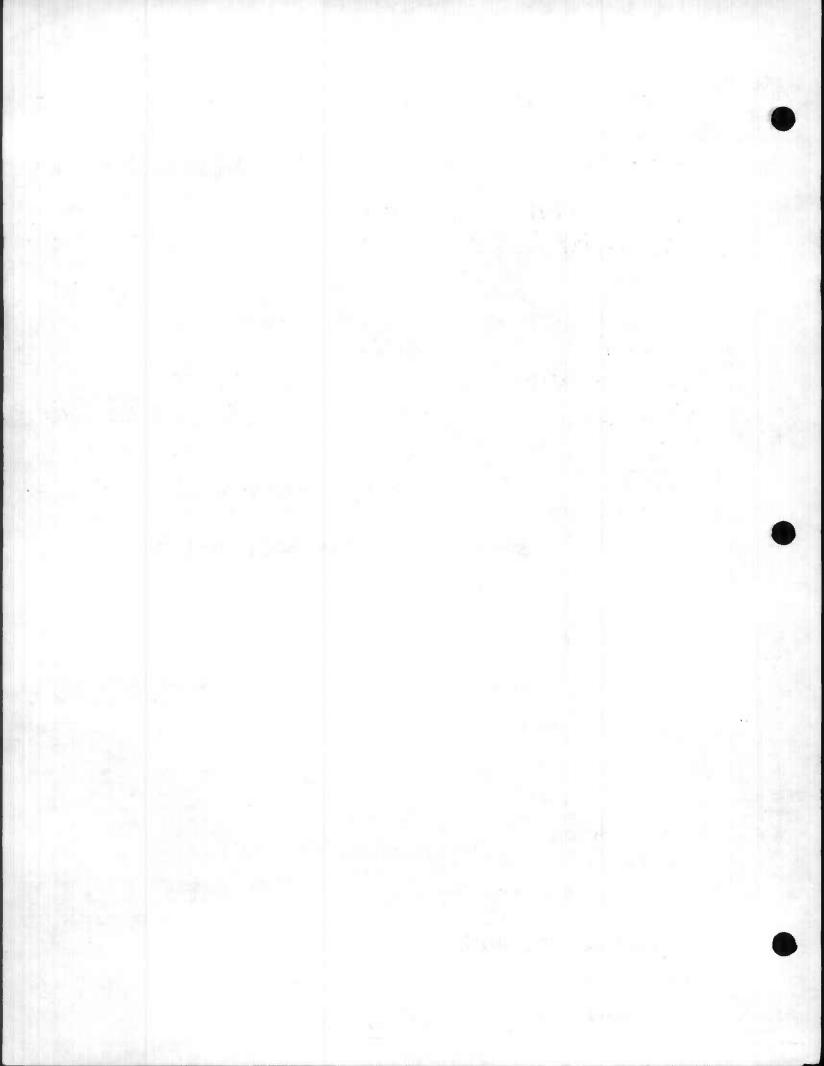
4 Homicide

32. Registrar's Signatura

1999

ORIGINAL

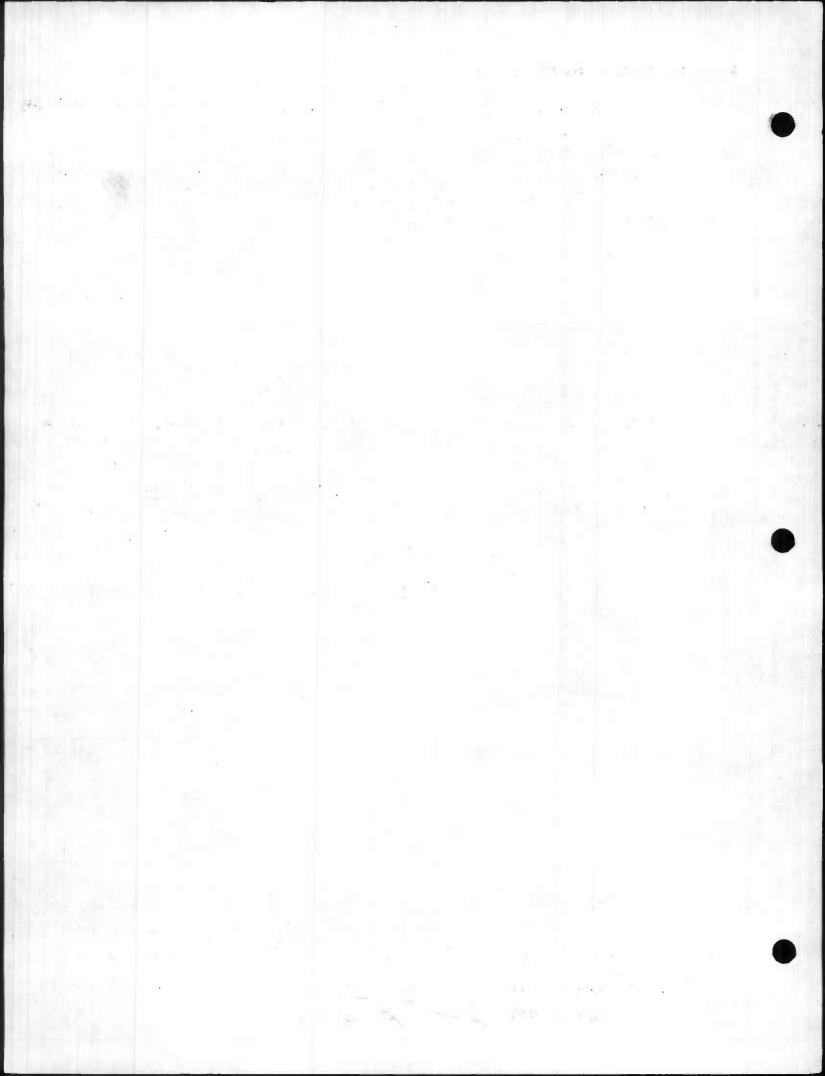
Registrar **DHMH 16 Rev 6/95**



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

Amend	ed	Item#24a,25 per PhyG7				rtment of I tificate of		ia Menta	II Hygie Reg.	0.0		8946		
Physicia /Medica	al .	1. Decedent's Name (First, Middle, La Diane L. Waite-	Case	amb act			4b. City, Town	Mo	ta of Death inth		Ý3319	3. Time of Death		
Examine	er	4a Facility Neme (If not institution, given 720 N. Carrollto 5. Sociel Security Number 6. S	n Avenu	7. Aga (In yrs	ast birthday)	If Under 1 Year Months Days	Baltim	Hrs. 8. Del	e of Birth	4c. County	9. Birthp	lece (State or Foreign		
Director		Usuet Residence of Decedent			47 Yrs.			Jar	1. 9,	1952	Pennsylvania			
he Menyla 28a-f shov	ctor	Maryland 10b. County			altimor	e						0d. Inside City Limits 1 Yas 2 No		
th with t	al Dir	10e. Street and Number 720 N. Carrollto	n Avenu	ie		10f. Zip Code 21217			10g	g. Citizen of Whet Country? U.S.A.				
020 or	by Funeral Director	11. Merital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Wes Dec Armed Fo 1 Tes If Yes, Gi Yeer or D	2X No		Vas Decedent of I Yas, specify Cub ☐ Yes 25 No		? (Specify Ye Puarto Rican,	s or No- atc.)	Bled	e - Americ k, White, whi	etc.		
21215-0020 d within 72 hours ef giene. if then "natural", or if the Medical Exerci	Completed	15. Decedent's E. (Specify only highest grant Elementery/Secondary (0-12)	ducation ida completed) College (1-4or 5+)	(Give	16a. Decedent's Usuel Occupation (Give kind of work done during most of work) iffa. DO NOT usa retired) Educator			ring		usiness/Industry			
	To Be Co	17. Fether's Neme (First, Middle, Last, William Herin Wa)		Lude	ator		Name (First,	Middle, Mai	iden Sumam	(e)	001		
Maryland d 2 should be file th and Mental Hy 7 is marked othe traumatic event	-	19e. tntorment's Neme/Reletionship (Type, Print)			g Address (Strea	end Number of	or Rural Route	Number, C	ity or Town,	Stete, Zip			
Heel Heel		John Gregory Cas 20a. Method of Disposition 1 Burlel 2 Cremetion 3 E 4 XDonetion 5 Other (Specification)	Removal trom	20b.	Plece of Dispos	• Carrol sition (Neme of natory or other pla		Penue,		more,		21217 wn, Steta		
Baltimos permit. Peges Department of Important: if it any Injury or o		21. Signature of Foneral Service Licer Ronald	nsee	Dire	ctor S	Nama and Addre tate Ana altimore	tomy Bo	pard, 6	55 W.	Balti	lmore	Street		
876(an/Medical Examiner	23a. Pefit. Enter the dissessa, or com shock, or heer teilure. List only Immediate Cause (Finet dissessa or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Dissesse or Injury that initiated events resulting in death) Last	one cause on e	Due to	Failure (or as e consequence as a conseq	uenca ot):	east	Cay)Cer			Approximate Interval Between Onset and Death 2 wks 7 years		
	Physician/Me	Part It. Other significant conditions of	ontributing to d	eath but not re	sulting In the un	darlying cause gi	ven in Pert i.	3b. Did tobs		co use contributa to the cause of death? 2 KNo 3 Probably 4 Unknown				
ecords, w requires th s been signe 2 should be d	Completed by Pl							24		Was en eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of death?				
The tate h		25. Was case reterred to medical							1 🗆 Yes	2 No	10	Yas 20 No		
VISION Of VIta Attending Physician: or death. ector: After this certific by the funeral director.	ation: To Be	25. was case reterred to medical examiner? 1 Yes 2 No 27. Megner of Deeth 1 Shatural 5 Pending 2 Accident invastigation	Inpatient 2E of Injury oth, Day Year)	ER/Outpatient 28b. Time of Injury	28c. tnju	her: 4 Nursi	28d. De	Residence			y)			
DIVISION To a start death. In Director: After ed in by the fune	Certification:	3 Suicide 6 Could not b determined	be One Piece of this at theme from street feeting office						281. Location (Street and Number or Rural Route Number, City or Town, Stete)					
Hospi 24 hou Funer tely fill	edical	29a. Certifier 1 Certifying Ph (Check only one)	niner: On the b											
To the within 2 To the comple	M	29b. Signatura and title of certifiar	beth	Cu		29c. Lican	sa number	6	29d.	Date signed	d (Month,	Day, Year)		
		Charles Hadgett	completed caus	5601	m 23a) (Type, 1	Pavey	Blud	, Ba	Ofin	ove,	MD	21239		
State Registra	-	31. Dete tiled (Month, Day 11)	1999 1	legistrar's Sign	etura	S. Soo	ubs							

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death DAYTEN 1999 Month JUNE Chang Bong Yi 5:25 AM 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Union Memorial Hospital Baltimore
If Under 24 Hrs.
Hours Min. If Under 1 Year 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) 100M 20 F Days 237-27-7584 82 Yrs. APR 9, 1917 Korea Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD N/A 1 TyYes 2 □ No Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 11 West 20th Street, Apt. 5-I 21218 USA 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify 3 Widowed 4 Divorced Asian 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use ratirad) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Medical Assist. 6 Medical 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Hui Si Yi Sook J. Kim 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sylvia Yi daughter 40 West Laurel St., Apopka, Fl. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 6/13/99 1 X Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn Memorial Park Orlando, Florida 22. Name and Address of Facility Gary L. Kaufman Funeral Home @ Mædowridge, MP, Inc. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Betw Immediate Cause (Final disease or condition resulting in death) PNEUMONIA a BILATERAL 18 DAYS Due to (or as a consequence of) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequenca of): that initiated events resulting in deeth) Last Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 robabiy 4 □ Unknown MELLITUS DIABETES 24a. Wes en eutopsy performed? 24b. Were autopsy findings available prior to HYPERTENSION completion of cause of death? MALNUTRITION 1 ☐ Yes 2 No 1 ☐ Yes 2 No 25. Was case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: 1 Inpetient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 14 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 ☐ Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

physician end the bunei-transit certificate be executed 98 use page 2 s this death. after death Director:

hours a 24 hours Funeral

To the Hosp within 24 ho To the Fune completely fi

Physician

/Medical

Examiner

Funeral

Director

28a-f show

ò

238

Нет

'natural', or

se filed within 7 sel Hyglene.

traumatic svent, the Medical

permit. Peges 1 and 2 should be file Department of Heelth and Mentel Hy Important: If Itam 27 is marked other any Injury or other traumatic svent since.

Physician

/Medical

Examiner

Physician/Medical Examiner

Be

Certification: To

Medical

72 hours effer

Baltimore, Maryland 21215-0020

Examiner must be notified at

Director

Funeral

þ

Completed

Be

Completed by 27. Manner of Death

29a. Certifier (Check only one) 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number

29b. Signature end title of certifier

29d. Date signed (Month, Day, Year)

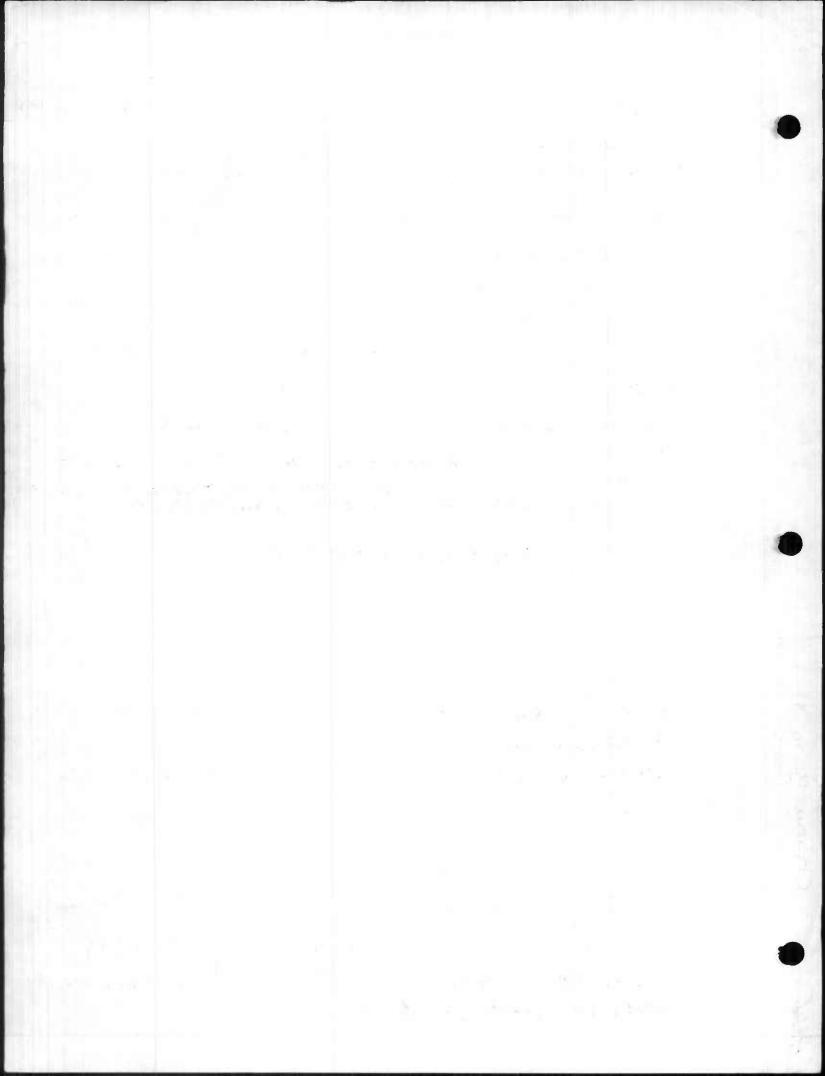
Spral

AT2438946

31. Date filed (Month, Day, Year) JUN 1 4 1999

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SONAL SETHI, MD UNION MEMORIAL HOSPITAL, 201EAST UNIVERSITY PARKWAY, BALTIMORE MD 32. Registrar's Signature

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

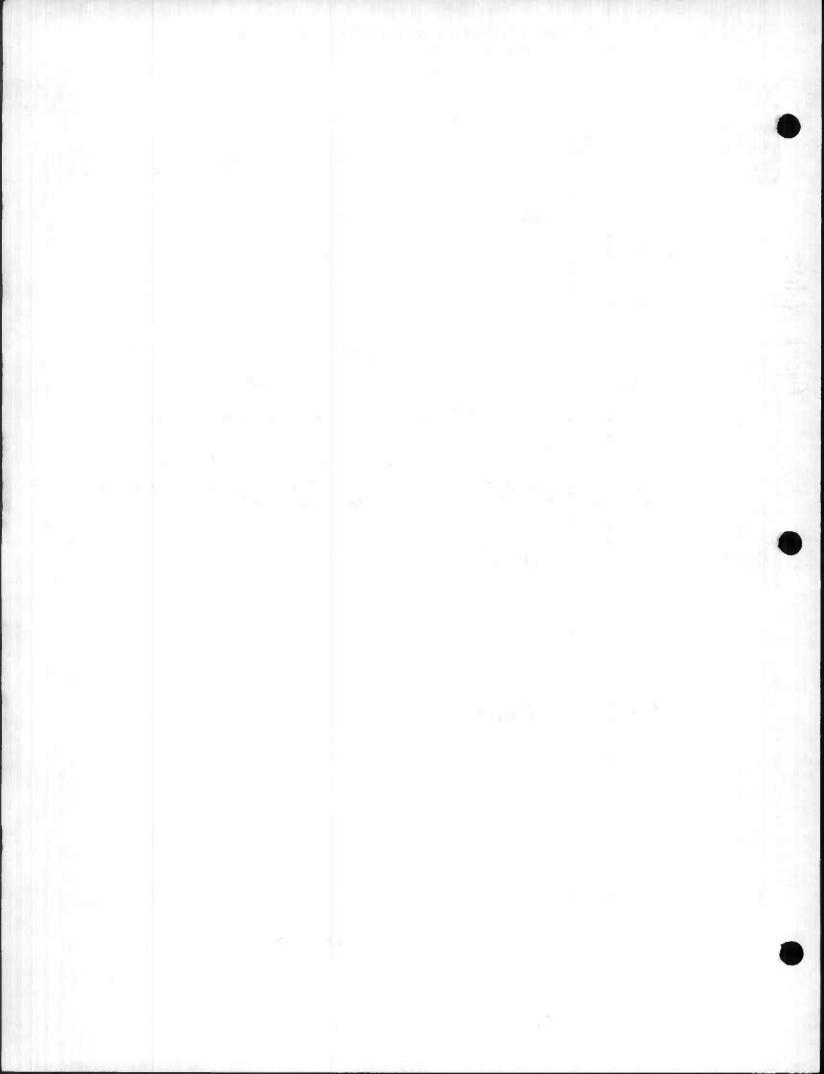
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth 3 Time of Deeth William **Physician** 6.30am HYCOCK 5 /Medical 4a. Feclifty Neme (If not institution, giva street end numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner COPPERRIDGE SYKESVILLE CARROLL If Undar 24 Hrs. 8. Dete of Birth (Manth, Dey, Year)
July 17, 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Yaer 9. Birthplece (Stete or Foreign 8 N.C. **Funeral** Deys 1 XM 2 F Months Hours 212-10-0885 90 Yrs. 1908 Director Usuel Residence of Decedent the Meryland 10e. Stete 10b. County 10c. City. Town or Locetion 10d. Insida City Limits show Peges 1 and 2 should be filed within 72 hours after death with the Meryle ment of Heelih and Mental Hygians. Interfer to Themer 23s or 28s-f show mit: If item 27 is marked other than "natural", or items 23s or 28s-f show mit: If item 27 is marked other than "natural", or other traumatic event, its Medical Examples must be notified at Director Carroll Sykesville 1 Yas 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 710 Obrecht Road 21784 U.S.A. Completed by Funeral 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - Americen Indian, Bieck, White, etc. 1 ☐ Yas 2 ☐ No If Yes, Give Yeer or Detes: 1 ☐ Naver Married 2 ☐ Married Baltimore, Maryland 21275-0020 1 Yas 2 No Specify: White 3 Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Engineer 10 Engineering 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Joseph Aycock Rachael R. Boone 19a. Informent's Name/Reletionship (Type, Print) (grand-19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) David K. Johnstone 1690 Calico Dr., Woodbine, Md. 21797 III 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State permit. Peges Department of Important: If it any injury or c 1 Buriai 2 Cramation 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 6/1/99 Conestoga Mem. Park Lancaster, PA 21. Signeture of Funeral Service Licenses 22. Neme end Addrass of Facility HAIGHT FUNERAL HOME & CHAPEL (Box 195) Sykesville, MD 21784 (410)-795-1400 23a. Pert1. Entar the disease, or compile floors that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast shock, or heart feilure. List only one each sense on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediate Ceuse (Finel diseese or condition resulting in death) /Medical Examiner Due to (or es e consequence of) Physician/Medical Examiner physicien end the bunal-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events Due to (or es e consequence of) Box 68760. Due to (or es e consequença of): resulting In death) Lest 98 use P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2. No 3 Probably 4 Unknown ronic of Vital Records, þ 9 24b. Were autopsy findings Completed 24e. Was an autopsy performed? aveilebla prio completion of ceuse of deeth? certificate hes page 1 Yas 2 No 1 ☐ Yes 2 No or Attanding Physician: efter death.

Director: After this certification of the funeral director, Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medicai Certification: To 27. Manner of Deeth 28c. Injury et Work? 28d. Describe how Injury occurred Division 5 Pending Investigation 1 Naturel 1 Yes 2 No 2 ☐ Accident 6 Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, farm, straet, fectory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital o within 24 hours of To the Funeral DI completely filled in 29a, Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, death occurred et the time, date end piece, end due to the ceuse(s) end manner steted. (Check only one) 29c. License number 29d. Date signed (Month, Dey, Yeer) 29b. Signature and title of certifier D52740 mestine 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) WRIGHT, COPPERRIDGE, 710 OBRECHT ROAD, SYKESVILLE ERNESTINE 31. Data filed (Month, Day, Year) 32. Registrer's Signeture State

DHMH 16 Rev 6/95

Registrar



29c. Licansa number

30. Nama and addrass of parson who complated causa of deeth (Item 23e) (Type, Print)

9714 Hes/thway Drive Berlin,

32. Registrar's Signatura

es/thway

29d. Data signad (Month, Dav. Year)

State

Registrar

a state of the sta

A THE SEAL OF THE

The reason was the Special Land of

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Day Yea 29th 1999 Mae Virginia MAY 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death We5+m If Under 24 Hrs. 6 NOSPITA 0 If Under 1 Year 5. Social Security Number 6. Sex 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Deys Months 1□M 20 F Yrs 232-48-4438 70 W. VA Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No MD Carroll Westminster 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 407 John Owings Road USA 21158 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yas 2 No If Yes, Giva Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White 3 SWidowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 11 18. Mother's Nama (First, Middle, Maiden Surname) 17. Father's Nama (First, Middle, Last) John Meddings Frona Cornell 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Peggy Faulk/daughter Rt. 6 Jay, Florida 32565 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Whittfield Cemetery 6/3/99 Milton, Florida 22. Nama and Address of Facility Pritts Funeral Home & Chapel settire of Fundral Service Licensee 412 Washington Road Westminster, MD21157 23a. Part1. Enter the disease shock, or heart tailure. e, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each lina. Approximata Interval Between Onset end Death Immediata Cause (Final PNEUMONIA disease or condition resulting in death) Dua to (or as a consequence of): CERGERO VASCULAR ACCIDENIT Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Dua to (or as a consequence of): Dua to (or as a consequence of): resulting in de Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23h. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Únknown URO SEPSI 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yas 2 PNo 26. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify)

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

8

Funeral

Director

the Maryland

be filed within 72 hours after death with the Marylan stat Hyglana. of other than "natural", or flems 23a or 28a-f ahow avent, the Madical Examiner must be notified at

. Pages 1 and 2 should be fill mant of Haalth and Mental Hamt: If Itam 27 is marked off jury or other traumatic aven

permit. Page Department of Important: If any injury or once.

Baltimore, Maryland 21215-0020

Examiner physician and the burial-transit The law requires that the death certificate be axecuted Box 68760. P.O. of Vital Records. this funeral After Division or Attanding a after des

Physician/Medical 5 Completed 8 2 Certification: To the Hospital or A within 24 hours after To the Funeral Direct completaly filled in by

25. Was case referred to medical examiner? 1 Yes 2 No

27. Manner of Death 5 Pending investigation 1 BNatural 2 ☐ Accident 3 ☐ Suicida

31. Data filed (Month, Day, Year)

6 ☐ Could not be 4 Homicide

28a. Date of Injury (Month, Day Year) 28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

28b. Tima of Injury

1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury at Work?

1 Yas 2 No

29c. License number

281. Location (Street and Number or Rural Route Number, City or Town, State)

28d. Describe how injury occurred

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifies

51596

29d. Data signed (Month, Day, Year) 29th 1999

30. Name and address of person who completed causa of death (Item 23a) (Type, Print)

21157

State Registra

edical

29a. Certifier (Check only one)

JUN 0 1 1999

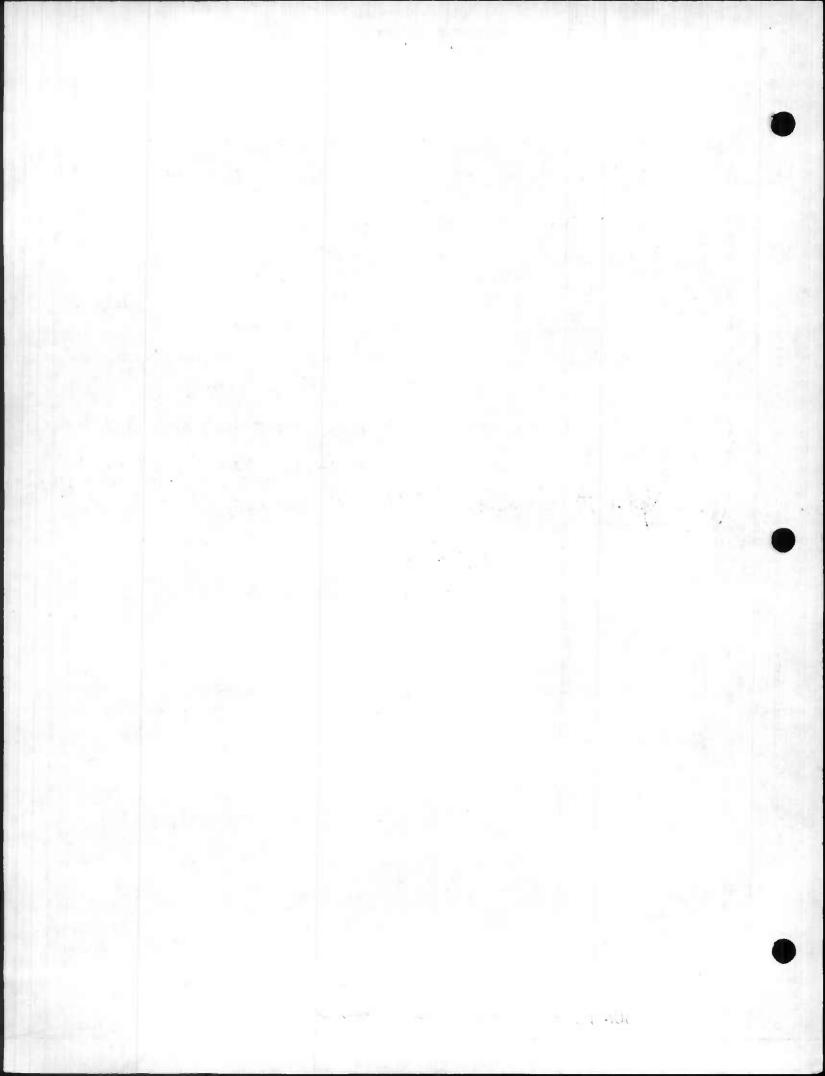
32. Registrar's Signature

K. AMBALAUANAD, CARROLL COUNTY GENBRAL HOSPITAL, 200 MEMORIAL AVE, WERTMINICTER

9913904646 UNIT# 12-18-83
BLAKE, VIRGINIA MAE
ICU-A RICKETTS, ROBERT M
04/08/1929 F

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 05 Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month May 20, 1999 Yeer **Physician** Collick 4AM /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Wicomico Salisbury, Md. Salisbury Center; Genesis ElderCare If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (Stete or Foreign Country) **Funeral** Days 1 M 2□ F 16-477 79 Director Usual Residence of Deceden 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits show must be notified at 1 Yes 2 No Director 11 comico "natural", or items 23a or 28a-f 101/Zip Code 10e. Street and Number 10g. Citizen of What Country? 19 8 treet Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 🕅 No Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) American Indien, 11. Meritel Stetus Bleck, White, etc. 72 hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: If Yes, Give Year or Dates: Specify: B by 3 Widowed 4 Divorced la Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) umber 17. Father's Neme (First, Middle, Last) todi Department of Health and Mental Hygin Important: If them 27 is marked other I any injury or other traumatic event, the 18. Mother's Name (First, Middle, Maiden Sumeme) Be 8 Colli Pages 1 and 2 should 19a. Interment's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stele, Zip Code) Kernice 01110 ObiNSON 115bury 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1X Burial 2 Cremetion 3 Removel from Stete Snow Hill 4 ☐ Donetlon 5 ☐ Other (Specify) Cenctari 22. Name and Address of Fecility Bennie 21. Signature of Foheral Service Licenses Smith Home tuncral Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errespondent tailure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediete Cause (Finel diseese or condition resulting in death) Examiner Due to (or as a consequence of) Examiner ANCED attending physician and for use as the burial-transit or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of): P.O. Box 68760. Physician/Medical Due to (or as e consequence ot): signed by the at d be detached for Pert II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 25 No 3 Probably 4 Unknown Division of Vital Records. Completed by 24b. Were eutopsy findings evailable prior to completion of cause of death? should 24a. Wes en autopsy performed? page 2 this certificate has 1 Yes 25 No 1 ☐ Yes 2 No 25. Was case reterred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 42 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1□Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA funeral 28e. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Neturel 5 Panding investigation death. 1 Yes 2 No To the Hospital or Attendit within 24 hours after death. To the Funeral Director; A completely filled in by the fu 2 Accident 6 Could not be 3 ☐ Suicide 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, tactory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) 16 Certifying Physicien: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. Medical 29b. Signature and title of bentile 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) WATKARS 1104 HEALTHWAY DRIVE, SALISBURY, MD 21804 31. Date filed (Month, Dey, Year) 32 Registrer's Signeture State 1999 JUN 0 1 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 0603 May 31, Agnes Chloe Francis 1999 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Carroll County General Hospital Westminster Carroll If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) Feb 17,1918 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1 M 3 F 214-20-9827 Yrs. 81 Tennessee Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Carroll Westminster 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code 2458 Manchester Road 21102 TISA 14. Rece - American Indien, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 Yes 2 No Specify: White 3 Widowed 4 Divorcad 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) Own Home Housewife 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surneme) William Mooney Nora Hicks 19a, Informent's Name/Reletionship (Type, Pnnt) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Angela Francis, daughter-in-law 1210 Melrose Dr, Rock Hill, SC 29732 20b. Placa of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State Evergreen Memorial Gard! 4 Donation 5 Other (Specify) 6/3 Finksburg, MD 21. Signature of Fyrieral Service Licenses 22. Name end Address of Facility Eline Funeral Home Carl 934 South Main St, Hampstead, MD 21074 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete intervel Between Onset and Death immediate Cause (Finel disease or condition resulting in death) Cerebroveradar ackident. Due to (or es e consequence of): MEARI-RLDCIC Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or es e consequence of): CORONARY ARTERY 27 93210 Due to (or es e consequenca of) resulting in death) Lest 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown NO 24b. Were eutopsy findings aveileble prior to 24e. Wes en eutopsy performed? completion of cause of deeth? 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetlent 3 DOA 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work?

Examiner Physician/Medical Examiner attending physician and for use as the buriel-transit The law requires that the death certificete be executed Division of Vital Records, P.O. Box 68760, 88 ed by the a signed by t þ Completed peen certificate has t lirector, page 2 s Physician: Be 0 After this Certification: or Attending death. Director: A efter 24 hours el Funeral D letely filled i

Physician

/Medical

Examiner

Funeral

Director

"natural", or items 23s or 28s-f shored call Examiner must be notified at

Peges 1 and 2 should be filed within 72 hours efter deeth vinent of Heelth and Mental Hygiene.
Inst: If Item 27 Is marked other than "naturat", or Itema 23.
Items of the manage event, it a feed of Exercise musty or other fraumatic event, it is feed on Exercise musty.

permit. Peges
Depertment of
Important: If its
any Injury or o

Physician Medical

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

the Meryland

27. Menner of Death

29a. Certifier

(Check only one)

2 Accident 3 Suicide 4 | Homicide

5 Pending investigation 6 Could not be

28e. Dete of Injury (Month, Pay Year)

1 Yes 2 No

28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

28f. Location (Street and Number or Rurel Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, dete end placa, and due to the cause(s) and menner stated.

29b. Signeture end title of certifier

29c. License number 017076 29d. Date signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

3000 NOW CHESTER ROAD

06.01.99

21102

D. SUREPODRA 31. Date filed (Month, Day, Year)

JUN 0 2 1999

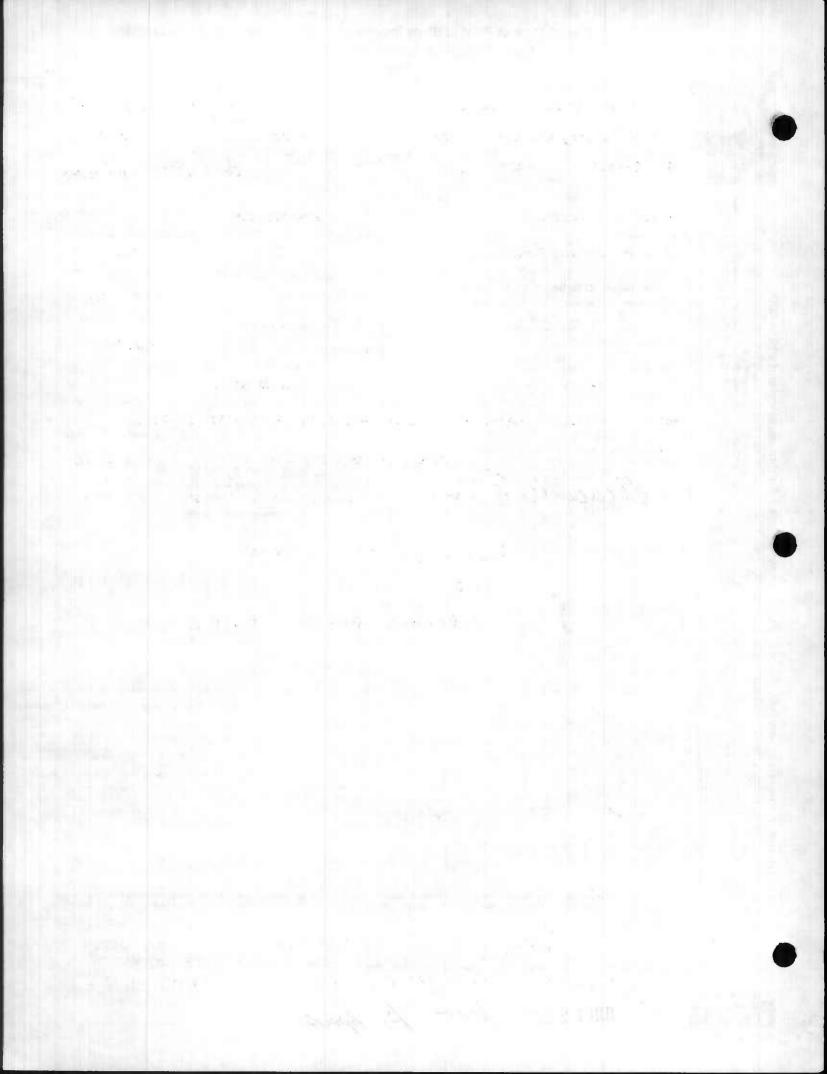
MORJARIA 32. Registrer's Signature

MANCHESTER MD.

State Registrar

edicai

within 2



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 99 19953

		Decedent's Name (First, Middle, La.	st)	C	ertificate o	f Death	2. Dete of Dee	leg. No.		3. Time of Death
Physic		BEATRIC	•	тн намм	UND		Month MAY	Dev	Yeer	9:30 AM
/Med Exami		4e. Fecility Neme (If not Institution, giv		tii Hatiti	OND	4b. City, Town, or L		4c. County	-	7:JU AN
LXaiiii		8276 PATEY WOO		5.0		NEWARK		WOR	CESTER	
Funeral Director		210-24-4470	Sex 7. Age 7. Age 70	(In yrs. last birtho	Months Dev		8. Dete of Birth (Month, Day DCT • 6,	1928	9. Birthplac Country NEWAR	e (Stete or Foreign K, MD.
puel end		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Town o	r Location				10d.	Inside City Limits
Mery Fred	to	MD. WORCE	STER	NEWAR	K					1 ☐ Yes 2 ☐ No
with the	Funeral Director	10e. Street end Number 8276 PATEY W			10f. Zip Code		1	Og. Citizen of N	Whet Country	?
ne 23	eral	11. Maritel Status	12. Was Decedent E	ver In U.S.	21841	Hispenic Origin? (Sp	ecify Yes or No-	USA 14 Bac	e - American	Indien
vithin 72 hours effer deeth with the Meryland within 72 hours effer deeth with the Meryland ene. than "natural", or items 23s or 28s-f show then "natural" or items 23s or 28s-f show the Medical Examiner must be notified at	by Fun	1 Never Married 2 Merried 3 □ Widowed 4 □ Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:		If Yes, specify Cu	Hispenic Origin? (Sp ben, Mexican, Puerto Specify:	Rican, etc.)	Blac	Black, White, etc. Specify: AFRO-AMERI Sb. Kind of Business/Industry	
72 ho	ted	15. Decedent's Ed	ducetion	16a. De	ecedant's Usual Occ	upation	·	16b. Kind of B		
Z1Z15-00Z0 d within 72 hours of giene. r than "natural", or	Completed	(Specify only highest gre Elementery/Secondary (0-12)	College (1-4or 5-	-)		upation e during most of work red)	ing			
Hygier ther tr	S	8th 17. Fether's Neme (First, Middle, Last)		D	OMESTIC	10. Mathada Nasa	a (First Adid-No	NURSIN		
should be filed and Mentel Hygi marked other	Be C	CHARLES	R. HAMMON	D		18. Mother's Nam	MAGGIE		10)	
Maryland d 2 should be file th end Mentel Hy 7 Is marked oth traumatic event	2	19e. Informent's Neme/Relationship (ailing Address (Stre	et end Number or Rur			Steta. Zio Co	ode)
end 2 ealth e		JOYCE HATTON/NIECE 8276 PATEY WOOD ROAD								,
of He rothe		20e. Method of Disposition		20b. Plece of Di	sposition (Neme of cremetory or other p		Date	20c. Location -		Stete
Pages ment of ant: If its ury or o		1) ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify				JRCH CEM.	6-4-99	NEWARK	, MD.	21841
Demit. Pages 1 and 2 should be filed within 72 ho Deperment of Health and Mentel Hygiene. Important: If Item 27 Is marked other than "naturany lolury or other traumatic event, the Medical pages.		21. Signeture of Funeral Service Lican	Jalland		22. Name end Add	ress of Fecility JO EY ROAD; S	LLEY MEI			
		23e. Peñ1) Enter the disease, or comp shock, or heart feilure. List only	plications that coused t						An	pproximete ervel Batween eset end Death
/Medicate be executed and physician and sa the buriel-trensit	Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to Immediate cause. Enter Undarlying Causa (Disease or injury	b. #	oue to (or as a con-	ision	γ ω	rest			
thet the death certificete ed by the ettending phys deteched for use as the	Physiclan/Medical	that initiated events resulting in deeth) Last	d	ue to (or es e con	sequence of):					
the de	ysic	Pert II. Other significant conditions co	ontributing to death but	not resulting In th	e underlying ceuse (given in Pert I.	23b. Dld to	bacco uea co	ntribute to the	e cause of death?
that the de	by Ph	Drateles					1 🗆 Y	es 20 No	3 Probab	ly 4 ☐ Unknow
The lew requires that the death certain the has been signed by the ettendir page 2 should be deteched for use	Completed b						24e. Wes e	n eutopsy ned?	eveilel	autopsy findings ble prior to letion of ceuse th?
The late he	Lo C						1□ Y	es 20No	1 🗆 Yı	es 2 No
entificant	Be	25. Wes case referred to medical exeminer?				26. Placa of Deat	h (Check only or	re)		
hysic this c	2	1 Yes 2 No	Hospitel: 1 Inpatien		tient 3LI DUA		me 5 Resid	141		
After funer	lon	27. Manner of Death 1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident Investigation	28e. Dete of Injury (Month, Dey	Year) 28b. Tim Inju	y W	ury et ork? ☐ Yes 2 ☐ No	28d. Describe h	ow injury occur	red	
or Attending Physician: The levaler death. Director: After this certificate has it in by the funeral director, page 2	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined		y - At home, farm, (Specify)	street, fectory, office		28f. Location (S City or Tow	reet end Numb n, Stete)	er or Rural Ro	oute Number,
To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by		29e. Certifier 1 Certifying Ph	ysician: To the best of	my knowledge, de	eeth occurrad et the	time, dete end plece,	end dua to the c	euse(s) end ma	innar es state	d.
he Hc in 24 he Fu pletel	edicai	(Check only 2 Medical Examone)	niner: On the besis of e end menner stet	exeminetion end/o	r Investigation, In my	opinion, daeth occurr	ed at tha tima, d	ate end place,	end due to the	a cause(s)
To the Community	Σ	29b. Signeture and title of certifier				nse number		9d. Date signe		
		Donce	mo		\mathcal{D} 3	1994		6/2/	99	
		00 None and address of the control of								
	10	30. Name and eddress of person who	ce MD	3) 4	Frankl	in Aue	7	serlin	m	1

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Vea 99 Ethan Jay Hege a 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deal 4c. County of Death 467 Johnsville Rd. Carroll Keymar If Under 24 Hrs. Hours Min. Min. Mar. 5, 1986 If Under 1 Yeer 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Months Deys 1X M 2□ F 13 219-21-5417 Yrs Pennsylvania Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Carroll Maryland Keymar 1 ☐ Yes 2 X No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 467 Johnsville Rd. 21757 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, 11. Merital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Black, White, etc. 1 ☐ Yes 2 🖾 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Marlin Hege Martha Stickley 19a. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Marlin Hege/ father 467 Johnsville Rd. Keymar, MD 21757 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete Beaver Dam Cemetery 5/31/99 nr. Union Bridge, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility Hartzler Funeral Home of Fungral Service Licens 11802 Liberty Rd. Libertytown, MD 21762 23a. Pert1. Enter the disease, or complications that cause the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or hear failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting in death) rouga naumonia Due to (or es e consequence of) Sequentisity list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of death? 24a. Wes en eutopsy performed? 50000 1 ☐ Yes 2 No 1 □ Yes 2 □ No 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No

Examiner Bud physician a the burial P.O. Box 68760. 8 88 **Bup** atte eigned by Division of Vital Records, 8 The law r has S edled certificate After this if or Attending P. I after death. I Director: After à

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

0

Funeral

Director

the Maryt

7 is marked other than "natural", or items 23s or 20s 4 show traumatic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygisha. Important: If from 27 is manked other than "natural" or its any thjury or other trauments.

Physician /Medical

Baltimore, Maryland 21215-0020

Examiner Physician/Medical by Completed Be To Certification:

edical

1□ Yes 200No 27. Manner of Death 1 Natural 2 Accident

3 ☐ Suicide 4. Homicide

6 Could not be

MAY 2 8 1999

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and manner as stated.

Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29b. Signature and title gLoentier

29a. Certifier

29c. License number

29d. Date signed (Month, Dey, Year)

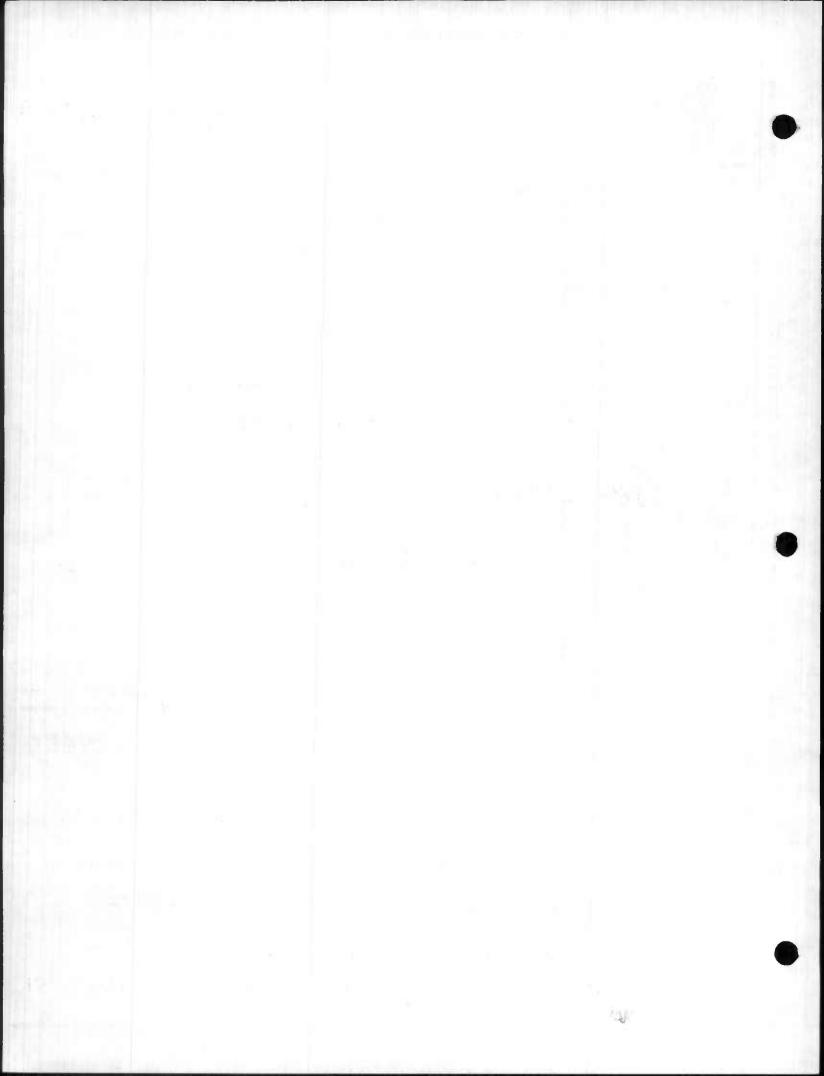
ARICOF 31. Dete filed (Month, Day, Year)

32. Registrar's Signature

me and address of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar

To the Hospital o within 24 hours at To the Funeral Di



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

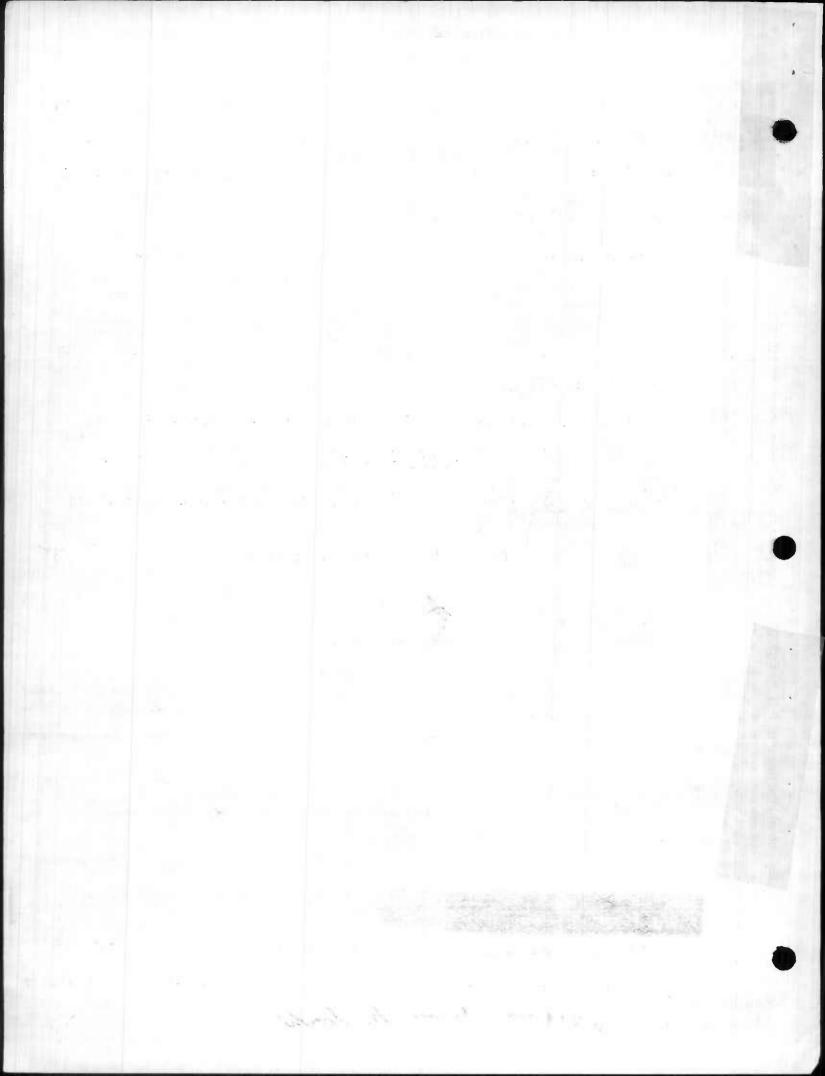
State of Maryland / Department of Health and Mental Hygiene 9 9 18955

				Cei	rtificate	of Deat	h	R	eg. No.	1	0000
	1. Decedent's Name (First, Middle, L							2. Date of Dee Month	_	Veer	3. Time of Death
an cal	Joyce Lane Ho	iem						June	6, 19	999	8:20 AM
ner	4e Fecility Name (If not institution, gi 21606 Orwig		oer)				Town, or L eela	ocation of Death .nd	4c. County Balt	of Death	re
	5. Social Security Number 6. 218-56-1387	Sex 1□ M 2\ F	Age (In yrs. la 48	st birthday) Yrs.	If Under 1 Y Months D		er 24 Hrs. Min.	8. Dete of Birth (Month, Dey Oct. 28	Year) 1950	9. Birtho Coun Mar	place (State or Foreign htry) yland
	Usual Residence of Decedent		10a City	Tour est e	antina .					1	Od Inside City Limits
ctor	MD Balti	more		eelar							1 Yes 2 No
i Direc	10e. Street and Number 21606 Orwig I	bad			10f. Zip Co 210			1	U.S.A	en of What Country?	
by Funeral Director	11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Deceder Armed Force 1 Yes 2 If Yes, Give Yeer or Dete	es? █ No			of Hispenic (Cuban, Mexic	en, Puerto	ecify Yes or No- Rican, etc.)	14. Rai	ce - Americ ck, White, y: Whi	etc.
Be Completed	15. Decedent's I (Specify only highest g Elementary/Secondary (0-12)	ducetion ede completed) College (1-4	or 5+)	_	dent's Usuel O kind of work d DO NOT use n		ost of work	king	16b. Kind of B		
Be Co	17. Fether's Name (First, Middle, Las			Duz		18. Mo		e (First, Middle,	Maiden Surner		~~~~
2	James L. Sand							eve Sea			
	19e. Informent's Name/Relationship Kris H. Hoiem		i E					rei Route Numbe Freelan			
	20a. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Spec		ate YOY	nce of Disponente of Ktown	osition (Neme of metory or other e Caske n Serv	ets, Ir	nc. J	une 10,	20c. Location Yor	· City or To	
	21. Signature of Funeral Service Lice	1 H		J 21	J. Ha	ddress of Far	stei:	n Morti	dom I	Inc.	7349
1	23a. Perf. Enter the disease, or conshock, ox heart failure. List only Immediate Ceuse (Finel disease or condition resulting in death)	11 (1)	etast	-	brea				1951,	-	Approximate Interval Between Onset and Death
xamine	b								1		
Medicai Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Due to (or es a consequence of): Due to (or as e consequence of):									1	
Physician	Perl II. Other significant conditions contributing to death but not resulting in the underlying ce						ceuse given In Part I. 23b. D			ontribute to	o the cause of death?
Completed by								24e. Wes o	en eutopsy med?	ev	fere eutopsy findings relieble prior to ompletion of ceuse death?
omo								1 🗆 Y	es 200No	10	☐ Yes 2☐ No
Be	25. Wes case referred to medical examiner?						ece of Dee	th (Check only o	ne)		
6	1 ☐ Yes No	Hospital: 1 🗆 Inc	-	-	nt 3 DOA		Nursing H	ome Resid			fy)
ation:	27. Manner of Death 1 2 Naturel 5 Pending 2 Accident investigati		Day Year)	28b. Time o Injury	M 28c.	Injury at Work? 1 Yes 2	□No	28d. Describe h	low injury occu	rred	
ertific	3 Suicide 6 Could not determine	28e. Place of	f Injury - At hor , etc. (Specify)	me, farm, st	reet, factory, of	ffice		28f. Location (S City or Tow	Street end Num m, Stete)	ber or Rura	al Route Number,
edical Certification:	29a. Certifier (Check only one)	hysician: To the be miner: On the base end manne	is of examinati	rledge, deet on and/or In	h occurred at to vestigation, in	he time, date my opinion, c	and place, leeth occur	and due to the orred et the time, or	ceuse(s) and m date end place	enner es s , end due te	steted. o the cause(s)
Mec	29b. Signature and title of certifier	Of the state of th	. Juiou.		m	icense numbe	923	29	29d. Date sign	7/99	7
	30. Name and address of person who Jahn Harken's O	completed cause	of deeth (Item	23a) (Type,	Print)	DOZ	023	5L 78		-1-1	0 21287

32. Registrer's Signature

b. Souls

State Registrar 31. Date filed (Month, Dey, Yeer)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Johnson Month **Physician** May UVENIA /Medical 4b. City, Town, or Location of Death 4a Fecility Neme (If not Institution, give street end number) 4c. County of Deeth Examiner WICOMICO PENINSULA REGIONAL MEDICAL CENTER SALISBURY If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign Country) **Funeral** Deys 1 □ M 2 KF 5 220-03-182 Yrs. **Director** Usuel Residence of Decedent 10a. State 10d. Inside City Limits 10b. County 17 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinal must be notified at 1 Nes 2 No Directo Domerse-Street end Numbe 10g. Citizen of Whet Country? 10e 10f. Zip Code 21868 Funeral 1 Race - American Indian, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give 1 ☐ Yes 2 No þ Black 3 Widowed 4 □ Divorced Year or Dates: 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) grade VOFKER 18. Mother's Neme (First, Middle, Meiden Surneme) 17. Fether's Neme (First, Middle, Last) should be Robert JOHNSON asalever 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) Pages 1 end 2 simant of Health an Samuel Box 0 md. 2 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition permit. Pages Depertment of Important: If it any injury or o 1 Burial 2 ☐ Cremation 3 ☐ Removei from State 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Licenses Smally-functed Home 70 Box 331 Pocomoke, mo 21851 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** ENCEPHALOPATHY Immediate Cause (Final disease or condition resulting in death) ANOXIC /Medical DAY Examiner Due to (or es e consequence of) CARBON DIOXIDE MONTH NARCOSIS the attending physician and hed for use es the burial-transit The law requires that the death certificete be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest OBSTRUCTIVE PULMONARY DISEASE 3 YEARS Division of Vital Records. P.O. Box 68760. CHRONIC Physician/Medical Due to (or es e consequence of). Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed 2 1 No funerel director, Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To After this 27. Manner of Death 28d. Describe how injury occurred 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? Attending 1 Naturel 5 Pending or Attending after death. 1 Yes 2 No investigation 2 Accident 3 Suicide 6 Could not be 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 24 hours a Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier edical within 24 ho To the Fune completely f (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Year) 46962

Registrar

31. Dete filed (Month, Day, Yeer) JUN 0 1 1999 32. Registrer's Signeture

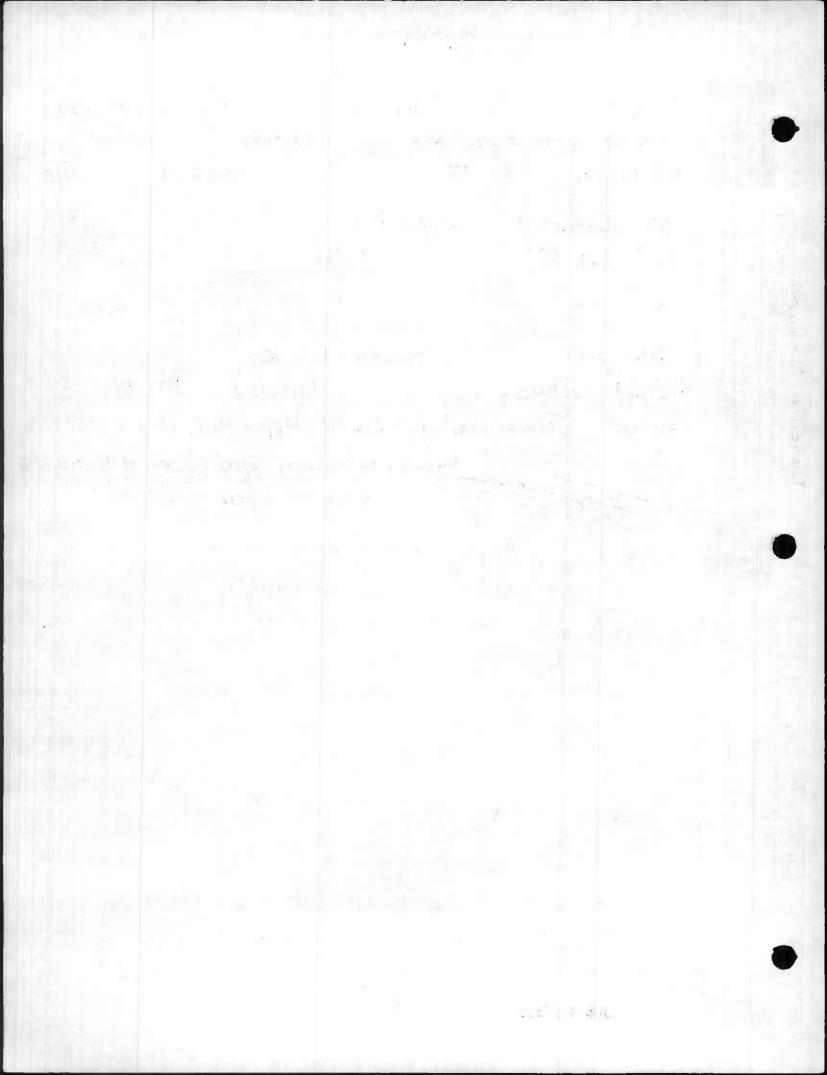
30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print)

MD

M. SHIRAZI, M.D. PENINSULA REGIONAL MEDICAL CENTER, MD 21801

22, 1999.

MAY



WRC 99-3049-510

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State	of	Maryland /	Department	of Health	and	Mental	Hygien
			0 . 120 . 1	- 6 D 41			

Department of Health and Mentel Hygiene. Department of Health and Mentel Hygiene. Department of Health and Mentel Hygiene. Important: If Itam 27 Is married other than "natural", or itema 23a or 28a-f show any injury or other traumatic avam, the Medical Examination must be notified at one page.

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day MARIAH JEANNENE MULLINIX 26, 1999 9:19 PM. 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death JOHNS HOPKINS HOSPITAL PEDIATRIC BALTIMORE 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Days Hours 10 M 20 F 214-49-4450 1/20/1997 MARYLAND Usual Residence of Decedent 10a. State 10c. City, Town or Location 10d. Inside City Limits MD. CARROLL UNION BRIDGE 1 ☐ Yes 2X No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1120 CLEAR VIEW RD. 21791 USA. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black White etc. 1 ☐ Yes 2 ☑ No 1♥ Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: Specify: WHITE 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) NONE NONE 0 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) THOMAS EDWARD MULLINIX, JR. MARA LEA GOFF 19a. Informant's Name/Relationship (Type, Print) FATHER 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) THOMAS E. MULLINIX, JR. 1120 CLEAR VIEW RD., UNION BRIDGE, MD. 21791

20b. Place of Disposition (Name of cometery, crematory or other place)

ase or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, e. List only one cause on each line.

Physician /Medical Examiner

> 9 980

signed by the at I be detached for

page 2 certificate

funeral

filled in by

completely

this

After

e Hospital or Attanding n 24 hours after death. Ne Funeral Director: Aft

within 2 To the

à

Completed

Be

To

Medical Certification:

The law requires that the deeth certificale be asscuted

Box 68760,

P.0.

Records,

Division of Vital or Attanding Physician: Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Physician/Medical

Immediate Cause (Final disease or condition resulting In death)

20a Method of Disposition

1 Burial 2 Cremation 3 Removal from State

4 ☐ Donation 5 ☐ Other (Specify)

Due to (or as a consequence of)

Due to (or as a consequence of): Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

20c. Location - City or Town, State

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

Approximate Interval Between Onset and Death

25. Was case referred to medical examiner? 17 Yes 2 No 27. Manner of Death

5 Pending investigation

Hospital: 1 ☐ Inpatient 2 🛛 ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month. Day Year) 28b. Time of Injury

2010PM

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

LDDDETL Sursport WAS STRUCK BY ASKID

6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide BARN 29a. Certifier

-26-99

28f. Location (Street and Number or Rural Route Number, City or Town, State) 1120 CLEDSLUIENRD CAMPOLL CO MA

(Check only one)

1 Natural

2 Accident

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29c. License number

26. Place of Death (Check only one)

Date

22. Name and Address of Facility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD. 21157

UNIONTOWN LUTHERAN CEM.5/30/99 UNIONTOWN, MD.

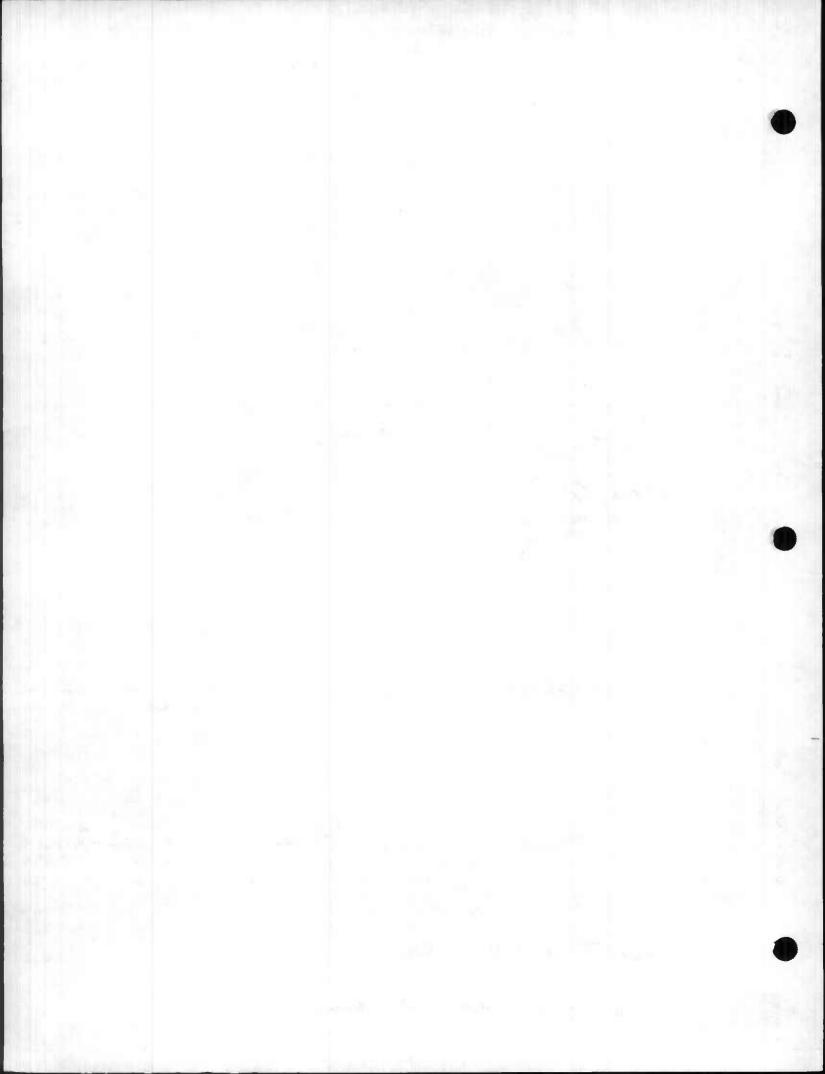
O.C.M.E. Oh

29d. Date signed (Month, Day, Year) MAY 27, 1999

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

CORSW111 Penn Street, Baltimore, Maryland 21201 MARYAMTA

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Minnick Month Charles 1-15 AM 29+5 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Pleasant View Nursing Home Carroll Mt. Airy Hours Min. 8. Data of Birth (Month, Day, Year) Oct. 30, 1908 If Under 1 Year 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Deys Months 1⊠M 2□ F 90 Maryland Yrs Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Carrol1 Union Bridge 1 ☑ Yes 2 ☐ No 10g. Citizen of What Country? 10f. Zip Code 21791 109 N. Main St. U.S.A. Raca - American Indien, Black, White, etc. 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 Yes 2 No
If Yes, Give
Year or Detes: 1 Never Married 2 Married White 1 ☐ Yes 2 ☒ No Specify: Specify: 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) inspector railroad 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Charles O. Minnick Carrie Fogle 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 24 N. Court St. Westminster, MD 21157 R. Neal Hoffman/ attorney 20b. Plece of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State Union Cemetery 6/1/99 Keysville, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nama end Addrass of Fecility Hartzler Funeral Home 21. Signatule of Furjerel Service License

Physician /Medical Examiner

burial-transit

S

200

certificate has

this

After

To the Hospital or Attendit within 24 hours after death. To the Funeral Director: Al

completely filled in by

The law requires that the death certificate be executed

Records, P.O. Box 68760.

Division of Vital or Attending Physician:

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important. If Nem 27 is marked othe any Injury or other traumatic event pages.

Physician

/Medical

Examiner

Director

Funeral

Completed

Be

Funeral

Director

show

or Nerre 23s or 28s-f aminer mant be notifie

filed within 72 hours after

altimore, Maryland 21215-0020

5. Social Security Number

705-10-6024

10e. Street and Number

10a. State

Maryland

Physician/Medical Examiner þ Completed Be edical Certification: To

Immediate Cause (Final 190 cardoal disease or condition resulting in death) Artery Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or Injury that initieted events resulting in death) Lest Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ementia. Checaltritis 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or haart failura. List only one cause on each line.

24b. Wara autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy 1 Yes 2 No 1 Yes 2 No Other: Nursing Home 5 Rasidence 6 Other (Specify) 28d. Describe how injury occurred

Approximate Interval Between Onsat and Daath

years

1 Yes 2 No 27. Manper of Death 14 Natural

Varine

28a. Date of Injury (Month, Day Year) 5 Pending Investigation 6 Could not be

28b. Time of 28c. Injury at Work? 1 ☐ Yes 2 ☐ No 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

6 E. Broadway

281. Location (Street and Number or Rural Route Number, City or Town, State)

Union Bridge, MD 21791

29a. Certifier (Check only one)

2 Accident 3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner steted.

29b. Signature and title of certifiar

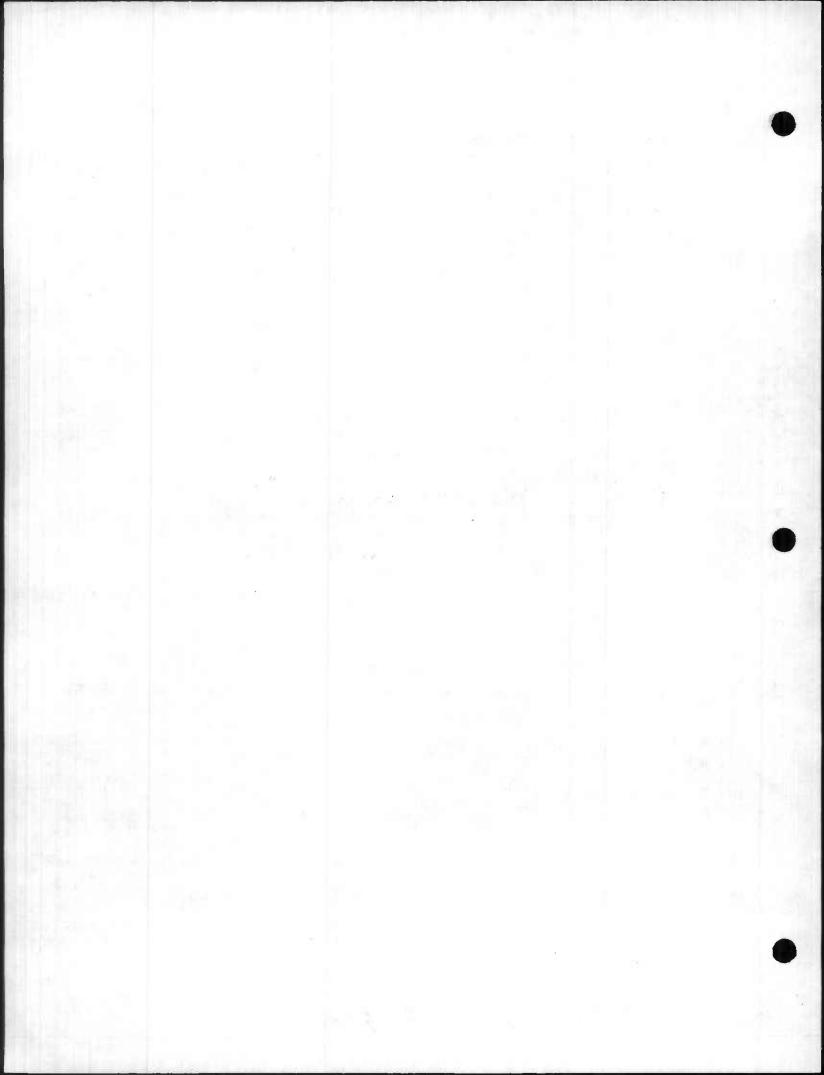
29c. License number D. 30469 29d. Date signed (Month, Dey, Year)

30, Name and address of person who completed cause of death (Hem 23a) (Type, Print) P. N. B. VELLANK, 9055 CHEUROLET DRIVE, #100. PLICOTT CITY. MD. 21042 N.B. VELLANKI. 9055. 31. Data filed (Month, Day, Year)

State Registrar

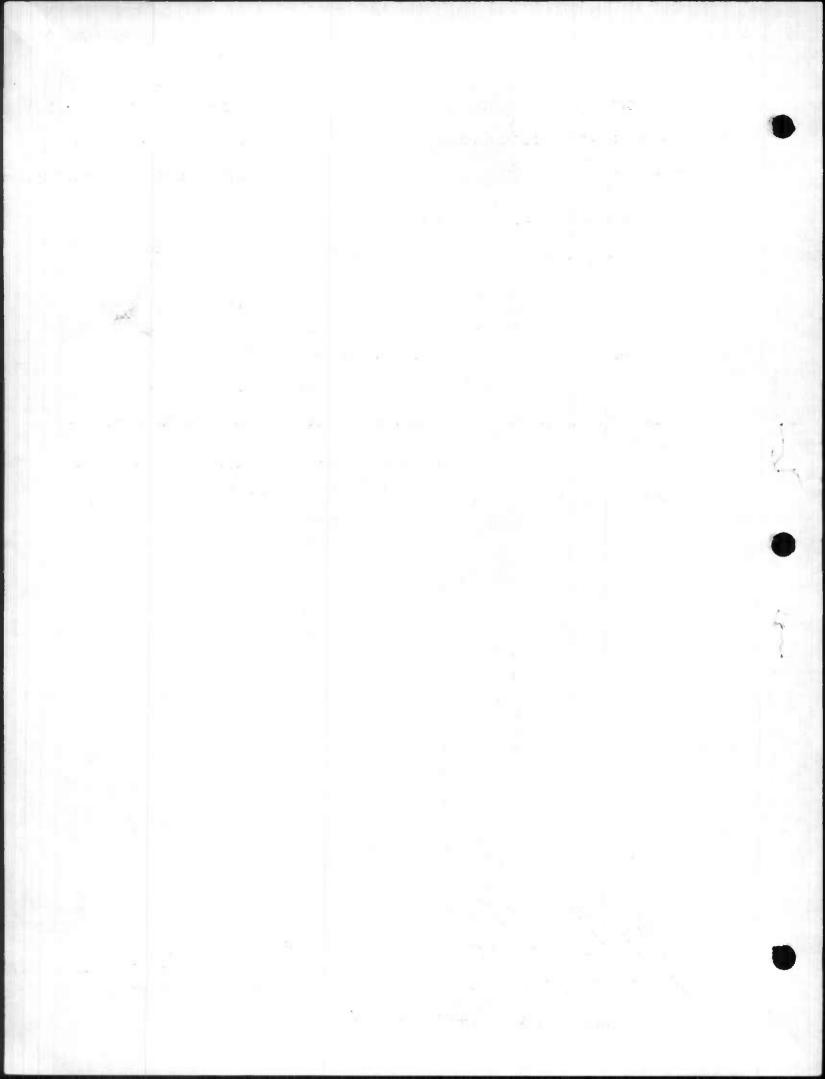
JUN 0 2 1999

32. Registrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			State o	Marylan		artment or i		nd Mental H	ygiene Reg. No.	9 1	8959
Physic		Decedant's Nama (First, Middle MARIAH J	dia, Last) AELYN PYA	TT	1			2. Data of I Month MAY		9 geer	3. Tima of Death 2:52 PM
/Medi Examir		4a. Facility Nema (If not Institution NATIONAL NAVA						n, or Location of Da	ocation of Daeth 4c. County of De		3
Funeral Director		5. Social Sacurity Number No Number		7. Age (In yrs. I	ast birthday) Yrs.	If Under 1 Year Months Days	If Under 24		Birth Day, Year)	9. Birthpi Coun Bethe	HERY Hace (State or Foreign try) esda, Maryl
rland ow		Usual Rasidance of Decedant 10e. State 10b. Count	у	10c. City	, Town or Lo	cation					Od. Insida City Limits
th the Men or 28a-f ah	lirector	Maryland Princ	e George's	Sui	tland	10f. Zip Coda			10g. Citizan of	1 💢 Yas 2 🗆 No	
e 23a	rai	4226 Apple Gat				20746			United of Ame	erica	
urs efter de al', or item Examiner	by Fune	11. Merital Status 1 ☑ Navar Married 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	rried Armed For	2 🖄 No a	1	Was Dacedant of If Yes, specify Cub		n? (Specify Yes or I Puarto Rican, etc.)	lo- 14. Re Bla Speci	ce - America ck, White, a fy: Bla	atc.
permit. Peges 1 and 2 should be filled within 72 hours efter death with the Menyland Department of Health and Mentel Hygiene important: if Item 27 is marked other then "netural", or Items 28a or 28a-f show eny Injury or other treumstic event, the Medical Examiner must be notified at once.	Completed by Funeral Director		nt's Education ast grade complatad) Collega (1	-4or 5+)	(Giva lifa. L	dant's Usual Occu kind of work dona DO NOT usa retire	during most o	f working	16b. Kind of E	Business/Ind	lustry
could be filed withing the Mentel Hygiene. Marked other than matic event, the Mentel Hygiene.	To Be Co	17. Fathar's Nama (First, Middla Romy Pyatt	, Last)		Nevel	Employe	18. Mothar's	Nama (First, Midd Joanniqu	la, Maidan Suma		
nd 2 should lith and Men 27 ie marke r treumatic		19a. Informant's Name/Raiation Thema J. Pyatt						or Rural Routa Num			
permit. Peges 1 and Department of Health Important: If Item 27 eny Injury or other tr once.		20a. Method of Disposition 1 ■ Buriel 2 □ Cramation 4 □ Donetion 5 □ Other (Stata	ace of Dispo	sition (Nama of netory or other place) Cemete	ce)	Dete May 28 1999	20c. Location Pawley South	- City or To	wn, Stata Sland
permit. Departminentalimportal		21. Signatura of Funerel Sarvice	Licensaa	~	Me		an Fun	eral Serv		2231	.0
Physician /Medical Exam put put put put put put put put put put	n/Medical Examiner	Immediata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Diseasa or injury that initiated evants resulting in daath) Last	a b c d	Dua to (or	es a conseques as a conseques a conseques a conseques a conseques a consequence as a conseq	uance of):	(SPLASI	A			
that the deet ed by the eth deteched for	Physician/Me	Part II. Other significant conditi	ons contributing to de-	ath but not rasu	Iting in the ur	ndarlying causa gi	ven in Pert I.				the cause of death?
requires that reen signed b hould be dete	Completed by Ph							24a. Wa	Yes 2X No as an autopsy formed?	24b. Wa	tra eutopsy findings aliable prior to mpletion of ceuse dath?
The late he								10	Yas 2∏ No		Yes 2□ No
Physician: The rathicate rathis certificate rather director, per	To Be	25. Was cesa rafarred to medica axaminar? 1 ☐ Yes 2 🗓 No	11	npatiant 2 🗆 E	ER/Outpatien	t 3 DOA Ot	hor.	Death (Check only		har (Snacih	4
Attending or death.	Certification: T	27. Mannar of Death 1 XNatural 5 ☐ Pandi	ng igation 28a. Piace	f tnjury h, <i>Day Year)</i>	28b. Tima of Injury	28c. Inju Wo		28d. Dascrib	e how injury occu (Street and Numown, Stata)	rred	
pspital hours ineral ly fillec	edical Ce	29a. Cartifiar 1 Certifyi (Check only 2 Medical	ng Physician: To tha I	s of axaminati	vladga, daath	occurred at the ti	ma, data and p	place, and dua to th	a causa(s) and m	annar as st	ated.
To the He within 24 To the Fu	Med	29b. Signature and little of certific	ago mann	er statad.		29c. Licans	sa number -44634		29d. Data signo		
		30. Nama and addrass of parson J.R.GREENWALD	, CDR, MC,		23a) (Type, I	Print)		ONAL NAVA		AL CEN	TER
Sta Registr		31. Data filed (Month, Day, Year	1999 ≥	egistrar's Signat	ura &	. Spor	KN	· ·			



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Amended item# 7, 6/1/99, WCHD, E.T Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month Day Gary Frederick Redemann 6/1/1999 2:00 AM 4a Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 11547 South Dolly Circle Berlin Worcester 5. Sociel Security Number 6. Sex 1 M 2 □ F If Under 1 Year | If Under 24 Hrs. 7. Age (In vrs. last birthday) 8. Date of Birth (Month, Dey, Yeer) Birthplece (State or Foreign Country) Days Months Hours Min. 53 52. 214-44-0387 4/16/1946 Maryland Usual Residence of Decedent 10c. City. Town or Location 10d. Inside City Limits 10b. County Worcester Berlin 1 Yes 2X No 10e, Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 11547 South Dolly Circle 21811 USA 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1 X Yes 2 □ No If Yes, Give 14. Race - American Indien, 11. Meritel Status Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Yeer or Dete ± 965/67 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Tool and Die Maker Can Manufacturer 18. Mother's Name (First, Middle, Maiden Surneme) 17. Fether's Neme (First, Middle, Last) Marion Michael Redemann Elizabeth Garcia 19e. Informant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 11547 South Dolly Circle, Berlin, MD 21811 Dete 20c. Location - City or Town, State Patricia Redemann - wife 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 1 Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Garrison Forest Cemetery 6/4/1999 Owings Mills, MD 22. Name end Address of Fecility 108 Williams St. The Burbage Funeral Home Berlin, MD 21811 caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, Approximate Interval Between Onset end Deeth Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? Unknown 1 Yes 2 No 3 Probably 24b. Were eutopsy findings available prior to completion of ceuse of deeth? 24a. Wes an autopsy 1 Yes 20 No

Physician /Medical **Examiner**

requires that the death certificate be executed

Hospital or Attending Physician:

24 hours a

To the Hosp within 24 hor To the Fune completely fi

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

10e. Stete

11

Examiner

Funeral

Director

r 28a-f show

r than "naturel", or items 23s or the Medical Examiner must be

Director

Funeral

þ

Completed

Be

the Merylend

with

death

filed within 72 hours efter

Hygiane.

Pages 1 and 2 should be nent of Health end Mentel

If item 27

other

0 Important: I any Injury o

altimore, Maryland 21215-0020

Examiner Physician/Medical þ Completed page 2 should Be

physician and tha bunal-transit attending physical for usa es t signed by the aid certificate director, 2 this funeral Certification: Aftar after deeth. 9

5 Pending investigation

6 Could not be

20 No 1 Yes

26. Place of Death (Check only one) Residence 6 Other (Specify)

Other: 4 Nursing Home 1 Inpatient 2 ER/Outpatient 3 DOA 28d. Describe how injury occurred 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 1 ☐ Yes 2 ☐ No

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29b. Signature end title of certifier

25. Was case referred to medicel examiner?

1 Yes

27-Manner of Deet

Natural 2 Accident

3 Sulcide

29e. Certifier

4 Homicide

Certifying Phyeician: To the best of my knowledge, death occurred et the time, date and place, and due to the ceuse(s) end menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the ceuse(s) end menner stated. 29c. License number

29d. Dete signed (Month, Day, Year)

death (Item 23a) (Type, Print) 30. Na RACETOACK Rd Uni 10514 D.D Begistrer's Signature 21811

State Registrar

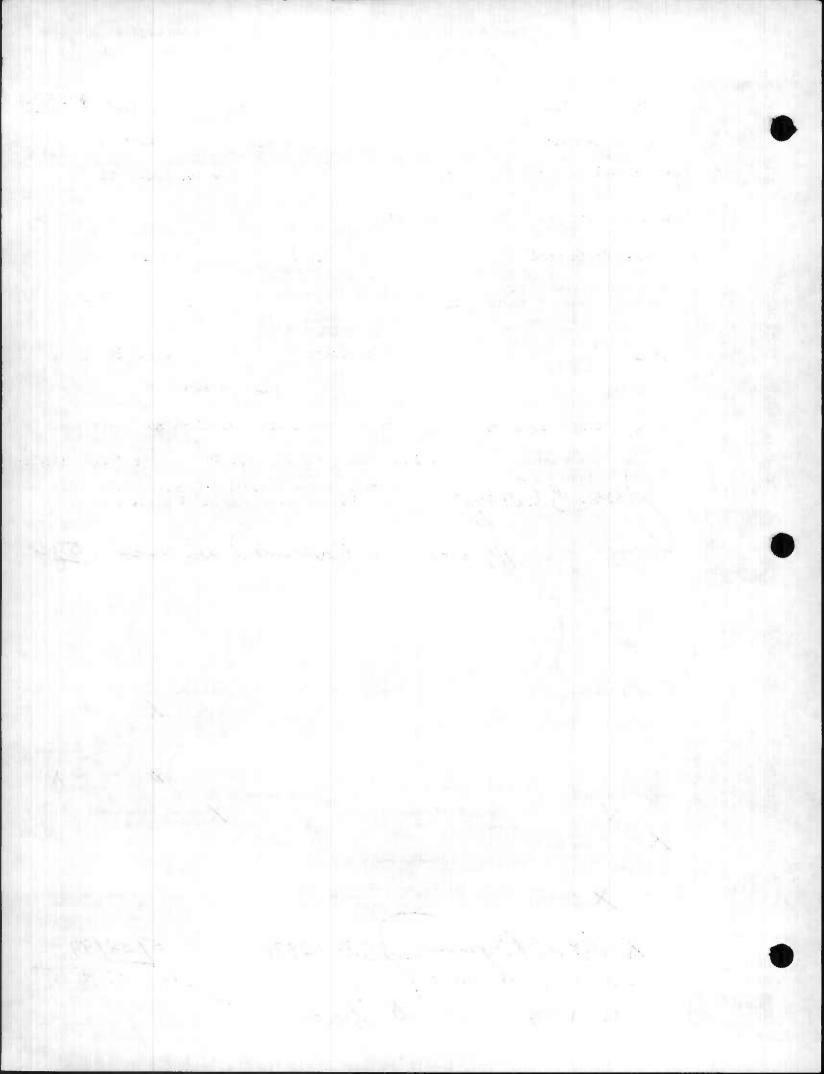
Medical

sologians a hour than ten early 11 specialized in

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

			Cei	rtificate of	Death		Reg. No.		0 7 0 1
	1. Decedent's Name (First, Middle, Las	1)				2. Date of De		Vana	3. Time of Death
Physician	Lari Kizzo					Month	27 1	Year 999	4:35PM
/Medica Examine	de Casility Name (Ideas Institution since	street and number)			4b. City, Town	, or Location of Deatl	-		
Lamine	6345 Davis Road				Mt. A	irv	Car	rol1	
Funeral	5. Social Security Number 6. Se	7. Age (In yrs	s. last birthday)	if Under 1 Yeer	if Under 24	Hrs. 8. Dete of Bir			ece (State or Foreign
Director	207-18-5561 Usual Residence of Decedent	M 2□ F 7.3	Yrs.	Months Days	Hours		6, 1925	PA	(y)
/land	10a. State 10b. County	10c. C	City, Town or Lo	ocation				10	d. Inside City Limits
Mery fath	Maryland Carroll		Mt. Ai	ry					1 ☐ Yes 2 ☑ No
uth with the Menylan	Maryland Carroll 10e. Street end Number			10f. Zip Code			10g. Citizen of W	hat Count	try?
with a second		d			21771		II-dead	Chad	
ne 23	11. Maritai Status	12. Was Decedent Ever in	U.S. 13.			? (Specify Yes or No	United 14. Race	- Americe	
	6345 Davis Roa 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: WW		If Yes, specify Cub 1 ☐ Yes 2√ No		? (Specify Yes or No Puerto Ricen, etc.)	Specify:	k, White, e Whi	
72 hours natural;		ucetion	16a, Dece	dent's Usual Occup	pation		16b. Kind of Bu	siness/Ind	ustry
15 m	(Specify only highest grad	de completed)	(Give	kind of work done DO NOT use retire	during most of	f working			
d 2127 filed within Hyglene. filher than ent, m. W.	Elementery/Secondery (0-12)	College (1-4or 5+)	S	teamfitte	er		Local	602	
						Name (First, Middle			
	Patsy Rizzo				Ma	deline Vi	000		
should be and Mente merked imatic e	Patsy Rizzo 19a. Informant's Name/Relationship (7	ivne Print)	19h Maili	na Address (Street		or Rural Route Numb		State Zin	Code)
Mar d 2 sho h and r 1s m traum									
Heal Per	Maxine Tribby D	aughter		3 N. Town	ne Cour	t Mt. Ai	ry, MD 20c. Location	2177	
0 = 10 E	1 M Burial 2 Cremation 3	Removal from State	cemetery, cre-	matory or other pla					
Baltim bemit. Per Department mportant: any injury	4 □ Dopation 5 □ Other (Specify) Ga	arrison	Forest V	VA Cem.	6/1/99	Owings	Mill	s, Maryla
Physician /Medical	23 Part1. Enter the disease, or comp shock, or heert failure. List only of		eth. Do not en	212 W. O	ld Libe ing, such es ce		Winfiel orrest,	d, MI	Approximate interval Between Onset and Death
Examiner	disease or condition resulting in death)	a Krontes	some	Condio	Jaseu	les se	iolnal	-	syro.
THE RESERVE			(or as a conse					1	U
P = 1	Sequentially list conditions, if any, leading to immediate cause. Enter Indexiving	h						1	
and trans	Sequentially list conditions,	Due to	(or as a conse	quence of):					
death certificate be executed ettending physician and of for use as the buriel-transit	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury								
ficate be ex	Cause (Disease or injury that influed events resulting in death) Last								
ing p	8 P								
BOX Bath cert ettendin for use		d						1	
deat deat	Part II. Other significant conditions co	intributing to death but not re	esulting in the u	inderlying cause gi	iven in Part I.	23b. Did	tobecco use cor	ntribute to	the cause of death?
thet tha de ned by the datached						10	Yes 20 No	3 Prot	ably 4 Unknow
E 20 .						_	/ V		
OT VITAI HECONGS, Physician: The law requires this cardificate has been signeral director, page 2 should be							an autopsy ormed?	eva	ere eutopsy findings ailable prior to appletion of cause death?
The law ate has be page 2 s	É					10	Yes 2000	4.5	Yes 2NNo
icate									1105 2/20140
VITAL Iclan: The cardificate rector, par		Hospital:		_ Ot	her _	Death (Check only			
Of VITa Physician: this cartific ral director,	TLI Yes 2LN0	1 □ Inpatient 2	ER/Outpatie	nt 3LI DOA	4 U Nursi	ing Home 5 Res	how injury occurr	er (Specify	1)
ding h. After funer	27. Manner of Deeth Natural 5 Pending	28a. Date of Injury (Month, Day Year)	28b. Time o	Wo			now injury occurr	60	
OIVISION OF Attending after death. Director: After Jin by the fune	27. Manner of Deeth 1 Natural			M 1	Yes 2 No				.=
IV rard rard rard ract	3 Suicide 6 Could not be determined	28e. Place of Injury - At building, etc. (Spec	home, farm, st cify)	reet, factory, office		28f. Location ((Street and Numb wn, State)	er or Rure	I Route Number,
led Direction									
To the Hospital or Attent within 24 hours after death To the Funeral Director: completely filled in by the	29a. Certifier 12 Certifying Phy	rsicien: To the best of my ki							
he H	one)	and manner stated.	tottott and/of in			Cocurred or the tille,			
To t	29b. Signature and little of contillior	011		29c. Licen	se number		29d. Date signed	1 (Month, I	Day, Year)
	X refult 1	1 ochmes	n	m D-	1397	/	57.	28/	99
	30. Name and address of person who o	completed cause of death (its	om 23e) (Type,	Print)			-		102-1-
	ROBERT L. A	AUFMAN	N MD	300 1	NES	T NII	VTH	57	REET
State	31. Date filed (Month, Day, Year)	32. Registrar's Sig	nature Tk	EPERIC	K.M.	021701			
Registra	84834 6 6	19 Denews	19.	Ann.	11				



Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death SHETRON Month BETTY 1999 1024 AM 27 MAY 4e Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death NORTH WEST HOSPITAL RANDALISTONN BALT, MORE If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1□ M 2XF 220-18-1964 4/20/1927 MARYLAND Usuel Residence of Decedent 10a. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits MD. 1 ☐ Yes 2 🕅 No BALTIMORE REISTERSTOWN 10e. Street and Number 10f Zip Code 10g. Citizen of What Country? 16 MISSION WOOD WAY 21136 USA. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 X No If Yes, Give 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No Specify: 3 ☐ Widowed 4 ☑ Divorced WHITE 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) NURSING ASSISTANT 10 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) OTHA BROWN RUTH BERWAGER 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) DAWN WORKMAN 5 MISSION WOOD WAY, REISTERSTOWN, MD.21136 -DAUGHTER 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Melhod of Disposition Dete 20c. Location - City or Town, Stele Burial 2 Cremelion 3 Removel trom Stete 4 Donetion 5 Other (Specify) MARY'S CEMETERY 5/29/99 SILVER RUN, MD. 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD. 21157 23a. Pert1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tellure. List only one cause on each line. Approximete Interval Betw Onset and Death ACUTE PULMONARY EDEMA Due to (or as a consequence of): Immediate Cause (Final disease or condition resulting in deeth) CONGESTIVE CARDIO MYOPATHY Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 1 Unknown 24b. Were eutopsy tindings evailable prior to completion of cause of death? 24a. Was an autopsy performed? 2000 1 ☐ Yes 1 Yes 2 H 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Simpatient 2 ER/Outpatient 3 DOA

Physician /Medical Examiner physician and s the burial-transit

Physician

/Medical

Examiner

Funeral

Director

25a-f show

Berns 23a or

"natural", or

permit. Pages 1 and 2 should be lifed within 72. Department of Health and Mental Hygiens. Important if them 27 is marked other than "naturally or other traumatic event."

Maryland 21215-0020

Baltimore,

o

Division of Vital Records.

Director

Funeral

þ

Completed

Be

Examiner Physician/Medical ð Completed 8 Certification: To

Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

1 Yes 2 No 27. Menner of Deeth 1 Neturel

5 Pending Investigation 6 Could not be

28a. Date of Injury (Month, Day Year) 28b. Time of tnjury

28e. Plece of tnjury - At home, tarm, street, tactory, office building, etc. (Specify)

28c. tnjury et Work? 1 Tyes 2 No

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Cartifier (Check only one)

edical

State

Registrar

2 Accident

3 ☐ Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner steted. 29d. Date signed (Month, Day, Year)

29b. Signeture and title of certified

29c. License number 037333

MAY 27, 1955

C. RAVI, MD, NHC, 31. Dete tiled (Month, Dey, Year)

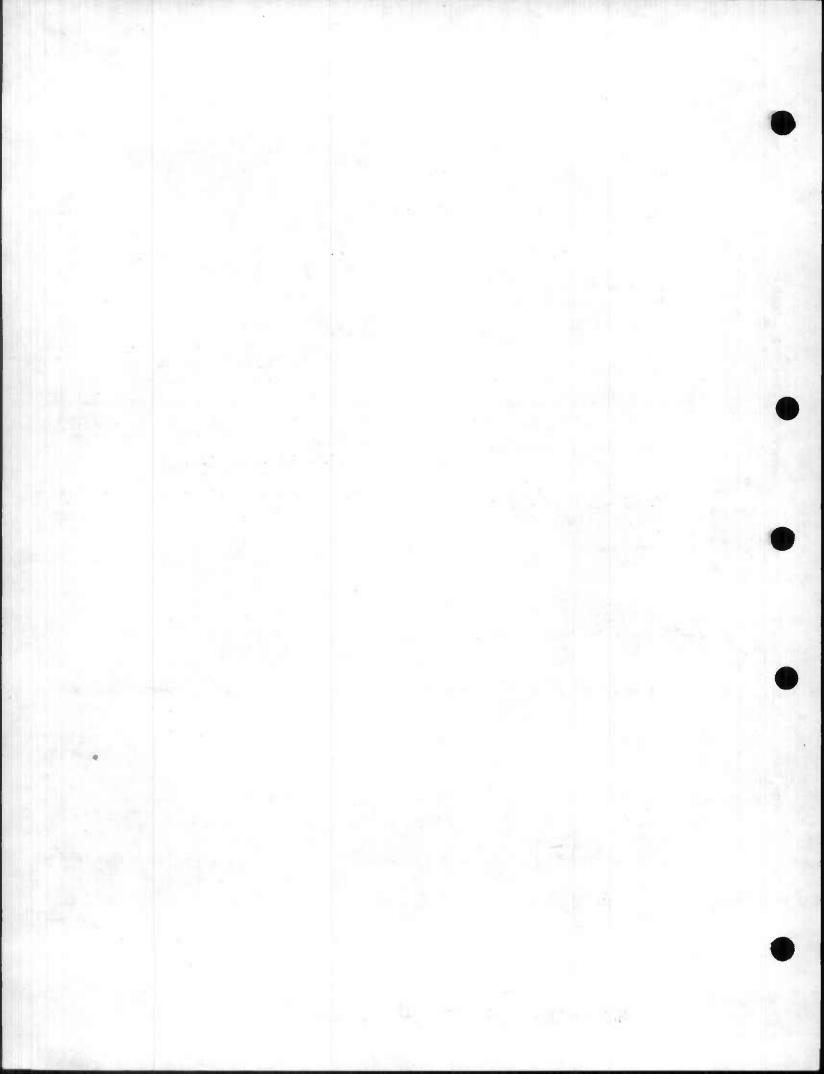
MAY 2 8 1999

BALTO. 32. Registrer's Signeture Depera

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 5"401 010 Colors

Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifical eleipf filled in by the funeral director,

To the Hosp within 24 ho To the Fune completely fi



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene. Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician Gordon William Stabb 29, MAY 1999 10:05 AM /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6217 LONG MEADOW DRIVE CARROLL SYKESVILLE If Under 1 Year | If Under 24 Hrs. Date of Birth (Month, Day, Year) NOV 18, 1 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys TØM 2□ F NONE 71 Yrs. Director 1927 England Usual Residence of Decedent 10b. County 10a. State 10c. City, Town or Location 10d. Inside City Limits or 28a-f ahow the Medical Examiner must be notified at 1 ☐ Yes 2 No Director **ABERLOUR** NONE BANFFSHIRE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? COTTERTON Name 23a CRAIGELLACHIE NONE SCOTLAND Funera 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: altimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify: Specify: WHITE þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed within ? Department of Health and Mental Hygiene. Important: if flam 27 Is marked other than "re any fijury or other traumatic avent, the Mad police. Elementary/Secondary (0-12) College (1-4or 5+) HEAD PORTER 12 HOSPITAL 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be UNKNOWN 2 FLORENCE (UNKNOWN) 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. GRETA POWLEY (WIFE) COTTERTON CRAIGELLACHIE ABERLOUR BANFFSHIRE, SCOTLAND 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State Carroll Cremation Serv. 5/30/99 Hampstead, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility
HAIGHT FUNERAL HOME & CHAPEL (Box 195) 21. Signature of Funeral Service Liga Huis Man Sykesville, MD 21784 (410)-795-1400 Approximate interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical A Thomas custoric Consider Sausa DISADIS Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner that the death certificate be executed physician and s the buriai-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. Physician/Medicai Due to (or as a consequence of) P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown been signed by should be detact Records, þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? DWPSON 1 Yes 2 THO 1 Yes 2 No Division of Vital To the Hospital or Attanding Physician: within 24 hours after deeth.

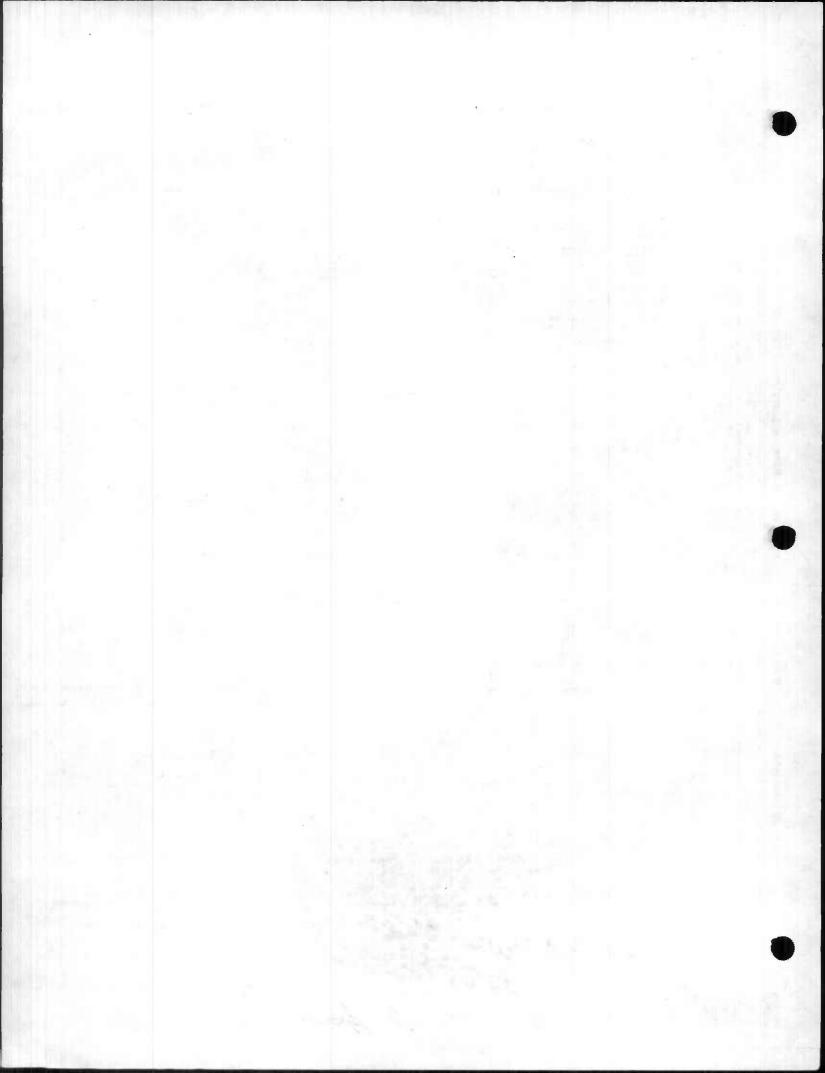
To the Funeral Director: After this certifica completaly filled in by the funeral director; to Be 25. Wes case referred to medical examiner? 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) SCENE Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 29a. Cartifler 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medicai (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number MAY 29, 1999 OCME 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) HARYANTS um 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

DHMH 16 Rev 6/95

Registrar

Sparks



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

ate	of	Maryland /	Department	of	Health	and	Mental	Hy	gier	16
			Certificate	0	f Death	7			Pon h	Me

Physician	
/Medical	
Examiner	

1:48 A.M.

10d. Inside City Limits 1 Yes X No

Funeral Director

Director

Funeral

à

Completed

the Manyland must be nooffed at Norms 23a

permit. Pages 1 and 2 should be filed within 72 hours after a Department of Heelth end Mentel Hygiene. Important: If item 27 is marked other than "natural". Any injury or other traumatic average and injury or other traumatic average.

Physician /Medical Examiner

the death certificate be executed

The law requires that Records,

Box 68760

P.O.

Division of Vital I or Attanding Physician:

Examiner physicien and s the bunal-transit Physician/Medical signed by I by Completed pege 2 : Be Certification: To this death. after death Director: 2 To the Hospital or within 24 hours aft To the Funeral Di completely filled in

Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death BARRY DALE SMYTHERS, SR. May 31, 1999 4e Facility Neme (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Deeth Civista Medical Center LaPlata Charles Hunder 24 Hrs. B. Dete of Birth (Month, Day, Year)
October 18,1956 Maryland 5. Social Security Number 6. Sex M M 2□ F 7. Age (In yrs. last birthday) If Under 1 Yeer Birthplace (State or Foreign Country) Deys Months 42 Yrs. 217-64-8522 Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location Charles La Plata 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4721 Phillips Road 20646 USA 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes ≥ 2 Å No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Carpentry Carpenter 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Garland Smythers Gloria Jean Hudson Smythers 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) P.O. Box 370 Bryans Road, MD 20616 Susan E. Smythers/Wife 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition Dete 1X Buriel 2 Cremetion 3 Removel from State 6/4/99 Waldorf, MD Trinity Memorial Gar. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility AREHART-ECHOLS FUNERAL HOME P.A. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in deeth) Due to (or es e consequence of): Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Winknown

24a. Wes en eutopsy performed

24b. Were eutopsy findings available prior to completion of cause of death?

Approximete Intervel Between Onset and Deeth

12 Yes 2 No 26. Place of Deeth (Check only one)

Yes 2□ No

25. Wes cese referred to medical examiner? Yes 2□ No 27. Menner of Death

Neturel

2 ☐ Accident

3 Suicide

29e. Certifier (Check only one)

4 Homicide

5 Pending investigation

6 Could not be determined

28e. Dete of Injury (Month, Day Year) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 28b. Time of

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated.

29b. Signature and title of certifier

29c. License number O.C.M.E.

29d. Date signed (Month, Day, Year) May 31, 1999

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

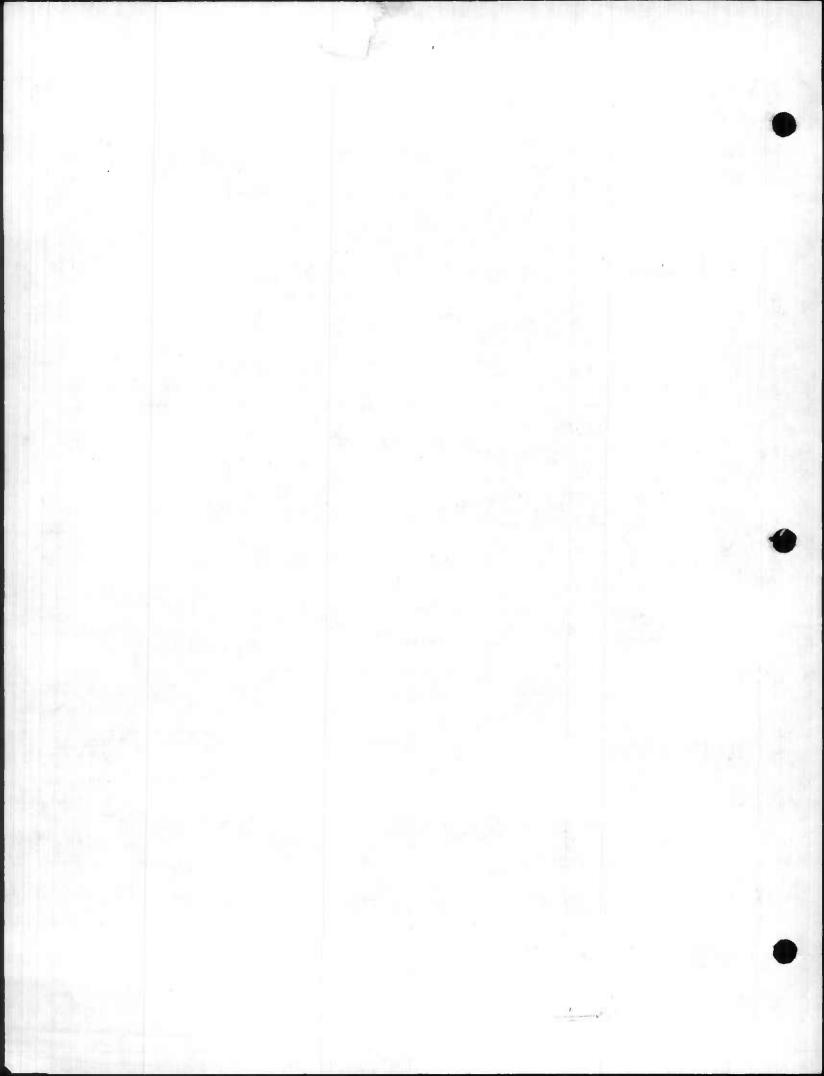
completed cause of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medical

JUN 0.2 1999 32. Registrer's Signeture



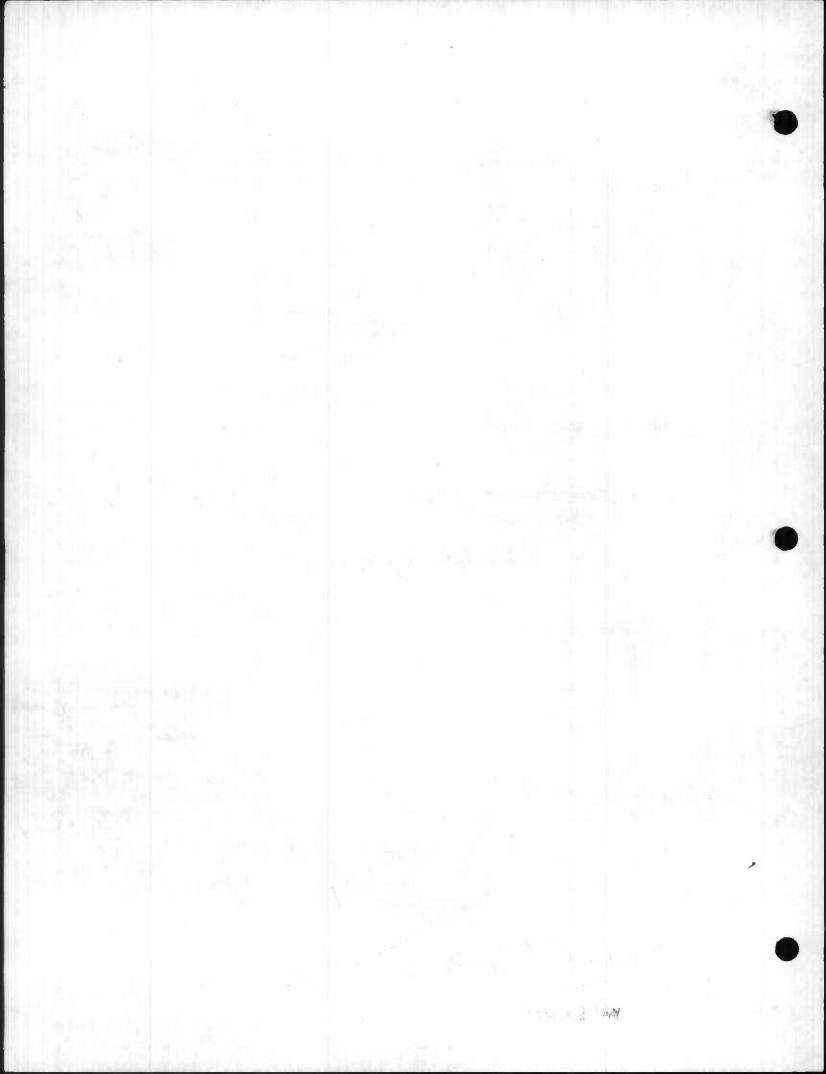
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	1. Decedent's Neme	(First, Middle,	Last)	1 10000	001	rtificate of	Doain	2. Dete of D	Reg. No.	- 1	3. Time of Deeth
n il	GEORGE		ROI	BERT		TOROK		MAY 2	9, Day 199	99 ^{Year}	12:52 PM
	4e Fecility Neme (If	not institution,	give street end i	num <i>ber)</i>			4b. City, Town,	or Location of Dec	th 4c. County	of Deeth	
			Memor			If Under 1 Year	Freder			deri	
	5. Sociel Security No		6. Sex XXM 2□ F		s. last birthdey) Yrs.	Months Deys		Ain. (Month, L	ley, Year)		place (Stete or Forei
I	284-48-8 Usuel Residence of			47				Apri	1 2, 19	52	Ohio
ľ	10a. Stete	10b. County		10c. C	City, Town or Lo	cation				1	0d. Inside City Limi
	Maryland	Freder	cick		Frede	erick					Yes 2□N
	10e. Street end Num	nber				10f. Zip Code			10g. Citizen of	Whet Cour	ntry?
	2157 Wa	inwrigh	nt Court			2	21702		USA		
	11. Maritel Status 1 Never Merric 3 Widowed		Armed 1 Tes	2. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 25 No If Yes, Give Yeer or Dates:		13. Was Decedent of Hispenic Origin? (Specify If Yes, specify Cuban, Mexican, Puerto Rica			14. Reca - American I Bleck, White, etc.		etc.
-	(Speci	15. Decedent's 'ly only highest	Education grede complete	d)	(Give	dent's Usuel Occu kind of work done DO NOT use retire	during most of	working	16b. Kind of B		
	Elementary/Secon	ndary (0-12)	College	(1-4or 5+)					Dino	lino	
	17. Fether's Neme (First, Middle, La	est)		F	Project M		Neme (First, Middl		eliner	
		George J. Torok							Szkelyhi		
		George J. Torok 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Page 1)							-		Code)
	Diana Fi			-)				., Nokom			
	20e. Method of Disp		3 ⊠Removel fro		. Plece of Dispo cemetery, cren	sition (Neme of metory or other ple	oce)	Dete	20c. Location	- City or To	own, Stete
	4 Donetion	5 ☐ Other (Spe	ecify)	C		Cemetery		6/3/99		, Ohi	io
	21. Significand Fur	neral Service 5	Service A	M0089				le Shippi			
	23a. Pert1. Enter th shock, or heer	-1. C	yochs.	lange	v e	5500 Merv	vin Ave.	, Clevel	and Ohio)	Approximate
		Final	77.05	י זייייייייייייייייייייייייייייייייייי	" NEIL	MILLIAG	TNEUMO	NIA			2.000448
	disease or condition resulting in deeth)		- ACU	Due to	(or es e consec		PNEUMO	MIA.			200AYS
	resulting In deeth) Sequentially list con if eny, leading to imcause. Enter Under Cause (Disease or i that Initieted events	nditions, mediate rlying njury		Due to	(or es e consec	quence of): FAICME quence of):		NIA.			
	Sequentially list con if eny, leading to imicause. Enter Under Ceuse / Disease or i	nditions, mediate rlying		Due to	(or es e consequence of consequence	quence of): FAICME quence of):		NIA.			
	resulting In deeth) Sequentially list con if eny, leading to imcause. Enter Under Ceuse (Disease or ithat initieted events resulting in deeth) L	nditions, mediate rlying njury	6	Due to	(or es e consequence consequen	quence of): TAILUZ quence of): uenca of):			d tobacco use co		
	resulting In deeth) Sequentially list con if eny, leading to imcause. Enter Under Ceuse (Disease or i that Initiated events	nditions, mediate rlying njury	6	Due to	(or es e consequence consequen	quence of): TAILUZ quence of): uenca of):		23b. Di	d tobacco use co] Yes 2□ No	ontribute to	SDAN
	resulting In deeth) Sequentially list con if eny, leading to imcause. Enter Under Cause (Disease or ithat initiated events resulting in deeth) L	nditions, mediate rlying njury	6	Due to	(or es e consequence consequen	quence of): TAILUZ quence of): uenca of):		23b. Dl.		ontribute to 3 Pro	SOAYS
	resulting In deeth) Sequentially list con if eny, leading to im- cause. Enter Under Cause (Disease or i that initiated events resulting in deeth) L	nditions, mediate rlying njury	6	Due to	(or es e consequence consequen	quence of): TAILUZ quence of): uenca of):		23b. Di- 1E 24e. We per	Yes 2 No	ontribute to 3 Pro	o the cause of deal
	resulting In deeth) Sequentially list con if eny, leading to imicause. Enter Under Ceuse (Disease or i thet Initiated events resulting in deeth) L Part II. Other eignifit 25. Wes case referm	nditions, mediate rhying njury ast	6	Due to	(or es e consequence consequen	quence of): TAILUZ quence of): uenca of):	iven in Pert I.	23b. Di- 1E 24e. We per	yes 2 No es en eutopsy formed? Yes 2 No	ontribute to 3 Pro	o the cause of deal bably 4 Nunknot (ere eutopsy finding raileble prior to ampletion of cause deeth?
	resulting In deeth) Sequentially list con if eny, leading to imcause. Enter Under Ceuse (Disease or i thet intileted events resulting in deeth) L Part II. Other significations.	nditions, mediate thing nipury ast	c. d. Secontributing to	Due to Due to Due to	(or es e consequence consequen	quence of): TATUMZ quence of): uenca of): Inderlying cause gi	iven in Pert I.	23b. Dl- 1 [24e. We per	yes 2□ No seen eutopsy formed? Yes 2☒ No y one)	ontribute to 3 Pro	o the cause of deal bably 4 Qunknot fere eutopsy finding alleble prior to mpletion of cause death?
	Sequentially list con if eny, leading to imcause. Enter Under Cause (Disease or in that initiated events resulting in death) L Part II. Other algnification of the initiated events resulting in death) L 25. Wes case referrencements. In year 275 Menner of Death 1 Netural 2 Accident	inditions, mediate thing minut ast cant conditions ast cant conditions.	b. Acc	Due to Due to	(or es e consequence consequen	quence of): TATUMZ quence of): quence of):	26. Place of	23b. Dl. 1	yes 2□ No seen eutopsy formed? Yes 2☒ No y one)	ontribute to 3 Pro 24b. W ave co of 1 [o the cause of deal bably 4 Qunknot fere eutopsy finding alleble prior to mpletion of cause death?
	Sequentially list con if ery, leading to imcause. Enter Under Ceuse (Disease or i that initiated events resulting in deeth) L Part II. Other significations of the community of	inditions, mediate thing minury ast	d. Hospitel: 11 28e. Day	Due to Due to Due to Due to Alipatient 20 The following services a servi	(or es e consequence consequen	quence of): TATUMZ quence of): quence of):	26. Place of ther: 4 Nursing et ork?	23b. Dl. 1 24e. We per 1 Deeth (Check only ing Home 5 Re 28d. Describe	sen eutopsy formed? Yes 2 No Yone) Sidence 6 Ott	pontribute to 3 Pro 24b. W av co of 1[o the cause of deal bably 4 Qunknow dere eutopsy finding alleble prior to impletion of cause deeth?
	resulting In deeth) Sequentially list con if eny, leading to imcause. Enter Under Ceuse (Disease or i that initiated events resulting in deeth) L Part II. Other elgnifit 25. Wes case referrexeminer? 1 Yes 2	aditions, mediate tying nipury asst cant conditions ed to medical No cant conditions 5 Pending investiga (cant could no determin	d. d. d. s contributing to s contributing to 28e. Da (M. 28e. Ple builtion 28e. Ple builtion Thysician: To t xaminer: On the	Due to Due to Due to Due to Due to All patient 2 [te of Injury onth, Day Year) Due to to D	(or es e consequence consequen	quence of): TATUMZ quence of): uence of): quence of): quence of): quence of): quence of): que	26. Place of ther: 4 Nursir lary et ork?	23b. Dl. 1 24e. We per 1 Deeth (Check only ing Home 5 Re 28d. Describe	yes 2 No seen eutopsy formed? Yes 2 No y one) sidence 6 Ott e how injury occu (Street end Num own, Stete) e ceuse(s) end m	ontribute to 3 Pro 24b. Way co of 1[her (Special rred	o the cause of deal bably 4 Unknown of the cause of deal bably 4 Unknown of the cause deal bable prior to impletion of cause deeth? Yes 2 No
- Charles Andrews Andr	resulting In deeth) Sequentially list con if eny, leading to im cause. Enter Under Ceuse (Disease or ithet initiated events resulting in deeth) L Part II. Other algniffs 25. Wes case referrexeminer? 1 Yes 2 1 2 Accident 3 Sulcide 4 Homicide	aditions, mediate thying nijury ast cant conditions: cant conditions: b Pending investiga Could no determin Pick Certifying 2 Medical Ex	d. d. d. s contributing to s contributing to 28e. Da (M. 28e. Ple builtion 28e. Ple builtion Thysician: To t xaminer: On the	Due to Due to Due to Due to Due to Alipatient 2! te of Injury onth. Day Year) Due to Due to	(or es e consequence consequen	quence of): quenc	26. Place of ther: 4 Nursir lary et ork?	23b. Di. 1 C 24e. We per 1 C Deeth (Check only and the per 28d. Describe 28f. Location City or 7	yes 2 No seen eutopsy formed? Yes 2 No y one) sidence 6 Ott e how injury occu (Street end Num own, Stete) e ceuse(s) end m	ontribute to 3 Pro 24b. W av co of 1 [ther (Special rred ber or Run enner es s end due to	o the cause of deal bably 4 2 Unknown of the cause of deal bably 4 2 Unknown of the cause death? Yes 2 No No Route Number, steted. o the cause(s)
The same same same same same same same sam	resulting In deeth) Sequentially list con if eny, leading to im cause. Enter Under Ceuse (Disease or inter Interest of the In	aditions, mediate thying nijury ast cant conditions: cant conditions: b Pending investiga Could no determin Pick Certifying 2 Medical Ex	d. d. d. s contributing to s contributing to 28e. Da (M. 28e. Ple builtion 28e. Ple builtion Thysician: To t xaminer: On the	Due to Due to Due to Due to Due to Alipatient 2! te of Injury onth. Day Year) Due to Due to	(or es e consequence consequen	quence of): TATUMZ quence of): quence of):	26. Place of ther: 4 Nursir or opinion, date end plopinion, deeth cose number	23b. Di. 24e. We per 24e. We per 1 Deeth (Check only) 1 g Home 5 Re 28d. Describe 28f. Location City or 7	sen eutopsy formed? Yes 2 No y one) sidence 6 Ott e how injury occu (Street end Num own, Stete) e ceuse(s) end me e, dete end plece, 29d. Date signe	24b. Way coo of 11 and 12 and 14 and	o the cause of deal bably 4 Qunknow of the cause of deal bably 4 Qunknow of the cause of deal bable prior to impletion of cause deeth? Yes 2 No No No Route Number, steted. o the cause(s)

Piease Type or Print in Biack indelibie ink. Assure Ali Copies Are Legible.

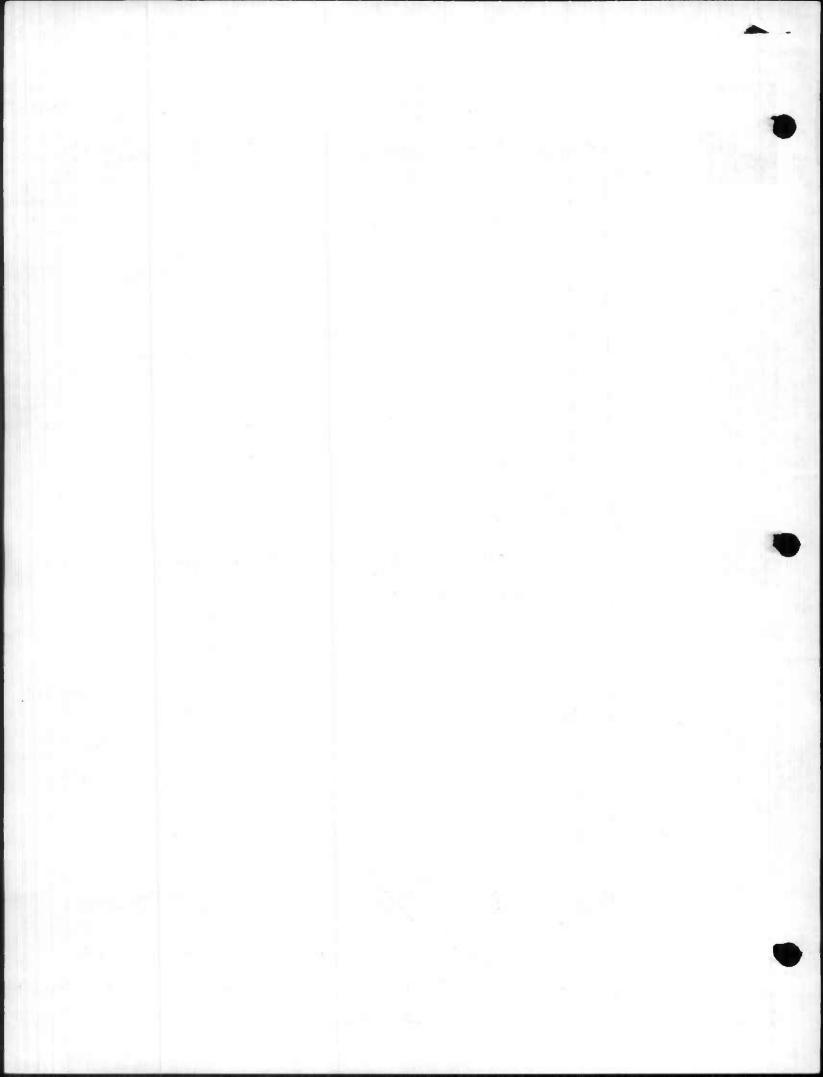
10400	Type of This in Black machbie int. Adda o An	opics Aic E
	State of Maryland / Department of Health and Men	ntal Hygiene

December Name Print Model, Last John Last Control Cont	ohn	Clare	nce	e Woolford	State of Maryland / Department of I			ene 9 9	18966
TENTITUTE OF THE PROPERTY NUMBER OF PROPERTY AND A COUNTY OF THE PROPERTY OF T				Tal Cla	111 10 1		2. Data of Death Month	Day	Year
Second processory Seco							cation of Death		of Death
Direction Direction Direc	JO.					-			
150 State 100 Corry 100 Corry 100 Corry 100 Corry 100 Corry 100 Corry 100 Correct	ш						(Month, Day,	Z3	Country)
Comparison of the property o		Du M			10c. City, Town or Location		•	7	10d. Inside City Limits
Comparison of the property o		Meny	tor	MN Samers	iet Princessania				
Comparison of the property o		or 28	Oirec				10	g. Citizen of V	Vhat Country?
Comparison of the property o		234		12064-ElmSt	reet Apt, 1/ 2/8.	S3	sity Van as Na	U,	J. A.
Comparison of the property o	0	w item	Fun		1 TYYas 2 No / - 17 Ud		Rican, atc.)	Blac	k, White, etc.
Comparison of the property o	005	ural',	d by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Datas: 8-20-59				Dlack
17 Father's Manife (Price, Maddle, Last) 18 Monter's Name (Price, Maddle, Mastern Summan) 19 19 19 19 19 19 19 1	15-	n /2	olete	(Specify only highast grad	(Giva kind of work done	during most of working	ng 1	3b. Kind of Bu	usiness/Industry
1		CT CO. In Sec.	mo	8th grade		Cars	A	uto D	ealership
20. Remote of Disposition (Name and	S E B S	Be	17. Fathar's Nama (First, Middla, Last)	rIT	15.	(First, Middle, M.	aiden Surnam	a)	
20. Remote of Disposition (Name aryl		٢	19a, Informant's Name/Relationship (Tr	toco / I 19b. Meiling Address (Stree		Routa Number,	City or Town,	State, Zip Code)	
20. As a consequence of comments of the cause of death of the caus		47		Mildred D. Wo		1 0			d,21853
Physician Medical Examiner Physician Medical Examiner The Company of the second of t	ore	-155		A.	20b. Place of Disposition (Nama of	ace)	Dete 2	Oc. Location -	
Physician Medical Examiner Physician Medical Examiner The Company of the second of t	Itim	rtant:		4 ☐ Donetion 5 ☐ Othar (Specify)	Trivity Cenotar	do at Equiliby ()	-29-99 V	enton	md.
Physician (Medical Examiner Medicals Cause (Final Date of Ore as a consequence of): Part II. Other algorithms as a consequence of):	Ва	Dep in popular		21. Signature of Policial Service Electis	P. O. Bo	1 × 331 - Pi	unie S	mith	Funcial Home
Physician (Medical Examiner) Sequentially indeath) Due to (or as a consequence of): a.				23a. Part1. Enter the disease, or compleshock or heart failure. List only of					Approximata
Season or condition and the season of conditions and the season of conditions and the season of conditions and the season of conditions and the season of conditions and the season of conditions and the season of conditions and the season of conditions and the season of conditions and the season of conditions and the season of conditions and the season of conditions are consequence of): Due to (or as a consequence of):					0.00				Onset and Death
State Sequentially list conditions Bequentially list cond				disease or condition	Multiple Improves	•			1
Cause (Disease or of information of information of the contribution	=	ner		Dive to (or as a consequence or):					
Cause (Disease or of information of information of the companion of the co		end end Il-trans	хаш	Sequentially list conditions, if any, leeding to Immadiata	Dua to (or as a consequence of):				
The second of th	760	sician e bune	Cal	that initiated events	Due to for se a consequence of:				
1 Yes 2 No 3 Probably 4 Unknown	9	ng phy	To l	rasulting in deeth) Last					
1 Yes 2 No 3 Probably 4 Unknown	Воу	attendi for use	lan						
24a. Was an autopsy performed? 24a. Was an autopsy performed? 24b. Were eutopsy Indings available prior to complete or clearly performed? 24c. Was case relatived to medical axaminer? 1 Yes 2 No 25. Was case relatived to medical axaminer? 1 Yes 2 No 25. Was case relatived to medical axaminer? 1 Yes 2 No 26. Place of Deeth (Check only one) 27. Mennar of Deeth Check only one) 28. Data of Injury 28b. Time of 10 10 10 10 10 10 10 1	0 3	ache ache	hysic	Part It. Other significant conditions cor	tributing to death but not resulting in the underlying cause gi	iven in Part I.		2000 070 000	11
24a. Was an autopsy performed? 24a. Was an autopsy performed? 24b. Were autopsy indidings available prior to completion of cause of death? 25c. Place of Death (Check only one) 25c. Was case referred to medical axaminer? 26c. Place of Death (Check only one) 27c. Mannar of Death 2		5.8	þ					2010	, X
25. Was case referred to medical axaminer? 1	ord	pinodi hould	eted						available prior to
25. Was case rafarred to medical axaminar? 1	Rec	hes yes	dmo				, by	o □ No	of death?
1 1 1 1 1 1 1 1 1 1	ital	or, of				26. Place of Deeth			TA BS ZEINO
1 Netural 25d Accidant 3 Suicida 4 Homicide 5 Pending invastigation 5 Accidant 3 Suicida 4 Homicide 5 Pending invastigation 5 Accidant 5 Pending invastigation 5 Accidant	> TC	his ce		1 X Yas 2 No	1 LI Inpatiant 2 LER/Outpatient 3 LI DOA	4 🗆 Nursing nor	na 5□ Rasider	ice 6 DOth	ar (Specify)
29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. License number 29e. License number 29e. License number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print) Thomas May 26, 1999 31. Data filed (Month, Day, Year) 32. Registrar's Signatura	ono	tun tun	tion:	1 □Netural 5 □ Pending	(Month, Day Year) Injury Wo	ork?	28d. Dascribe hov	injury occur	red Cutyet Cluve, of
29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. Certifiar (Check only one) 29e. License number 29e. License number 29e. License number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print) Thomas May 26, 1999 31. Data filed (Month, Day, Year) 32. Registrar's Signatura	Visi	or deed octor: by the	ifica	3 Suicida 6 Could not be	28a. Place of Injury - At home, farm, street, factory, office		281. Location (Stre	et and Numb	er or Rural Route Number.
30. Nama and address of person who completed cause of daath (Itam 23a) (Type, Print) Thomas Mary 26, 1999 111 Penn Street, Baltimore, Maryland 21201 State 31. Data filed (Month, Day, Year) 32. Registrar's Signatura		led in		4 Tromode		/	Veck food	n frince	ent 13 + Merels
30. Nama and address of person who completed cause of daath (Itam 23a) (Type, Print) Thomas Mary 26, 1999 111 Penn Street, Baltimore, Maryland 21201 State 31. Data filed (Month, Day, Year) 32. Registrar's Signatura	2	24 hou	dicai	(Check only 2 Medical Examin	ner: On the basis of examination and/or invastigation, in my				
30. Nama and address of person who completed cause of daath (Itam 23a) (Type, Print) Thought Many 111 Penn Street, Baltimore, Maryland 21201 State 31. Data filed (Month, Day, Year) 32. Registrar's Signatura	To the	within To the		29b. Signatura and titla of certifier		se number	29	d. Data signe	d (Month, Day, Year)
State 31. Data filed (Month, Day, Year) 32. Registrar's Signatura				Tholand.	Ling my	O.C.M.E		May 26	, 1999
State 31. Data filed (Month, Day, Year) 32. Registrar's Signatura		/	8	30. Nama and addrass of person who co		treet Ral	timore	Marrola	nd 21201
		Sta	te	8.8 8.5	32. Registrar's Signatura	Lect, Dat	CAROLO,		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended item #16b, Per F.D. State of Maryland / Department of Health and Mental Hygiene 5/28/99, Carroll County, cew Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month Waldner Mary /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** t birthday) If Under 1 Year Month Deys west muster Carroll buthern Ullage Carroll 5. Sociel Security Number If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Yeer) Birthplece (Stete or Foreign Country) **Funeral** 1□M 200 F 75 Director 216-14-4653 12/11/1923 MARYLAND Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. tnside City Limits 28a-f show Examiner name be notified at Director CARROLL 1 ☐ Yes 2√ No MD. REISTERSTOWN 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò items 23a 3703 CLYDESDALE RD. 21136 USA. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. permit. Pages 1 end 2 should be filled within 72 hours efter of Copertment of Health end Mental Hygiene. Important if Item 27 is marked other than "naturel", or ite 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed traumetic event, the Medical 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry **EDUCATION** Elementary/Secondery (0-12) College (1-4or 5+) 12 SECRETARY **EDUCARION** 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be CHARLES F. JOHNSON HELEN ROSE KENNEDY 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) it of Health e If Item 27 is or other trai GEORGE C. WALDNER -HUSBAND 3703 CLYDESDALE RD., REISTERSTOWN, MD.21136 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) MD. VETERANS CEMETERY 6/1/99 OWINGS MILLS, Md. 21. Signature of Funeral Service License 22. Neme end Address of Fecility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD. 21157 ter.the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, heigh failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Final Squamous Cell CA(L) diseese or condition resulting in death) Metastura Examiner Due to (or es e conseguence of): Examiner Mercustusis The lew requires that the death certificete be executed shysician and the buriel-trensit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760. Physician/Medicai Due to (or es e consequence of): Pert it. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Cevebral Edeme ρ Records. Sign 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? page 2 s 1 ☐ Yes 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: Be 25. Was case referred to medical 26. Plece of Death (Check only one) Hospital: 1 Yes 20 No Other: 5 ☐ Residence 6 ☐ Other (Specify) 10 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 28a. Dete of tnjury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: After Division 5 Pending investigation 1. Naturel 2 Accident s efter dea...ral Director: Aftr 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 Homicide within 24 hours of To the Funeral D completely filled Hospital ay ourred et the time, date end place, end due to the cause(s) end menner as steted.

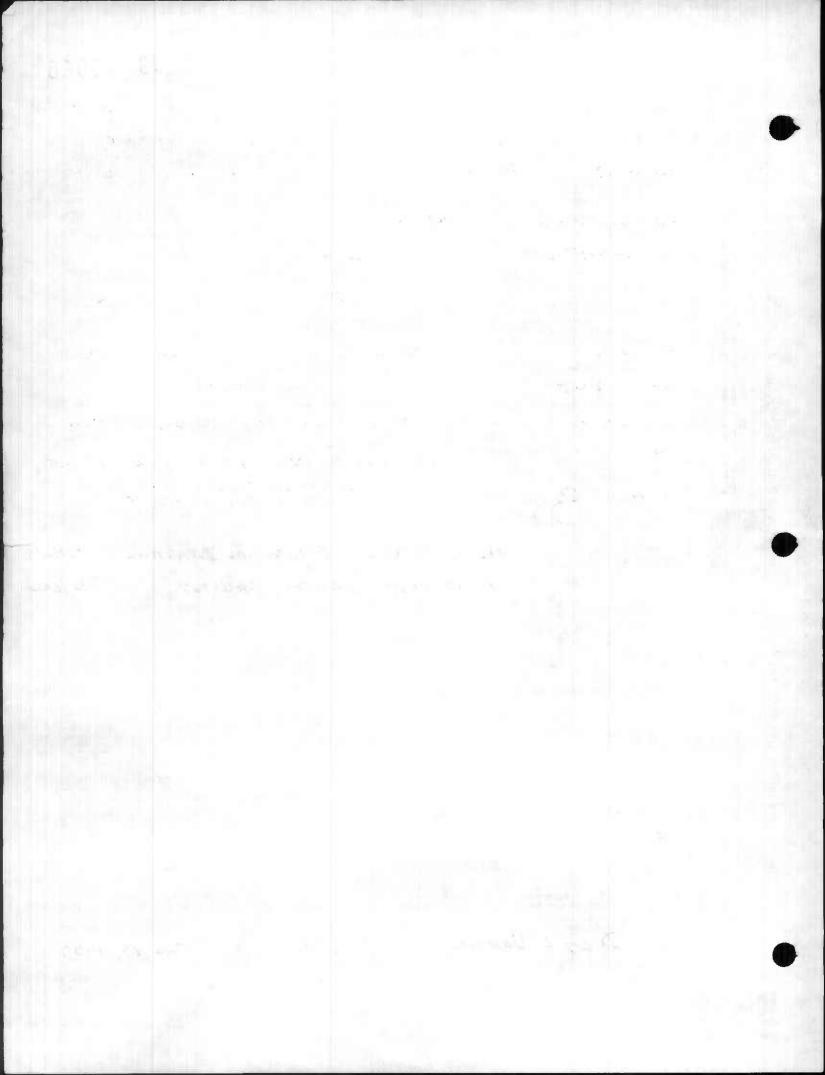
The state of the time, date end place, end due to the ceuse(s) and place, end due to the ceuse(s). 29a. Certifier Certifying Physician: To the Medical it of my knowled To the 29b. Signature and title of certific 29c. License number 29d. Date signed (Month, Day, Year) 137949 30. Name and eddress of person 23a) (Type, Print) بلاسه Alexander Burdered 32. Regist(ar's Signature 205 Ste Marte Ween "weremmeer, MM 21157 31. Dete filed (Month, Day, Year) State Registrar MAY 2 8 1999 **DHMH 16 Rev 6/95**



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Deeth Month **Physician** ADELE H. ANDREWS 10:37A 1999 June 12 /Medical 4b. City, Town, or Location of Death 4e Fecility Neme (If not institution, give street end number) 4c. County of Death Examiner Fallston General Hospital Fallston Harford Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Year) March 4, 1920 9. Birthplece (State or Foreign Country) New Jersey 5. Sociel Security Number 7. Aga (In yrs. lest birthday) **Funeral** 1□ M 2)() F Yrs. 142-09-3084 **Director** Usuel Residence of Decedent the Manyland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1 Yes 2 □ No Directo Maryland Harford Bel Air 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code Pages 1 and 2 should be filed within 72 hours after deeth with tent of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or Items 23a or ? "natural", or items 23s or adical Examiner must be 1314 Southwell Lane 21014 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 🕱 No If Yes, Giva Year or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by White 3 N Widowed 4 □ Divorced Completed The Medical 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th grade Budget Analyst U.S. Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Louis Derensiye Mali (Unknown) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) 402 Streamside Drive, John L. Szarka (Son) Fallston. MD. 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition Date 20c. Location - City or Town, Stete Important: If it any injury or c 1 Buriel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Bel Air Memorial Gardens 6/15/99 Bel Air. Maryland 22. Name end Address of Facility Schumunek Funeral Home of Bel Air, Inc. 21. Signeture of Funerel Service Licensee Market 610 W. MacPhail Road, Bel Air, MD. 21014 23a. Pert1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. Approximata Intervel Between Onset end Death **Physician** Immediate Cause (Finel disease or condition resulting in death) ACUTE INFERIOR MYOCARDIAL INFARCTION /Medical 10 HORS. **Examiner** Due to (or es a consequence of): ADULT DNSET Physician/Medical Examiner 10 YEARS MOUSTUS DIABETES physician end the burial-transit that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or as e consequence of): Box 68760, Due to (or es e consequence of): attending pl signed by the a d be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23h. Did tobacco use contribute to the cause of death? P.O. 1 Yes 2K No 3 Probably 4 Unknown Division of Vital Records, by 24b. Ware eutopsy findings aveilable prior to completion of cause of deeth? 24e. Wes an eutopsy performed? Completed certificata has t lirector, page 2 s 1 ☐ Yes 2 No 25. Wes case refarred to medical examinar? Be 26. Plece of Death (Check only one) To Hospitel: 1 ☐ Inpatient Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 20 ER/Outpetient 3 DOA this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Injury 28c. fnjury et Work? 28d. Describe how injury occurred Certification: After e Hospital or n. 24 hours after death. or Attending 198 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident the Funeral Direction of the Funeral Direction 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1 🗡 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) end menner es steted. Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end place, end dua to the cause(s) end menner steted. To the F within 2. To the F complete 29b. Signature and title of certifier 29c. Licanse number 29d. Data signed (Month, Dey, Year) Dean L. Vanar D16036 30. Neme end eddress of person who completed cause of death (Item 23a) (Type, Print) 104 Plumtree Rd Bel Air Maryland 21015 Dean L. Vassar 32. Registrar's Signature 31. Date filed (Month, Day, Year)
JUN 15 oaks

DHMH 16 Rev 6/95

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. 9 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month Edward Lee Atkins **Physician** 9, JUNE 1999 1519 PM /Medical 4a Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner n/a 124 W. FRANKLIN STREET APT.#414 BALTIMORE CITY If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year 5. Social Security Number 6 Sax Birthplaca (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** Months Days 1⊠X0 2□ F 214-24-5537 74 Yrs Director May 29, 1925 Va Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ehow "natural", or itema 23a or 28a-f ehov Md. n/a 1 Xes 2 □ No Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 124 W. Franklin Street Apt. 414 21225 USA pemit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or itema 23a any injury or other treumatic event, the Medical Examinat must believe. Funerai 12. Wes Decedant Evar in U,S Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marifal Status 1 Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Giva Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: by Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Merchant Seaman Seafarers Union 12th Grade 17. Father's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Thomas Atkins Frances Mitchell 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3217 Northmont Road Baltimore, Md. 21244 19e. Informent's Neme/Relationship (Type, Print) COUSIN Olellian M. Hill 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20a Method of Disposition Date 1 Spriel 2 Cramation 3 Removel from State Loudon Park Cemetery 4 Donetion 5 Other (Specify) June 15 Baltimore, Md. 22. Name and Address of Fecility Nutter Funeral Homes, Inc. 21. Signetur of Funerel Sa 2501 Gwynns Falls PKWY Baltimore, Md. 21216 he deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, on each line. 23a. Pert1. Enter the disease, or complications that shock, or heert failure. List only one cause on Approximete tritervet Between Onset and Death **Physician** Immediate Ceuse (Final disaese or condition resulting in death) /Medical Cardiovascular Disease ypertensive Atherosclerotic Examiner Due to (or es a consequence of) Examiner Sequentielly list conditions, if any, leeding to immediata causa. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Box 68760, Physician/Medical Dua to (or as a consequance of): 88 signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Diabetes mellitus Records, by 24b. Were eutopsy findings eveilable prior to Completed 24a. Wes en eutopsy partial completion of cause The lew page 2 1 Ces 2 No Yes 2□ No certificate Division of Vital Attending Physician: director, Be 25. Was case referred to medical axaminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Nesidence 6 Other (Specify) Certification: To XX Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28e. Dete of tnjury (Month, Dey Year) funeral 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Naturel 5 Pending 1 Yes 2 No deeth. 2 Accident Investigation after deeth Diractor: 6 Could not be determined 3 Suicida 28e. Plece of Injury - At home, ferm, sfreet, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide ò within 24 hours a To the Funeral D Hospital 1☐ Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) and menner es stated.

2☑ Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end placa, end due to the cause(s) and menner stated. edicai 29a, Certifier (Check only one) the state 29b. Signetura end fitla of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 10, 1999 OCME JUNE 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

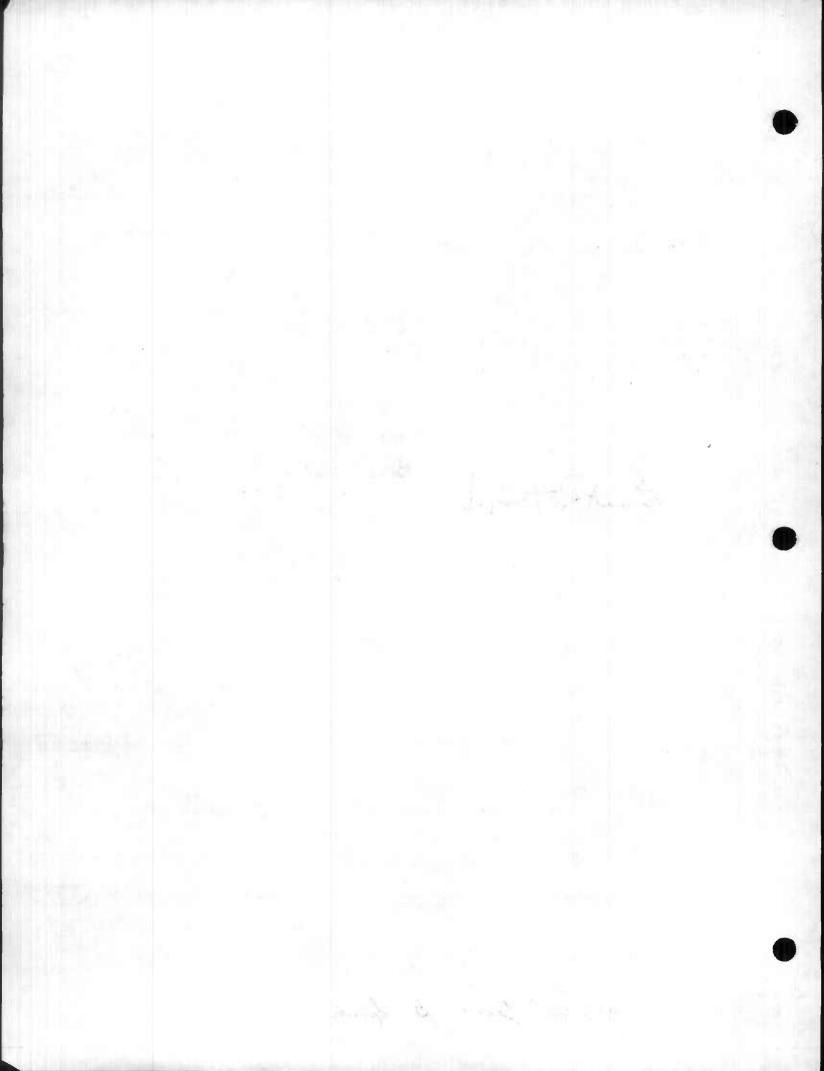
State Registrar

JUN 1 5 1999

Jennis

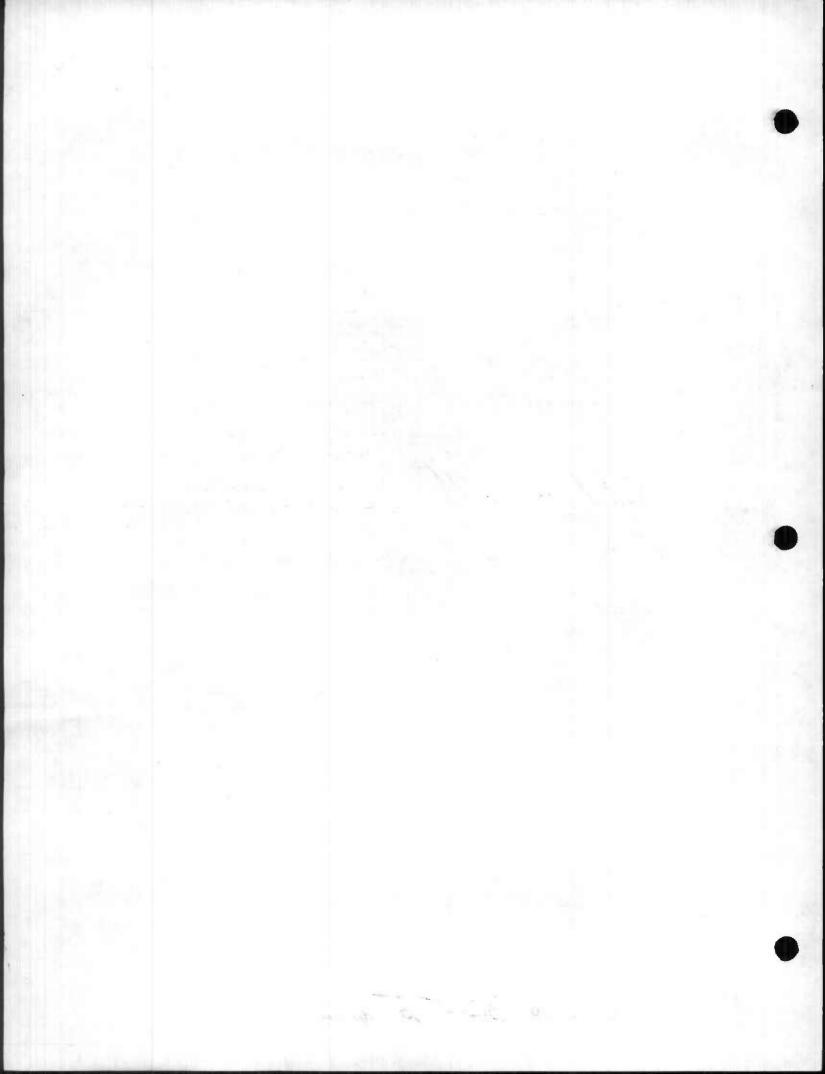
31. Dete filed (Month, Dey, Year)

(Kutp 111 Penn Street, Baltimore, Maryland 21201 w 32, Registrar's Signeture



Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.

nd Mental Hygiana. marked other than "natural", or frame 23a or 28a-f show matic event, tra Medical Examinations to notified at To Be Completed by Funeral Director	Usual Rasidance of Decedant 10a. Stata 10b. County MD Anne A 10e. Street and Number 130 Hearne Road 11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced (Specify only highast on Elementary/Secondary (0-12) 12 17. Fathar's Nama (First, Middla, Last Thomas H. Briddel	Apt. 100 Sax 1 M 2 F Trunde1 Apt. 10 12. Was Deceder Amed Forca 1 M 2 F If Yas, Giva Yas, Gi	14. Aga (In yrs		Months cation	Page Days Code L401	nnapol:	Irs. 8. Date of (Month,	6, 1999 ath 4c. County Anne Birth Day, Year) 21, 1944	9. Birthe Cour Mary	3. Time of Dea 8:30 pt ande1 place (State or For Infry) 1. Yas 2
the Medical Examiner of New 23s of 28s-f show the Medical Examiner of Section	4a Facility Nama (If not institution, ghter 130 Hearne Road 5. Social Security Number 218-42-9433 Usual Rasidance of Decedant 10a. Stata 10b. County MD Anne A 10b. Street and Number 130 Hearne Road 11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highast grade) Elementary/Secondary (0-12) 12 17. Fathar's Nama (First, Middla, Last Thomas H. Briddel	Apt. 100 Sax 1 M 257 F Arundel Apt. 10 12. Was Deceder Armed Forca 1 Yas, Giva Yaar or Datas: ducation ada completed) Collega (1-40	14. Aga (In yrs	y, Town or Locapolis	Months cation	Page Days Code L401	nnapol:	is 8. Date of (Month,	Anne Birth Day, Year) 21,1944	9. Birthe Cour Mary	inde1 placa (Stata or Fortify) /land Od. Insida City Lir 1 Yas 2
r than "natural, or items 23a or 28a-f show the Medical Examinar must be notified as notified as ompleted by Funeral Director	130 Hearne Road 5. Social Security Number 218-42-9433 Usual Rasidance of Decedant 10a. Stata 10b. County MD Anne A 10e. Street and Number 130 Hearne Road 11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highast grade) 12 17. Fathar's Nama (First, Middla, Last Thomas H. Briddel	Apt. 100 Sax 1 M 257 F Arundel Apt. 10 12. Was Deceder Armed Forca 1 Yas, Giva Yaar or Datas: ducation ada completed) Collega (1-40	14 Aga (In yrs. 54 10c. City Ann. 1004 Int Ever in U. 5?	y, Town or Locapolis	Months cation	Page Days Code L401	nnapol:	Is Irs. 8. Date of (Month,	Anne Birth Day, Year) 21,1944	9. Birthe Cour Mary	olaca (Stata or For ntry) 1and 10d. Insida City Lir 1 Yas 2
than "natural, or items 23s or 28s-f show the Medical Examination to a notice of the contract	5. Social Security Number 218-42-9433 Usual Rasidance of Decedant 10a. Stata 10b. County MD Anne A 10e. Street and Number 130 Hearne Road 11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced (Specify only highest on Elementary/Secondary (0-12) 12 17. Fathar's Nama (First, Middla, Last Thomas H. Briddel	Sax 1 M 2 F Tundel Apt. 10 12. Was Deceder Amed Forca 1 M 2 F If Yas, Giva Yaar or Datas: ducation ada completed) Collega (1-40)	Aga (In yrs. 54 10c. City Ann 004 nt Ever in U, s?	y, Town or Locapolis	Months cation	Days Code L401	If Under 24 F	Irs. 8. Date of (Month,	Birth Day, Year) 21,1944	9. Birthp Cour Mary	olaca (Stata or Foi ntry) 1and 10d. Insida City Lii 1 Yas 2
iene. Then "natural", or itema 23a or 28a-f show parties at the Medical Examiner must be notified at option ompleted by Funeral Director	Usual Rasidance of Decedant 10a. Stata 10b. County MD Anne A 10e. Street and Number 130 Hearne Road 11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highast on Elementary/Secondary (0-12) 12 17. Fathar's Nama (First, Middla, Last Thomas H. Briddel	Apt. 10 12. Was Deceder Amed Forca 1 Yas, Giva Yaar or Datas ducation ada completed) Collega (1-40)	10c. City Ann 004 nt Evar in U, s?	y, Town or Locapolis	10/. Zip	Code 1401	Hours N		21,1944	Mary	71and IOd. Insida City Li 1√2 Yas 2□
viana. Than "netural", or ite Tra Medical Examina Ompleted by Fui	MD Anne A 10e. Street and Number 130 Hearne Road 11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highast on Elementary/Secondary (0-12) 12 17. Fathar's Nama (First, Middla, Last Thomas H. Briddel	12. Was Deceder Armed Forca 1	Ann O4 ot Ever in U,	apolis	10f. Zip	1401			The second second		1 Yas 2
iana. r than "netural", or ite fra Medical Examine ompleted by Fur	10e. Street and Number 130 Hearne Road 11. Marital Status 1 Navar Married 2 Married 3 Newar Married 4 Divorced 15. Decedent's E (Specify only highast grade) Elementary/Secondary (0-12) 17. Fathar's Nama (First, Middla, Last Thomas H. Briddel	12. Was Deceder Armed Forca 1	004 nt Evar in U, s?	S. 13. W	21	1401		•	The second second	Vhat Cour	41.
plane. The Medical Examine Completed by Ful	130 Hearne Road 11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highast on Elementary/Secondary (0-12) 12 17. Fathar's Nama (First, Middla, Last Thomas H. Briddel	12. Was Deceded Armed Forca 1 Yas 29 Yas, Giva Yaar or Date: ducation ada completed) Collega (1-4c)	nt Evar in U, s?] No		21	1401			The second second	Vhat Cour	ntry?
viana. Than "netural", or ite Tra Medical Examina Ompleted by Fui	1 Navar Married 2 Married 3 Navar Married 2 Married 3 Navar Married 2 Married 15. Decedent's E (Specify only highast gri Elementary/Secondary (0-12) 12 17. Fathar's Nama (First, Middla, Last Thomas H. Briddel	Armed Forca 1	s?] No		Vas Deced Yas, spec	dent of H			USA		
r than "	(Specify only highast gridler) Elementary/Secondary (0-12) 12 17. Fathar's Nama (First, Middla, Last Thomas H. Briddel	ada completed) Collega (1-4o			☐ Yes		ispanic Origin? an, Mexican, Pu Specify:	(Specify Yas or arto Rican, atc.)	No- 14. Rac Blac Specify	k, Whita,	can Indian, atc. Thite
nd Mental Hygiana. merked other than " metic event, the Me To Be Comple	Elementary/Secondary (0-12) 12 17. Fathar's Nama (First, Middla, Last Thomas H. Briddel	Collega (1-4o		16a. Decede	ent's Usua	al Occupa	ation	wadkina	16b. Kind of Bu	usiness/Inc	dustry
nd Mental Hygiar marked other th matic event, the To Be Cor	17. Fathar's Nama (First, Middla, Last Thomas H. Briddel		r 5+)		norus ditor		during most of v f)	g	St.of Mo	I. In	соте Та
merked out	Thomas H. Briddel			Auc	11 001						
PEE	40 14 41 11 11					4		izabeth	dle, Maiden Sumam Barnes	a)	
alth ar 127 is er trau	19e. Informant's Name/Relationship (Bonnie B. Griffit			107 V	Wilde	ernes	st Lane		nber, City or Town, tilda, PA		
Department of Health important: If Item 27 any Injury or other tonce.	20a. Mathod of Disposition 1		a Mar	lace of Disposematary, crem	sition (Nar natory or o Vete	ma of other place rans	e) cem .	Data 6/10	20c. Location - Crownsv		
	23a. Part1. Enter the disease, or cent shock, or heart failure. List only	1 /1	ed tha death lina.	На	rdes	tv F	ss of Facility 'uneral 'Ave. A og, such as card	Home, P Annapoli diac or raspiratory	.A. s. MD 21 v arrest,	401	Approximata Interval Betwee Onsat and Dea
nysician Medical kaminer	Immediate Causa (Final disaasa or condition rasulting in death)	a. Coro	Dueno (o	r as a consequ	uence of):		ireare				1925
in and iel-transit Examiner		b. /H	merter	nnin							1990
physician and s the bunel-transit	Sequentially list conditions, if any, leading to immadiata causa. Entar Undardying Ceuse (Disaasa or Injury that initieted evants rasulting in death) Last		Dua to (or	r es e consequ	uence of):						
burie	causa. Entar Undarlying Ceuse (Disaasa or Injury	c. M	nord	ober	uty						1990
0 0	rasulting in death) Last	d	COP	as a consequ	uence of):			71		1	1920
for u											
igned by the ettending be deteched for use a by Physician/M	Part II. Other significant conditions of	contributing to death	but not rasu	ulting in tha un	derlying o	eusa givi	en in Part I.	1 2 2 2	ld tobacco use cor		o the cause of d bably 4□Un
2 should								24a. W	as an autopsy enformed?	av	are autopsy find ailabla prior to implation of caus death?
pege Con								1[jyas 2⊟No	1[☐Yes 2☐ No
i certificate has t lirector, pege 2 s	25. Was casa rafarred to medical examiner?						26. Place of I	Deeth (Check on	ly ona)		
To T	1 Yas 2 No	Hospital: 1 ☐ Inpa	tient 2	ER/Outpatient	3□ DC	OA Oth	er: 4 Nursin	g Homa 52A	asidence 6 □Oth	ar (Specif	y)
ath. r: Aftar the funeral	27. Manner of Deeth 1 ☑Natural 5 ☐ Pending 2 ☐ Accidant investigation	28a. Data of In (Month, L	jury Jay Year)	28b. Tima of Injury	M 2	28c. Injun Worl	yat k? Yes 2 □ No	28d. Dascrib	e how injury occur	red	
within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, pege Medical Certification: To Be Com	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicida determined	building,	atc. (Specify	1)				City or	n (Street and Numb Town, Stata)		
in 24 hou he Funer pletaly fill edical	29a. Certifiar 1 ☐ Certifying Ph (Check only one) 2 ☐ Medical Exam	nysician: To the bes miner: On the basis and mannar	of examinet	wiedge, death tion and/or inva	occurred astigation	at the tim , in my of	ne, date end pla pinion, death o	ace, end due to to courred at the time	he cause(s) and ma ne, date end place,	and due to	tated. tha cause(s)
To the	29b. Signature add title of certifier	1		4. 5	290	c. License	e number		29d. Data signe	d (Month,	Day, Year)
6	I fames MY	hypologo				D 29	5499		6[81	99	
	30. Nama and addrass of person who	complated causa of			dmi	1		chrane	Dr		apolis,



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiena Q Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death SOOKER **Physician** RESA 10:25 pm 09 1999 /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number)
HARBOR HOSPITA Examiner HOSPITAL BALTIMORE If Under 1 If Under 24 Hrs. 5. Social Security Number 9. Birthplace (State or Foreign 7. Age (In yrs. last birthday) **Funeral** Deys Months 1□M 25 F 218-14-678 T Usual Residence of Decedent Maryland Director 66 with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show namil. Pages 1 and 2 should be filed within 72 hours aftar daath with the Maryla Department of Health and Mental Hygiane.
Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, it a Medical Examinar must be notified at Md 112 Yes 2 □ No Director Himone 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 816 Funeral L66 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11. Maritel Status Black, White, etc. 1 Yes 2 No if Yes, Give Year or Dates: 1 Never Married 2 ☐ Married 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced act Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) tomema 17. Father's Name (First, Middle, Last) Mother's Name (First, Middle, Maiden Surname) 18 Be Parro 9a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Roral Route Number, City or Town, State, Zip Code) Stol M 120 Mer - Mother Roselun 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Dete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State Beltinore, 4 ☐ Donation 5 ☐ Other (Specify) Voshell Levelere Maryland 21. Signature of Funeral Service Licensee

22. Name and Address of Facility

23. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Belto. Md. Approximete Interval Between Onset and Death **Physician** a. A NOXIC ENCEPHA LOPATHY

Due to (or as a consequence of): /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examiner E PULMONARY
Due to (or as a consequence of): attending physician end for use as the burial-transit The law requires that the death certificate be assecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Division of Vital Records, P.O. Box 68760, Due to (or as e consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached ENSION 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to 24a. Was an eutopsy Be Completed completion of cause of death? has ja 2 pega 1 Yes 1 Yes 2 No 2 No certificate or Attending Physician: director, 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Hospital: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To this : After this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Naturel 5 Pending 1 Yes 2 No death. Investigation within 24 hours after death To the Funeral Director: / completely filled in by tha f 2 Accident 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homlcide Hospital 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai To the 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number

HOSP

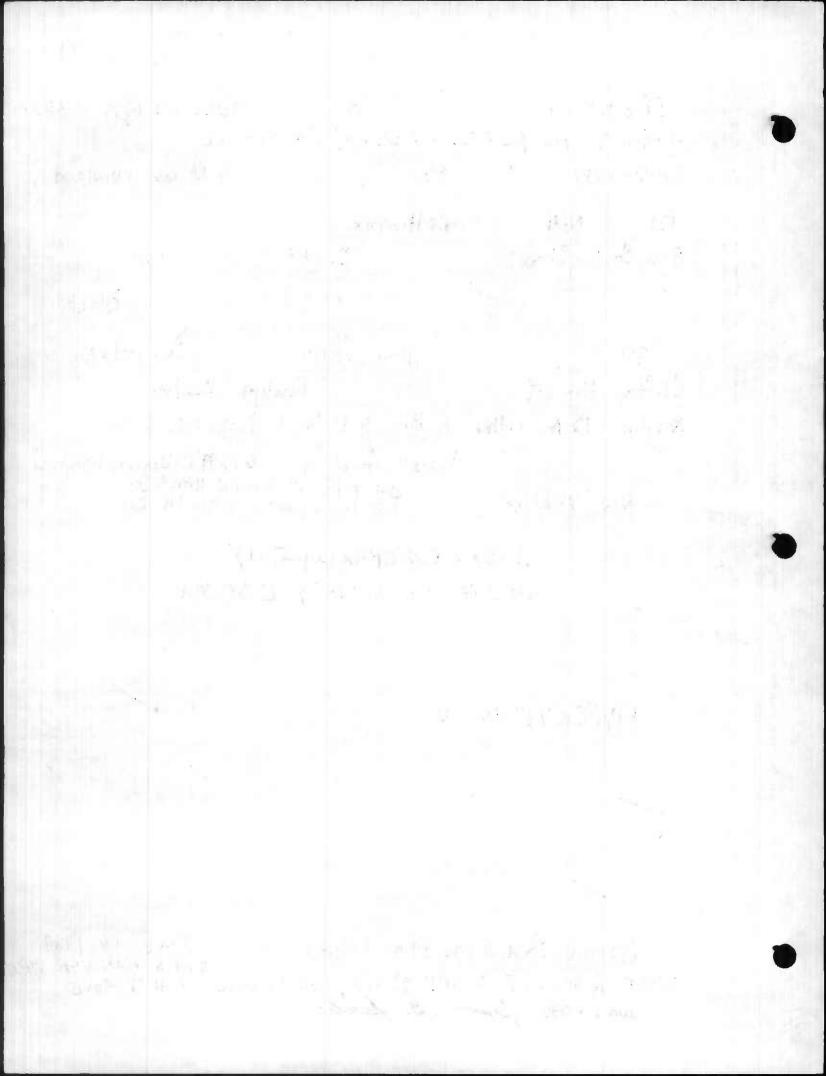
32 Registrar's Signature

Registrar

DHMH 16 Rev 6/95

CENTER.

S. HANOVER STREET



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

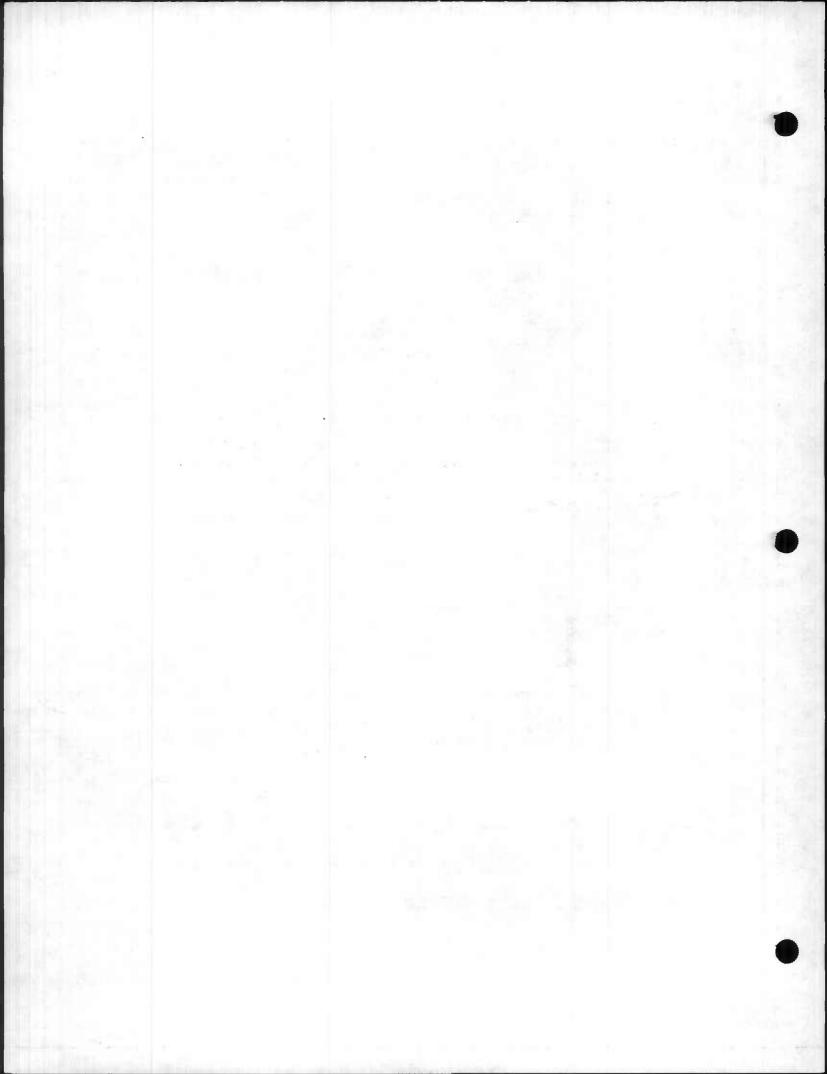
		Nema (First, Middle	, Last)			Certificate of	Douth		2. Dete of Deat			3. Time of Death
Physician /Medical	EDEANO		ЈОНА			BUCKI			JUNE 11	1		7:00 P.M
Examiner		ne (If not institution,	1 6	iumber)					ocation of Deeth	4c. County		
uneral	5. Sociel Securi	ARUNDEL H	6. Sex	7. Age //	In yrs. last birtho	(av) If Under 1 Year	GLEN If Under		8. Data of Birth (Month, Day,			INDEL
runeral	220-03		1□ M 🔊 F		85 Yrs	Months Devs	Hours	Min.	(Month, Dey, FEB 4.			hplece (State or Forei untry) RYLAND
	Usual Residand			1					EDD . T,	1713	T. T.	
ahora da	10a. Stete	10b. County	ADIMDET	11	0c. City, Town o		TTE					10d. tnside City Limi 1 ☐ Yas 2 🖺 N
be notified at Director	MARYLAN		ARUNDEL			MILLERSVI	LUE			0. 02		
	10e. Street end	ROCKWOOD				10f. Zip Code	21108	2	"	0g. Citizen of	U.S	
r Nome 23a	11. Marital State		12. Wes De	cedent Eve	er in U.S.	13. Was Decedent of			ecify Yas or No-	14. Rac		rican Indian,
by by	3 ₩idowe	Merried 2 Merrie	Armed F	Forcas? 2X No Give		If Yes, specify Cut 1 ☐ Yas 2 No	oan, Mexicar	, Puèrto	Rican, etc.)		ck, White	
5 7 7	15	15. Decedent's	s Education	41	16a. De	ecedent's Usuel Occu	pation	t of work	ina	16b. Kind of B	usiness/1	Industry
	Elementery/S	Secondary (0-12)	1	(1-4or 5+)	lit	fe. DO NOT use retire	ed)	OF WORK	n'ig			
other than		8			BOOL	K BINDER	40 14-11-	de Maria	- AFIA BAI-date B	4-24-0		DERY
7 a m		me <i>(First, Middl</i> e, L SE:	.mSt)		TROTT			ors Name DLA	e (First, Middle, M	vaiden Sumen		KNOWN)
7 is marked of traumatic ave		's Name/Relationsh	in (Tyne Print)			lailing Address (Stree			al Routa Number	City or Town		
	The second secon	J. BEAT		HTER)		4 SEVERN R						
r other tr	20a. Method of					isposition (Neme of cremetory or other ple	acal	16	/14/99	20c. Location	- City or 1	Town, State
The Second		2 X Cremetion on 5 ☐ Other (Sp				AKE CREMAT		1		TEVENS	VILL	E. MD.
mportant: I any injury o	21. Sgrature o	Filmeral Service L	icensee			22. Nama and Addre						
ESS	1	Why	00.			1 SECOND A						
	23a Port1 Ent	100		pair.		1 DECOMD	AVENUE	, 0.	W., GLEI	A DOKIAT	E, E	D. 21001
	shock or	ter tha disease, or o	plicetions thet	caused the	e death. Do not	enter the mode of dy					.E., P.	Approximate
sician	shock, or	ter tha diseese, or o heert feilure. List d	only one ceuse on	eech line.		enter the mode of dy	ing, such es	cardiac (or respiretory erre	est,	1	Approximate Intervel Between Onset end Deeth
ledical	Immediate Ceu	heert feilure. List o use (Finel dition	only one ceuse on	eech line.		enter the mode of dy	ing, such es	cardiac (or respiretory erre	est,	1	Approximate Intervel Between Onset end Deeth
ledical aminer	Immediate Ceu diseese or cone resulting in dee	heert feilure. List o use (Finel dition	only one ceuse on	eech line.			ing, such es	cardiac (or respiretory erre	est,	1	Approximate Intervel Between Onset end Deeth
ledical aminer	shock, or Immediate Ceu disease or con resulting in dee	heert feilure. List of use (Finel dition oth)	only one ceuse on	7 SR Du	e to (or es e cor	enter the mode of dy	ing, such es	cardiac (or respiretory erre	est,	1	Approximate Intervel Between Onset end Deeth
ledical aminer Examiner	shock, or Immediate Ceu diseese or con- resulting in dee Sequentielly lis if eny, leeding t	heert feilure. List of use (Finel dition oth)	only one ceuse on	7 SR Du		enter the mode of dy	ing, such es	cardiac (or respiretory erre	est,	1	Approximate Intervel Between Onset end Deeth
ledical aminer Examiner	shock, or Immediate Ceu diseese or con- resulting in dee Sequentielly lis if eny, leeding t	heert feilure. List of use (Finel dition ath) at conditions, to immediate Inderlying e or Injury rents	only one ceuse on	T GR Du	e to (or es e con	enter the mode of dylenger the mode of dylenger the mode of the mo	ing, such es	cardiac (or respiretory erre	est,	1	Approximate Intervel Between Onset end Deeth
s physician and is the burial-transit edical Examiner	shock, or Immediate Ceudiseese or concresulting in dee Sequentially lisi if eny, leeding t cause. Enter U Cause (Disease that initiated ev resulting in dea	heert feilure. List of use (Finel dition ath) at conditions, to immediate Inderlying e or Injury rents	only one ceuse on	T GR Du	e to (or es e cor	enter the mode of dylenger the mode of dylenger the mode of the mo	ing, such es	cardiac (or respiretory erre	est,	1	Approximate Intervel Between Onset end Deeth
s physician and is the burial-transit edical Examiner	shock, or Immediate Ceudiseese or concresulting in dee Sequentially lisi if eny, leeding t cause. Enter U Cause (Disease that initiated ev resulting in dea	heert feilure. List of use (Finel dition ath) at conditions, to immediate Inderlying e or Injury rents	only one ceuse on	T GR Du	e to (or es e con	enter the mode of dylenger the mode of dylenger the mode of the mo	ing, such es	cardiac (or respiretory erre	est,	1	Approximate Intervel Between Onset end Deeth
ittending physician and items it is burial-transit in items is set the burial-transit in items is item. Items is items items in items item	shock, or Immediate Ceudiseese or concresulting in dee Sequentially lisi if eny, leeding t cause. Enter U Cause (Disease that initiated ev resulting in dea	heert feilure. List of use (Finel dition ath) at conditions, to immediate Inderlying e or Injury ents	b d	Du	e to (or es e con	enter the mode of dylenger the mode of dylenger the mode of the mo	ing, such es	Cardiac o	OLOVAS	SEAJ	R	Approximate Intervel Between Onset end Deeth
of by the attending physician and inside the principal seached for use as the burial-transit aurille. Physician/Medical Examiner	shock, or Immediate Ceudiseese or concresulting in dee Sequentielly lisif eny, leeding to cause. Enter U Cause (Disease that initiated everesulting in dea	heert feilure. List of use (Finel dition ath) at conditions, to immediate Inderlying e or Injury rents ath) Lest	bd	Du Dudedeath but n	e to (or es e con e to (or es e con e to (or es e con not resulting in th	enter the mode of dylenger of the content of the co	ing, such es	Cardiac o	O I O V A S	SEAJ	r contribute	Approximate Intervel Between Onset end Deeth S Y SA
gned by the attending physician and be detached for use as the burlat-transit by Physician/Medical Examiner	shock, or Immediate Ceudiseese or concresulting in dee Sequentielly lisif eny, leeding to cause. Enter U Cause (Disease that initieted ev resulting in dea	ise (Finel dition sth) at conditions, to immediate landerlying a cert or injury ents with) Lest	a. A.C. b	Du Du death but n	e to (or es e con e to (or es e con e to (or es e con not resulting in th	enter the mode of dy STEPT (Consequence of): Insequence ing, such es	V2 [23b. Dld to	SCAS	ontribute	Approximate Intervel Between Onset end Deeth S	
gned by the attending physician and be detached for use as the burlat-transit by Physician/Medical Examiner	shock, or Immediate Ceudiseese or concresulting in dee Sequentielly lisif eny, leeding to cause. Enter U Cause (Disease that initieted ev resulting in dea	ise (Finel dition sth) at conditions, to immediate landerlying a cert or injury ents with) Lest	a. A.C. b	Du Du death but n	e to (or es e con e to (or es e con e to (or es e con not resulting in th	enter the mode of dylenger of the content of the co	ing, such es	V2 [O I O V A S	SPAJ	ontribute 3 Pr	Approximate Intervel Between Onset end Deeth S
hes been signed by the attending physician and go 2 should be detached for use as the burial-transit augment and go 2 should be detached for use as the burial-transit and go 2 should be detached for use as the burial-transit and go 2 should be a	shock, or Immediate Ceudiseese or concresulting in dee Sequentielly lisif eny, leeding to cause. Enter U Cause (Disease that initieted ev resulting in dea	ise (Finel dition sth) at conditions, to immediate landerlying a cert or injury ents with) Lest	a. A.C. b	Du Du death but n	e to (or es e con e to (or es e con e to (or es e con not resulting in th	enter the mode of dy STEPT (Consequence of): Insequence ing, such es	V2 [23b. Did to	sest,	ontribute 3 Pr	Approximate Intervel Between Onset end Deeth Onset end Deeth S	
ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit aution of the page 2 should be detached for use as the burial-transit aution of the page 2 should be detached for use as the burial-transit aution of the page 2 should be page 2 should be page 2 should be page 3 should be	shock, or Immediate Ceudiseese or concresulting in dee Sequentielly list if eny, leeding to cause. Enter U Cause (bisease that indisease that indised evresulting in dea Part II. Other elections of the Cause (bisease that indisease that indisea	heert feilure. List of use (Finel dition sth) at conditions, to immediate for immedia	a. A.C. b	Du Du death but n	e to (or es e con e to (or es e con e to (or es e con not resulting in th	enter the mode of dy STEPT (Consequence of): Insequence ing, such es	V2 [23b. Dtd to 1 Ye	bacco use co	ontribute 3 Pr	Approximate Intervel Between Onset end Deeth S	
s certificate has been signed by the attending physician and graditicator, page 2 should be detached for use as the burial-transit auticator, page 2 should be detached for use as the burial-transit on the completed by Physician/Medical Examiner	shock, or Immediate Ceudiseese or concresulting in dee Sequentielly list if eny, leeding to cause. Enter UCause (Disease that initiated evresulting in dea Part II. Other set Concrete Concre	set (Finel dition sth) at conditions, to immediate Inderlying e or Injury rents with) Lest CHERA CHERA CHERA	b c d	Du Duck Ci A	e to (or es e con e to (or es e con e to (or es e con not resulting in th	enter the mode of dy STET (Consequence of): Insequence	ing, such es	Cardiac of Death	23b. Dtd to 1 Ye 24a. Was ei perform	sest, SCUL SCAS Sbacco use co ses 2 No n eutopsy ned?	mtribute 3 Pr	Approximate Intervel Between Onset end Deeth Onset end Deeth S Y SA Ware entopsy finding evelleble prior to completion of cause of deeth?
his cartificate has been signed by the attending physician and aldirector, page 2 should be detached for use as the burial-transit. To Be Completed by Physician/Medical Examiner	shock, or Immediate Ceudiseese or concresulting in dee Sequentielly list if eny, leeding to cause. Enter U Cause (bisease that initiated evresulting in dea Part II. Other electric Cause (bisease that initiated evresulting in dea 25. Wes case rexaminer? 1	set (Finel ditions, to immediate hiderlying e or injury ents with) Lest efferred to medical and	b c Hospitet: 28a. Date	Du Du Du Du Du Du Du Du Du Du	e to (or es e con e to (or es	enter the mode of dy	ing, such es CA iven in Pert I Calculate there: 4 Nu	Cardiac of Death	23b. Dtd to 1 Ye	sest, SCUL SCAS Abacco use co n eutopsy ned? ses 2 Abacco e)	ontribute 3 Pr	Approximate Intervel Between Onset end Deeth Onset end Deeth S
After this cartificate has been signed by the attending physician and tuneral director, page 2 should be detached for use as the burial-transit aution. To Be Completed by Physician/Medical Examiner	shock, or Immediate Ceudiseese or concresulting in dee Sequentielly list if eny, leeding to cause. Enter U Cause (Disease that initiated expresulting in dea Part II. Other set CAR 25. Wes case re examiner? 1 Yes 2	heert feilure. List of use (Finel dition att) at conditions, to immediate (Inderlying a or injury ents att) Lest gnificant condition OHERA ONIC eferred to medical 20.00	b d Hospitet: 1 28a. Date (Mo)	Du Duck Ci A	e to (or es e con e to (or es e con e to (or es e con tot resulting in th	enter the mode of dy STATIC Insequenca of): Insequenca	ing, such es CA iven in Pert I Calculate there: 4 Nu	cardiac of Death	23b. Dtd to 1 Ye 24a. Was er perform 1 Ye h (Check only on	sest, SCUL SCAS Abacco use co ses 2 No n eutopsy ned? ses 2 Abacco ses 2 Abacco ses 2 Abacco	ontribute 3 Pr	Approximate Intervel Between Onset end Deeth Onset end Deeth S Y S Y S Y S Y S Y S Y S Y S Y S Y S
After this cartificate has been signed by the attending physician and tuneral director, page 2 should be detached for use as the burial-transit aution. To Be Completed by Physician/Medical Examiner	shock, or Immediate Ceudiseese or concresulting in deer Sequentielly issif eny, leeding to cause. Enter U Cause (Disease that initiated evresulting in dear Part III. Other sleep Community of the Community of	set (Finel dition sth) at conditions, to immediate Inderlying e or Injury rents with) Lest gnificant condition PHERA PHERA Solventia investign of a Could in Investign of	b b c d Hospitet: 1 Hospitet: 1 28a. Date (Mo	Du Du Du Du Du Du Du Du Du Du	e to (or es e con e to (or es	enter the mode of dy STATIC Insequenca of): Insequenca	ing, such es iven in Pert I 26. Place ther: 4 Number 1 iven in Yes 2	Cardiac of Death	23b. Dtd to 1 Ye 24a. Was er perform 1 Ye 1 (Check only on me 5 Reside 28d. Describe ho	sest, SCOULD ontribute 3 Pr 24b. \ 1	Approximate Intervel Between Onset end Deeth Onset end Deeth S	
After this cartificate has been signed by the attending physician and tuneral director, page 2 should be detached for use as the burial-transit aution. To Be Completed by Physician/Medical Examiner	shock, or Immediate Ceudiseese or concresulting in dee Sequentielly lisifency, leeding to cause. Enter U Cause (Disease that initiated expresulting in dea Part II. Other significant of the cause of	set (Finel ditton sth) at conditions, to immediate Inderlying e or Injury rents with) Lest gnificant condition PHERA ON I C efferred to medical condition in I condition medical condition of the condition	b b c d Hospitel: 28a. Date (Mo build be ned build build be ned build build be ned build be ned build be ned build build be ned build be ned build build be ned build	Du Du Du Du Du Du Du Du Du Du Du Du Du D	e to (or es e con e to (or es	enter the mode of dy STOT (Consequence of): Insequence	ing, such es Ven in Pert I 26. Place ther: 4 Nu	cardiac of Death	23b. Dtd to 1 Ye 24a. Was el perform 1 Ye 1. Check only on me 5 Reside 28d. Describe ho 28f. Location (St. City or Town	bacco use co ses 2 No n eutopsy ned? e) ence 6 Ott ow injury occur reet end Numin, State)	ontribute 3 Pr 24b. \ 100 100 100 100 100 100 100 100 100 10	Approximate Intervel Between Onset end Deeth Onset end Deeth S
Funeral Director: After this certificate has been signed by the attending physician and tely filled in by the funeral director, page 2 should be detached for use as the burial-transit of page 1 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit.	shock, or Immediate Ceudiseese or concresulting in dee Sequentielly lisi if eny, leeding to cause. Enter U Cause (Disease that initiated expresulting in dea Part II. Other significant of the cause	set (Finel dition stoom of the conditions, to immediate inderlying a condition of the condi	b	Du Du Du Du Du Du Du Du Du Du Du Du Du D	e to (or es e con e to (or es	enter the mode of dy STATIC Consequence of): Insequence	ing, such es iven in Pert I 26. Place ther: 4 Nu	cardiac of Death	23b. Dtd to 1 Ye 24a. Was el perform 1 Ye 28d. Describe ho 28f. Location (St City or Town	obacco use co	ntribute 3 Pr 24b. \ 1 24b. \ 1 aner (Spectred)	Approximate Intervel Between Onset end Deeth Onset end Deeth S Y SA Y SA Y SA Y SA Y SA Y SA Y SA Y
Funeral Director: After this certificate has been signed by the attending physician and tely filled in by the funeral director, page 2 should be detached for use as the burial-transit of page 1 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit.	shock, or Immediate Ceudiseese or convresulting in dee Sequentielly list if eny, leeding to cause. Enter U Cause (Disease that initiated everesulting in dea Part II. Other signature of the cause of	ise (Finel dition sth) at conditions, to immediate inderlying or Injury ents gnificant condition OHERA Pedent 5 Pending investige of Could nudetermind deleming 2 Medical E	b	Du Du Du Du Du Du Du Du Du Du	e to (or es e con e to (or es	enter the mode of dy STATE (Consequence of): Insequence	ing, such es iven in Pert I 26. Place ther: 4 Numper I iven date en opinion, dea	cardiac of Death	23b. Dtd to 1 Ye 24a. Was er perform 1 Ye 1 (Check only on me 5 Reside 28d. Describe ho 28f. Location (St City or Town end due to the ce ed et the time, di	bacco use co	ntribute 3 Pr 24b. \ 10 24b. \	Approximate Intervel Between Onset end Deeth Onset end Deeth S
he Funeral Director: After this certificate has been signed by the attending physician and pletely filled in by the funeral director, page 2 should be detached for use as the burial-transit of pletely filled in by the funeral director, page 2 should be detached for use as the burial-transit of pletely filled in a funeral director. To Be Completed by Physician/Medical Examiner	shock, or Immediate Ceudiseese or convresulting in dee Sequentielly list if eny, leeding to cause. Enter U Cause (Disease that initiated everesulting in dea Part II. Other signature of the cause of	set (Finel dition stoom of the conditions, to immediate inderlying a condition of the condi	b	Du Du Du Du Du Du Du Du Du Du Du Du Du D	e to (or es e con e to (or es	enter the mode of dy STATIC Insequenca of): Insequenca	ing, such es iven in Pert I 26. Place ther: 4 Numper I iven date en opinion, dea	e of Death	23b. Dtd to 1 Ye 24a. Was eperform 1 Ye 1 (Check only on me 5 Reside 28d. Describe ho	obacco use co	ntribute 3 Pr 24b. \ 10 24b. \	Approximate Intervel Between Onset end Deeth Onset end Deeth S

State Registrar

31. Dete filed (Month, Day, Year)

S2. Registrer's S

JUN 1 5 1999



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Paula Butler 16:30 1999 June 4c. County of Death 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death Baltimore Randallstown Hospital Center Northwest If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign 218-96-0369 Days 30 Yrs. Months 10 M 20 F Yland Usuel Residence of Decedent 10b. County 10a. State 10c. City, Town or Location 10d. Inside City Limits Woodlaws 1 ☐ Yes 2 No Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Aurora 12. Was Decedent Ever in U,S.
Armed Forces?

1 Yes 2 You
If Yes, Give
Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cubar, Mexican, Puerto Rican, etc.) 11. Maritel Stetus Black, White, etc. 1 Never Married 2 Married 1□ Yes 2□No 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Manage 12th Grade 17. Father's Neme (First, Middle, Last). 18. Mother's Name (First, Middle, Maiden Sumame) John Bus Barnes (stace 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) Buy AVR. Battimon, Maryland 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme and Address of Fecility KCVIN A. Parker Funeral Home 21. Signeture of Funeral Service Licensee 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death Adult respiratory distress syndrome
Due to (or as e consequence of): Immediete Ceuse (Final / week diseese or condition resulting in deeth) 8 days Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Due to (or es a consequence of): Small bowel infarction Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown obesity 24b. Were eutopsy findings available prior to Ventral hernia 24a. Wes an autopsy performed? completion of death? 1 Des 2 No 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3□ DOA 27. Manner of Death 1 Divelurel 28d. Describe how injury occurred 28b. Time of 5 Pending investigation

Examiner physician and the burial-tran 68760 signed t Records,

Physician

/Medical

Physician

/Medical

Examiner

Funeral

Director

ahow

r than "natural", or Items 23a or 28a-f ahov tre Medical Examiner must be notified at

permit. Peges 1 end 2 should be filed within ? Department of Health and Mental Hygiene. Important: if item 27 is marked other than "any Injury or other traumatic event, to a hind obtals.

21215-0020

Mary iand

Baitimore,

Director

P

Completed

Be

Examin Physician/Medical by Be Completed Medical Certification: To

2 Accident

3 Suicide

29a, Certifier (Check only one)

4 Homicide

29b. Signature and title of certifier

Morbid

28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 1 Yes 2 No 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

10 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

6 Could not be determined

D47221

29c. License number

29d. Date signed (Month, Day, Year) June 12, 1999

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

M.D. Northwest Hospital Center Randallstown Maryland McDowell,

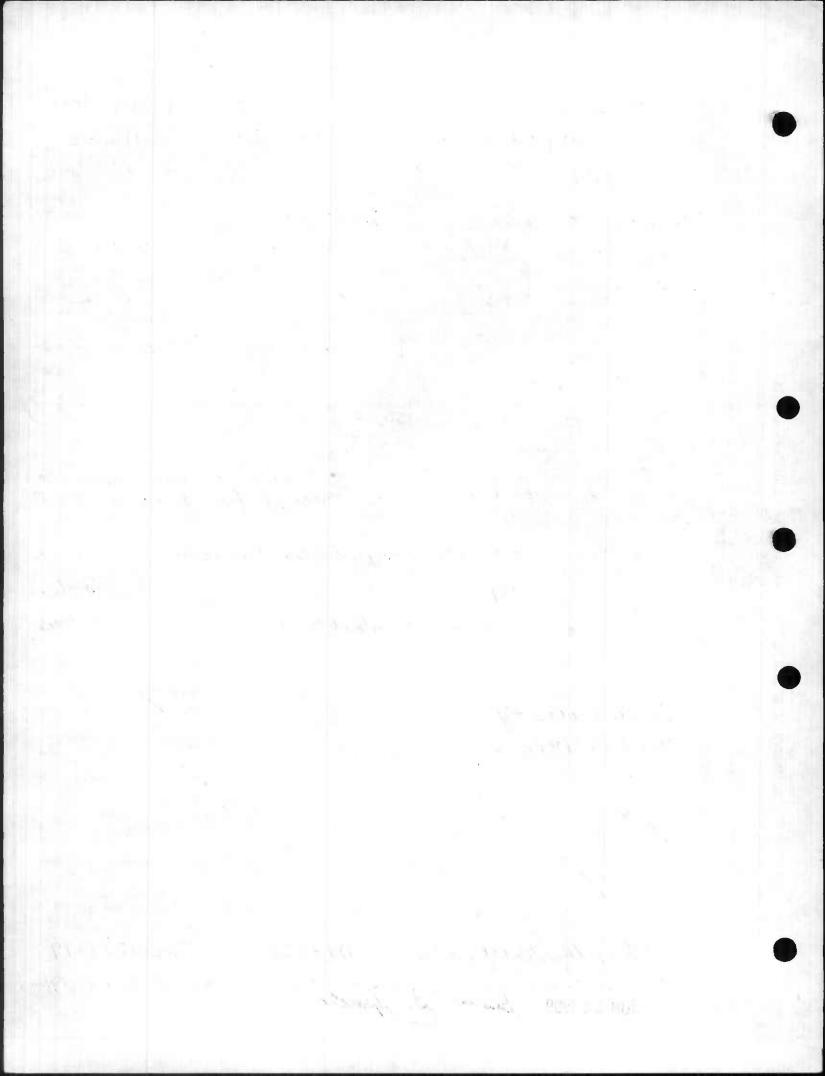
State Registrar

DHMH 16 Rev 6/95

Division of Vital

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director, I



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month Laura B. Bordley June 12 1999 7:14A.M. 4b. City, Town, or Location of Death 4a Facility Name (If not institution, giva street and number) 4c. County of Death 1624 Burrisville Road Centreville Quenn Anne If Under 1 Year | If Under 24 Hrs. | 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Hours Months 1□M 2♥F Nov. 26, 1944 217-42-7256 54 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limita 1 ☐ Yes 2 No Maryland Queen Anne Centreville 10e. Street and Number 10f. Zio Code 10g. Citizen of What Country? 1624 Burrisville Road 21617 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amaricen Indian, Black, White, etc. 1 Nevar Married 2 Married 1 Yes 2 No Specify: Specify: 3 Widowed 4 Divorced Black 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grads completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Cottege (1-4or 5+) Immigration Service Worker Federal Government 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) William Henry Bonds Sarah Morris 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Morris P. Bonds (brother) P.O.Box 443, Centreville, Maryland 21617 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ■ Buriat 2 □ Cremation 3 □ Ramoval from State 4 □ Donation 5 □ Othar (Specify) 6/16/99 Centreville, Maryland Chesterfield Cemetery 22. Name and Address of Facility
Bennie Smith Funeral Home
P.O.Box 1687, Easton, Maryland 21601 21. Signature of Funeral Service Elcensee 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart laiture. List only one cause on each line. Approximata tntervel Between Onset and Death Immediate Ceuse (Finat e mos disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Dua to (or as a consequence of) 23b. Did tobacco use contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yee 2 10 3 Probably 4 Unknown 24b. Were eutopsy lindings available prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 Yes 2 No 1 Yas 2 No 25. Was case referred to medical examinar? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d, Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accident

P.O. Box 68760

attending physician and I for use as the burial-transit signed by t peeu certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica

Physician

/Medical

Examiner

Funeral

Director

#how

288-1

b

"natural", or flems 23s

Hygiera.

permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy important: if flem 27 is marked other any Injury or other transfeed other.

Physician /Medical

Examiner

Examiner

Physician/Medical

by

Completed

Be

Certification: To

edicai

3 Suicide

29a. Certifier (Check only one)

4 Homicide

Baltimore, Maryland 21215-0020

Directo

Funeral

à

Completed

Be

Division of Vital Records,

Registrar DHMH 16 Rev 6/95

29b. Signature and title of confifier

6 Could not be

29c. License number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner steted.

29d. Date signed (Month, Day, Year)

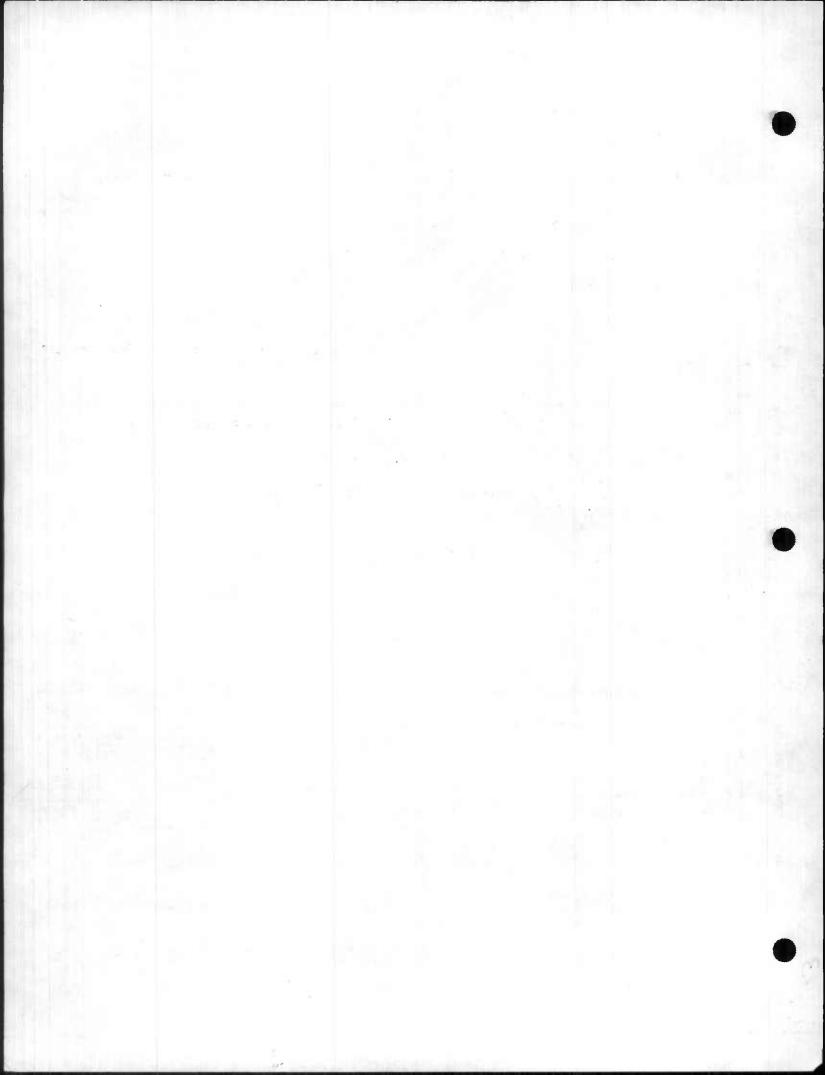
28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

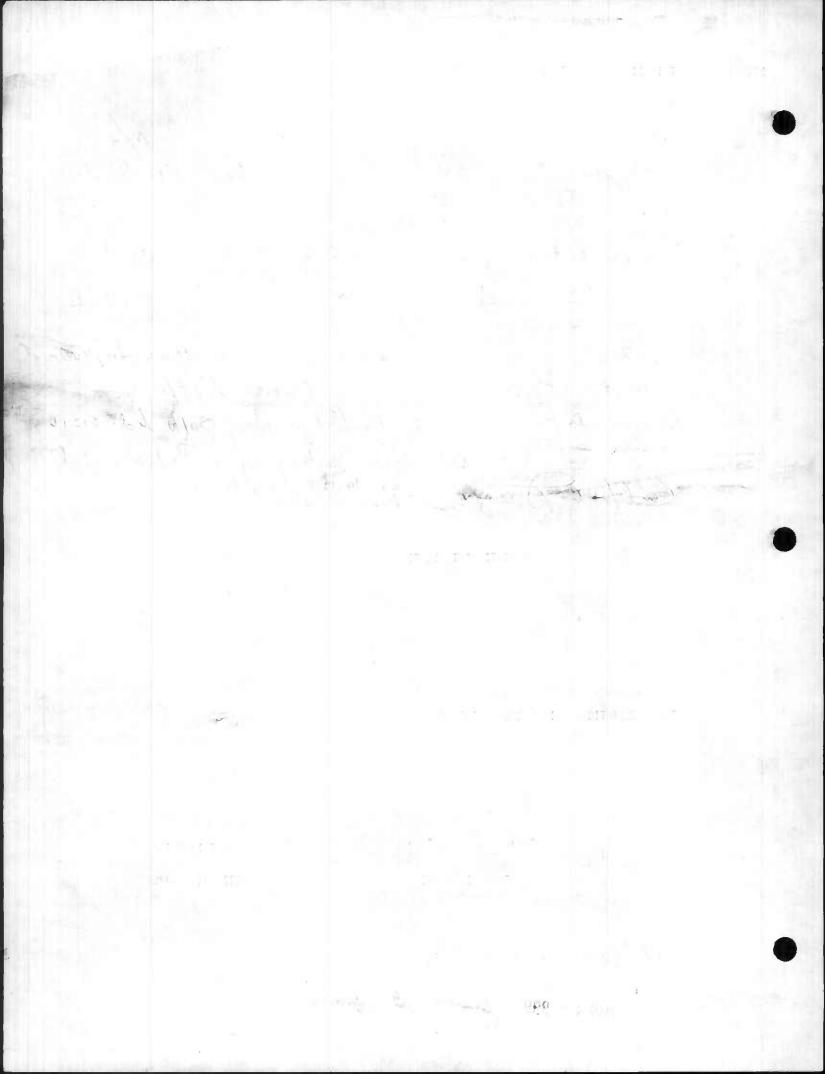
Russell A. Schilling, D.O., 2540 Centreville R. Centreville, Maryland 21617

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

31. Date filed (Month, Day Year) 32. Registrar's Signature



	B.K.S		Please Type or Print In Black Indelible Ink. Assure A			ble.
	MICHAE		State of Maryland / Department of Health and M	Mental Hy	QQ	19975
	ITEMS: #2	23 h	PART I, II, 27, 28A-F PER MEO G772 6-18-99 WiCertificate of Death 1. Dependent's Name (First, Middle, Last)	2. Date of D	Reg. No.	3. Time of Death
	Physici /Media		Michael Botes	JUNE JUNE	6, 1999	Year 0732 AM
	Examir		4a Facility Neme (If not institution, give street and number) 4b. City, Town, or L 3800 BOARMAN AVENUE BALTIMO		th 4s. County	or peath
_	- Francis		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.		irth /	9. Birthplace (State or Fgreign
	Funeral Director		220 50 -2128 119M 20F 50 Yrs. Months Days Hours Min.	8. Date of B	9 1948	Mary and
	Mand Mand		Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location		1	10d. Inside City Limits
	Mary and ah	tor	Md. N/A Baltimore			16 Yes 2 □ No
	or 28	Funeral Director	10e. Street and Number 10f. Zip Code		10g. Citizen of V	Vhat Country?
	ne 23a	eral	3411 Fow Latan Ave 21216 11. Marital Stetus 12. Wes Decedent Ever in U.S. 13. Was Decedent of Hispanic Origin? (Sp	pacifu Vac or N	U.	e - American Indien,
0	urs after death with the Manylan al', or Nems 23a or 28a-f show Examiner must be notified at	Fun	Armed Forces? If Yes, specify Cuban, Mexican, Puerto	o Rican, etc.)		ck, White, etc.
21215-0020	n 72 hours after death with the Maryland "natural", or Nerra 23s or 28s-f show sidest Examine: mair be notified at	d by	3 Widowed 4 Divorced If Yes, Give Year or Dates:		Specify	Place
15-	c .	Completed	15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired)	king	16b. Kind of Bu	usiness/Industry
212	d within giene. or then	Somp.	Elementary/Secondary (0-12) College (1-4or 5+)		Home	Improvement
bug	d be filed ental Hygi ed other c avant, to	Be	17. Father's Name (First, Middle, Last) 18. Mother's Name 19. Mother	ne (First, Middle	e, Maiden Surnam	(8)
Maryland	T W	ဥ	19a, Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Ru	wal Route Numi	FIL ber City or Town	State, Zip Code)
M.	de de de de de de de de de de de de de d	-	Bernice Batas 3411 Howhatan A	re. F	Solb. Le	d. 21216
ore	Pages 1 and of Heart: If Ham		20e. Method of Disposition 1 Burial 2 ACremetion 3 Removel from State	Date /	20c. Location	City or Town, Stete
altimore			4 Donation '5 Other (Specify) Creenmount Cemetery!	6/9/99	Daltin	none, hed.
Ba	Departimonts any injustice.		21. Sponting Funeral Service Contains 23. Name and Address of Fecility Do us loss Funera	Leru	1102	
	_		23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line.	or respiratory	arrest,	Approximete
	Physician					Intervel Between Onset end Death
	/Medical Examiner		temediate Cause (Final disease or condition a NARCOTIC INTOXICATION resulting in death)			
	n =	ner	Due to (or as e consequence of):			
	an and irial-transit	Examiner	Sequentially list conditions, if any leading to immediate			
760,	sician buria	-	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or es e consequence of):			
c 6876	ntificat ng phy s as th	Medi	resulting in death) Last			
Вох	v requires that the death certificate be been signed by the attending physici should be detached for use as the br	Completed by Physician/Medica	d			
o.	the de	hysic	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.		tobacco use cor	ntribute to the cause of death? 3 Probably 4 Unknown
S, D	gned to	by P	ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		2010	3 Probably 4 Onklown
ord	en si	peted		24a. We	s an eutopsy formed?	24b. Were autopsy findings evailable prior to completion of cause
Rec	The law sta has b page 2 s	mpf				of death?
a	Ifficate tor, pa	Be Co	25. Was case referred to medical 26. Place of Dea		Yes 2 No	120 Yes 2□ No
Division of Vital Records, P.O.	Physician: r this certific ral director,	ToB	NEXT examiner? Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing He	lome 5□Res	sidence XXIOth	er (Specify) AT SCENE
U C	After the funeral		27. Manner of Death 1 □ Netural 5 □ Pending (Month, Day Year) 1 □ Netural investigation investigation FoUnd: Found: M 1 □ Yes 2 ☒ No		how injury occurr	
N S	Attance r deatl	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office		(Street and Numb	O' BOWRMAN'S MYESS.
ā	ital or al Diri				E, MARYLAN	
	To the Hospital or Attanding Physician: The law within 24 burns after death. To the Funeral Director: After this certificata has completely filled in by the funeral director, page 2	edical	29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, the basis of examination and/or investigation, in my opinion, death occur and manner stated.			
	ro the Nithin To the	¥	29b. Signeture and title of certifier 29c. License number			d (Month, Dey, Year)
			Stush & Naclos MD O.C.M.E		JUNE	7, 1999
			30. Name and address of person who completed cause of death (flag 3a) (Type, Print)	m Ma-	reland 21	201
	Sta	0	31. Date filed (Month, Day, Year) 5 1999 32. Registrar's Signature J. Sparks	re, Mar	ATOM ST	201
	Registr	_	31. Date filed (Month, Day, Year) 5 1999 32. Registrar's Signature 9. Aparts			



	1 Doordont's Nor	no (Eirat Middle L	2011		Certi	ficate	of Death	2. Date of Dec	Reg. No.		2 Time of Death
n	1. Decedent's Nam	ne (First, Middle, La		DHOR				Month June (Day	Year	3. Time of Death 2:20 P.M
ıl r	4e Facility Name /	BONNIE	MARIE ve street end number)	BUCK			4b. City, Town, or			y of Deeth	Z:20 P.M
			e Hospital				Essex			timor	re .
	5. Social Security N		Sex 7. Ag	ge (In yrs. last a		If Under 1 Y Months D	ear If Under 24 Hrs ays Hours Min.	8. Date of Birt (Month, Da) Dec • 13	1955	9. Birth Cou Mar	place (State or Foreigntry)
	Usual Residence o	1									
	Md.	Balti	more	10c. City, To		ddle]	River				10d. Inside City Limit 1 ☐ Yes 2 🗵 N
ĺ	10e. Street and Nu					10f. Zip Co			10g. Citizen of		ntry?
l	2133	0akland	Ave.				21220			USA	
ĺ	11. Maritel Stetus	PELE	12. Was Decedent Armed Forces?	Ever in U,S.	13. Wa	s Decedent	of Hispanic Origin? (S Cuban, Mexican, Puer	specify Yes or No- to Rican, etc.)		ce - Ameri	can Indian, etc.
	The state of the s	ried 2 Married	1 ☐ Yes 2 ♣	No	10	Yes 2X	No Specify:		Specil	T.11.	nite
-	3 Widowed		Year or Dates:		D: 1	- 44- 14- 1- 1- T		4			4-4-
-		15. Decedent's E- cify only highest gra	ade completed)		6a. Deceder (Give kir life. DC	nt's Usual O nd of work d NOT use n	lone during most of wo	rking	16b. Kind of B	ousiness/in	dustry
	Elementery/Second 12th	ondery (0-12)	College (1-4or	5+)	Manag				Tempo	Lour	nge
		(First, Middle, Last	")				18. Mother's Na	me (First, Middle,	Maiden Sumer	me)	
	John	n O. Wimm	er				Mary	Linkerh	ocker		
ŀ	19a. Informant's N	lame/Relationship (Type, Print)	1:	9b. Mailing	Address (Si	treet and Number or R			, State, Zij	Code)
	Dawn MA	rie Buck/	'daughter		2133	Oaklaı	nd Ave. Bai	ltimore 1	Md. 212	20	
	20a. Method of Dis		30	como	of Disposit	ion (Name of	of r place)	Date	20c. Location	- City or T	own, State
		5 ☐ Other (Specif	Removel from Stale (fy)	Metr	o Cre	mator	y Inc. 6/1	4/99	Baltim	ore M	id.
	21. Signature of Fi	uneral Service Lice	nsee	5 6			ddress of Facility	Iomo of 1	Faca		
	PR.	Tirra	1 Comm	ille			y Funeral H			1	
+							- AVE BALL	Imore Mo			
l	23a. Pert1. Enter t	the disease, or contact lailure. List onto	plications that caused	d the deeth.	o not enter	the mode of	e Ave. Balt dying, such es cardia	c or respiratory er	rest,		Approximate Interval Between
	23a. Pert1. Enter shock, or hea	the disease, or con art lailure. List onto	cations that caused the cause on each li	d the deeth.	o not enter	the mode of	dying, such es cardia	c or respiratory er	rest,		Approximate Interval Between Onset and Death
	Immediate Cause disease or condition	(Final	plications that caused e cause on each li	the deeth. Pine.	o not enter	the mode of	dying, such es cardia	c or respiratory er	rest,		Interval Between
	Immediate Cause	(Final	a. Lunu	Thum Due to (or as	o not enter	bohen	dying, such es cardia	c or respiratory er	rest,		Interval Between
	Immediate Cause disease or condition	(Final	a. Lulium	Them	o not enter	bohen	dying, such es cardia	c or respiratory er	rest,		Interval Between
	Immediate Cause disease or condition resulting In death)	(Final on	a. I Library	Them	a conseque	bolince of):	dying, such es cardia	c or respiratory er	rest,		Interval Between
	Immediate Cause disease or condition resulting in deeth) Sequentially list or if eny, leading to incause. Enter Under Cause (Disease or Cause (Disease (Disease or Cause (Disease (Disease or Cause (Disease (Dis	(Final on onditions, mmediate erlying r Injury	a. Lecture Att	Thim Due to (or as	a conseque	bolince of):	dying, such es cardia	c or respiratory er	rest,		Interval Between
	Immediate Cause disease or condition resulting In deeth) Sequentially list or if eny, leading to it.	(Final on onditions, mmediate erlying r Injury is	p	Thim Due to (or as	a conseque	bolishing of):	dying, such es cardia	c or respiratory er	rest,		Interval Between
	Immediate Cause disease or condition resulting In deeth) Sequentially list or if eny, leading to incause. Enter Undo Cause (Disease or that initiated event	(Final on onditions, mmediate erlying r Injury is	p	Thum Due to (or as	a conseque	bolishing of):	dying, such es cardia	c or respiratory er	rest,		Interval Between
	Immediate Cause disease or condition resulting in deeth) Sequentially list or if eny, leading to incause. Enter Under Ceuse (Disease or that initiated event resulting in death)	(Final on on on on on on on on on on on on on	6	Due to (or es	a conseque e conseque	be line oi): once oi): once oi):	dying, such es cardia	y Vene 7	Thombs	ri y	Interval Between Onset and Death
	Immediate Cause disease or condition resulting in deeth) Sequentially list or if eny, leading to incause. Enter Under Ceuse (Disease or that initiated event resulting in death)	(Final on on on on on on on on on on on on on	p	Due to (or es	a conseque e conseque	be line oi): once oi): once oi):	dying, such es cardia	y Vene 7	humbo	ontribute t	Interval Between Onset and Death Right Je
	Immediate Cause disease or condition resulting in deeth) Sequentially list or if eny, leading to incause. Enter Under Ceuse (Disease or that initiated event resulting in death)	(Final on on on on on on on on on on on on on	6	Due to (or es	a conseque e conseque	be line oi): once oi): once oi):	dying, such es cardia	y Vene 7	Thombs	ri y	Interval Between Onset and Death Right Je
	Immediate Cause disease or condition resulting In deeth) Sequentially list or if eny, leading to incause. Enter Under Ceuse (Disease or that initiated event resulting in death)	(Final on on on on on on on on on on on on on	6	Due to (or es	a conseque e conseque	be line oi): once oi): once oi):	dying, such es cardia	23b. Did 1	humbo	ontribute to 3 Pro	Interval Between Onset and Death Onset and Death April 1 Page 1 P
	Immediate Cause disease or condition resulting In deeth) Sequentially list or if eny, leading to incause. Enter Under Ceuse (Disease or that initiated event resulting in death)	(Final on on on on on on on on on on on on on	6	Due to (or es	a conseque e conseque	be line oi): once oi): once oi):	dying, such es cardia	23b. Did 1	obacco use co	ontribute to 3 Pro	Interval Between Onset and Death Onset and Dea
	Immediate Cause disease or condition resulting in deeth) Sequentially list or if eny, leading to in cause. Enter Und Ceuse (Disease or that initiated event resulting in death) Part II. Other significance of the cause in the cause of the	onditions, mmediate entying r injury is Last	6	Due to (or es	a conseque e conseque	be line oi): once oi): once oi):	e given in Pert I.	23b. Did to 100 performance 10	obacco use co	ontribute to 3 Pro	to the cause of death obably 4) Unknowledge of cause of death obably 4) Unknowledge of cause
	Immediate Cause disease or condition resulting In deeth) Sequentially list or if eny, leading to incause. Enter Undeed Couse (Disease or that initiated event resulting in death) Part II. Other significant in the court of the	onditions, mmediate erlying rinjury is Last	a. Lucitary 6 c d Sontributing to death b	Due to (or es	a conseque e conseque	be be an an an an an an an an an an an an an	e given in Pert I.	23b. Did 1 24a. Was perfo	obacco use co	ontribute t 3 Pro	to the cause of death obably 40 Unknown (all able prior to ompletion of cause death) Yes 2 No
	Immediate Cause disease or condition resulting in deeth) Sequentially list or if eny, leading to in cause. Enter Und Ceuse (Disease or that initiated event resulting in death) Part II. Other algnit 25. Was case relevaminer? Yes 2 2 27. Magner of Deat	onditions, mediate entying r injury is Last	a. Leltrentte	Due to (or es	a conseque e conseque g in the unde	the mode of the following of the mode of the following cause of the	e given in Pert I. 26. Place of De Other: 4 \subseteq Nursing I	23b. Did to 100 performance 10	obacco use cover 2 No an autopsymed? Ves 2 No ne)	ontribute t 3 Pro 24b. Wasa	Interval Between Onset and Death Onset and Dea
	Immediate Cause disease or condition resulting In deeth) Sequentially list or if eny, leading to incause. Enter Undeed Couse (Disease or that initiated event resulting in death) Part II. Other significant in the course of the coust of th	onditions, mmediate erlying rinjury is Last	a. PultunAtu	Due to (or es	a conseque e conseque g in the und	the mode of the following of the mode of the following cause of the	e given in Pert I.	23b. Did 1 24a. Was perfo	obacco use cover 2 No an autopsymed? Ves 2 No ne)	ontribute t 3 Pro 24b. Wasa	to the cause of death obably 40 Unknown (all able prior to ompletion of cause death) Yes 2 No

To the Hospital or Attending Physician: The lew requires that the death certificate be executed within &2 hours after death.
To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 2 should be detached for usa as the burial-transit Division of Vital Records, P.O. Box 68760,

MIGHT

Baitimore, Maryland 21215-0020

Medical Certif 29a. Certifier

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

31. Date filed (Month, Dey, Year)
JUN 15 1999

29c. License number O.C.M.E.

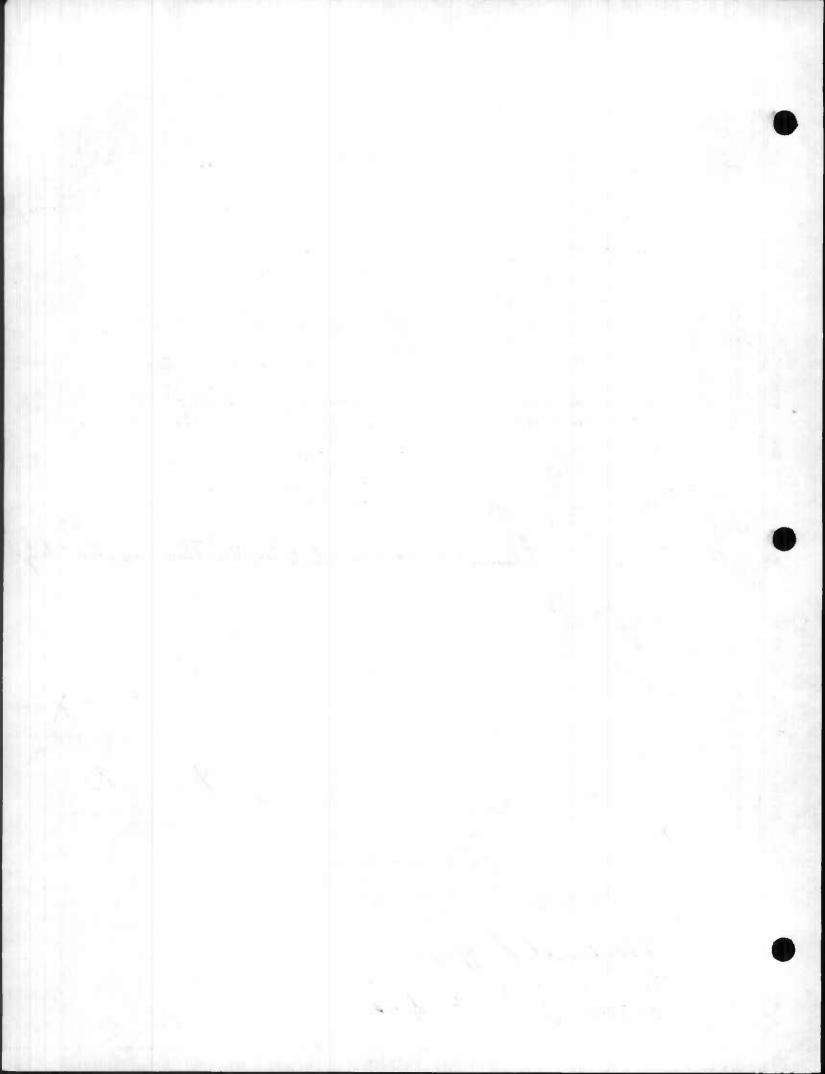
29d. Date signed (Month, Day, Year)

June 11, 1999

address of person who completed cause of thath (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar 32. Registrar's Aignature



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death JUNE JUNE 13 5:00am 1999 MYRTLE M BOBART 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 125 Riverside Road Baltimore Essex 8. Data of Birth (Month, Day, Year) Sept. 7 1904 If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Days Months 1 M 2 F 94 217-38-3107 Yrs. Maryland Usuel Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits Baltimore Essex 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21221 125 Riverside Road USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 ☐ Yes ZZNo If Yes, Give Year or Detes: 1 ☐ Never Merried 2 ☐ Married 1 Yes 2 No Specify: White Specify: 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Homemaker own home 6th 17. Fathar's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) John R. Campbell Ida May Johnson 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) George Bobart / son 2013 Calusa Lakes Blvd. Nikomis Fla. 34275 20b. Plece of Disposition (Name of cematary, crematory or other place) 20a. Mathod of Disposition Deta 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremation 3 □ Removel from Stata Oak Lawn Cemetery 6/16/99 Baltimore Md. 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Maryland 21221
Do not enter the mode of dying, such as cardiac or respiratory arrest,
Approximata 23a. Pert1. Entar tha disease, or complications that caused the death shock, or heer feilura. List only one cause on each line. Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) sudden death , Chuselis acredic Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Diseese or injury that initiated events resulting in death) Lest ul fulllu Much Dua to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of ceuse of death? 24a. Wes an autopsy performed? 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yas 2 No 27. Menper of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred

1 TYes 2 □ No

EASTERN BLAD-

Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

Laminer: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner stated.

29c. License number

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29d. Date signed (Month, Day, Year)

Physician /Medical

Physician

/Medical

Examiner

10a. Stete

Md

Funeral

Director

28a-f show

Director

Funeral

þ

Completed

Be

"natural", or items 23s or 28s-f shordical Examiner must be notified at

filed within 72 hours after

.. Peges 1 and 2 should be fill the mont of Health and Mental Hant: If Item 27 is marked oth jury or other traumatic even

permit. Pages 1 Department of H Important: If Ite any Injury or ot

21215-0020

Baltimore, Maryland

Examiner the burial-transf USB 85

Examiner signed by the aid Ser certificate this

Physician/Medicai Completed by Be

The lew requires that the death certificate be executed P.O. Division of Vital Records. or Attending Physician: Medicai Certification: To 24 hours after death. Funeral Director: A filled in by

State Registrar

Hospital

within 2

31. Dete filed (Month, Day, Year) JUN 1 5 1999

29b. Signatura and title of comition

30. Neme and address of pe

5 Pending investigation

6 Could not be determined

1 Netural

2 Accident

4 Homicide

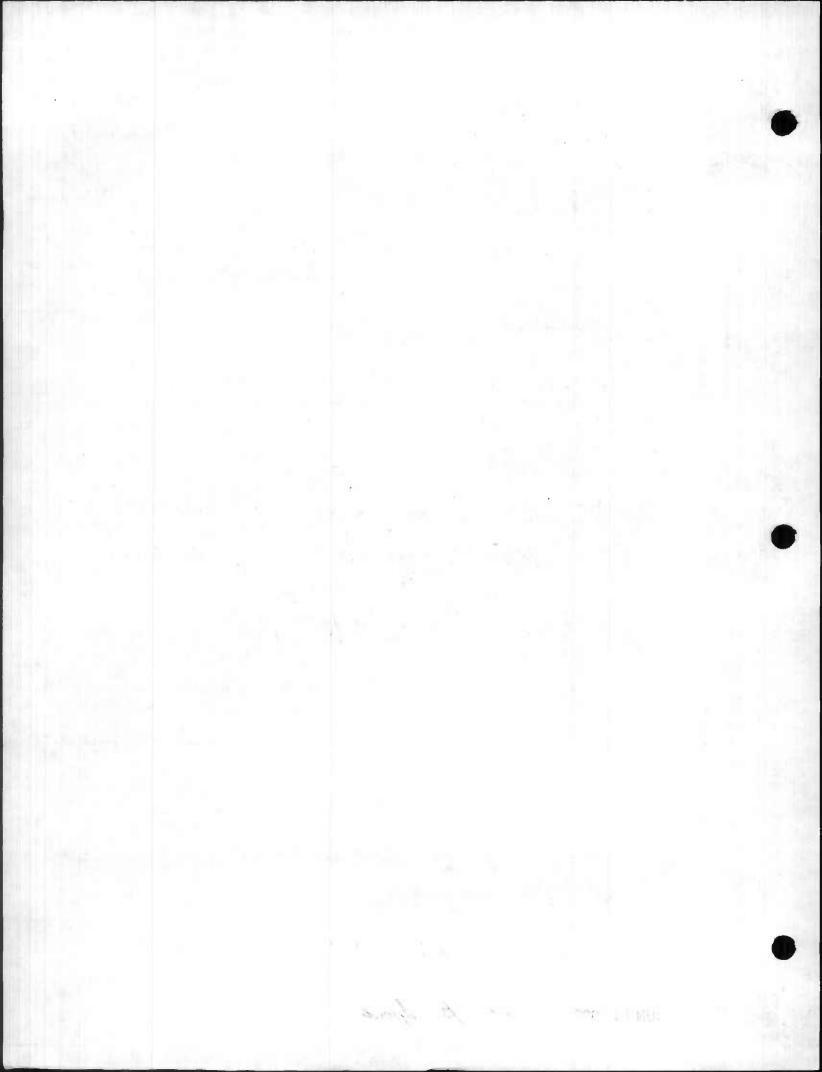
3 Suicida

29e. Certifier (Check only one)

complated cause of death (Item 23a) (Type, Print)

32. Registrer's Signature

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

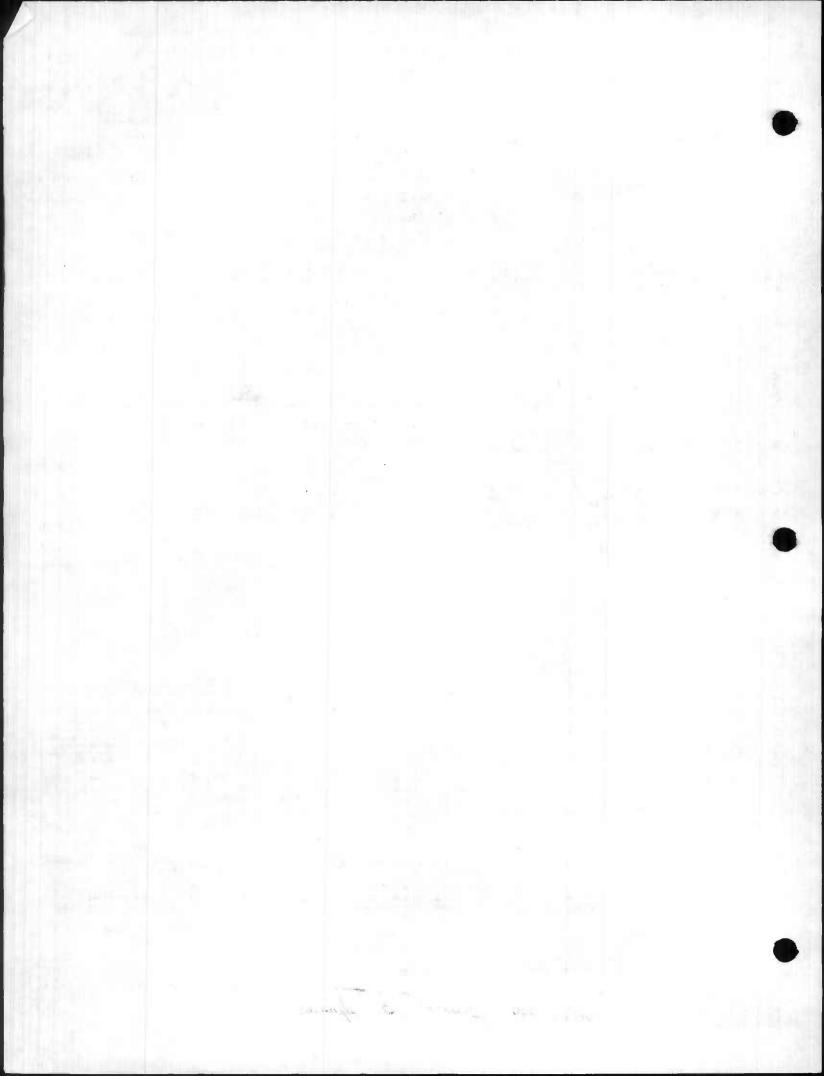


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

Franklin Henry Bradshaw, Sr.

ate of Maryland / Department of Health and	Montal Hygiana	
Certificate of Death	Reg. No.	8978
Acharr Cv	2. Date of Death Month Day Year	3. Tima of Deat

				imouto of	Douth		ieg. No.		
Physician	1. Decedent's Neme (First, Middla, Li					2. Date of Dea Month	Day	3. Tima of i	Death
/Medical	T. T. CHIVTTII HEHT A	Bradshaw, Sr	•				08, 199		P.M
Examiner	An English, Blame Wend in stitution of	va street and number)			4b. City, Town, or	Location of Death	4c. County	of Death	
Zammor	Route 70 East-box	und near Fred	lerick C	o. line	Myersvi	lle	Fred	lerick	
Funeral			rs. last birthday		-	8. Date of Birth	1		Foreign
Funeral Director	213-54-9870	¹XM 2□F 51	Yrs.	Months Days	Hours Min.	(Month, Day	, Year)	Birthplace (Stata or Country) Turn culture and a section of the country of	DC
Director	Usual Residence of Decedent	31			J	Dec. 18	,1947	Washington,	DC
and w	10a. Stata 10b. County	10c.	City, Town or L	ocation				10d. Inside City	Limits
Aary Or	MD	В	altimor	2				1 ☐ Yes	2√ No
vith the Mar or 28s-1 a	100 Short and Number		ar ormor				0.000		<u> </u>
# 0 M D	10e. Street and Number	E CONTROL OF		10f. Zip Code			10g. Citizen of V	what Country?	
72 hours efter death with the Maryland 72 hours efter death with the Maryland natural; or thems 23s or 28s-f show diest Examiner must be notified at ested by Funeral Director	2502 Wagner Aver			2121			USA		
ep and	11. Maritel Status	12. Was Decedent Ever in Armed Forcas?	n U,S. 13.	Was Decedent of H If Yes, specify Cub	lispanic Origin? (S an, Mexican, Puer	Specify Yes or No- to Rican, etc.)	14. Rac	e - American Indian, ck, White, etc.	
72 hours efte natural, or the steel by Fe		1 X Yes 2 □ No If Yes, Give		1□ Yes 21 No	Specify:		Specify		
ours o		Yaar or Detes: 196	9-70	X			Specify	White	
led within 72 hours ef bygiene. The transmission of the control o	15. Decedent's E (Specify only highest gr		16a. Dece	dent's Usuel Occup	oation	ekina	16b. Kind of Bu	usiness/industry	
within one.	Elementery/Secondery (0-12)	College (1-4or 5+)	tife.	DO NOT use retire	d)	rang			
d wild	12		True	ck Driver			Transp	ortation	
be filed d other event, the Be Cc	17. Fether's Neme (First, Middle, Last	1)			18. Mother's Ne	me (First, Middle,			
id be sental					Jenny	Brown			
공조들림 ⊢	19a. Informent's Neme/Reletionship	(Type Print)	19h Mail	ing Address (Street	2		r City or Town	Stata Zin Code)	
0 0 0	Cora Louise Brad								
laalth m 27 ther to	20e. Method of Disposition			Wagner A	venue, B	Data			
Pages nent of P int: If ite	1 Neurial 2 Cremetion 3		cemetery, cre	metory or other pte	ce)	Data	ZUC. LUCARUM -	City or Town, State	
Pa ant: uny	4 ☐ Donetion 5 ☐ Other (Speci		aryland	Veterans	Cem.	06/14	Crownsv	ille, MD	
permit. Pag Department Important: I eny Injury c	21. Signature of Funeral Service Lice	1/1/	7 2	2. Nama and Addre					
88E58	1 Saled	Madel		Hardest	y Funera	1 Home,	P.A.		
	23e. Pert1. Entar tha diseese, or com shock, or heert feilure. List only	nnlications that caused the d	eath Do not en	12 Ridg	ely Aven	ue, Anna	polis,	MD 21401 Approximete	
	shock, or heert feilure. List only	ona causa on each line.						Intervel Betw Onset end D	een
Physician /Medical	Immediate Cours (Final								
Examiner	Immediate Ceuse (Final disaase or condition resulting in deeth)	a. Compressi	onal Aspi	havin and	Kultype	a Injun	"la	1	
		Due t	o (or es e conse	havin and quence of):		0		1	
p = 5									
sician and buriel-transit	Sequentially list conditions.	Due t	o (or es a conse	quence of):			G . No. 1		
								1	
nding physicie usa as the bu	Cause (Diseese or injury that initiated events	C	o (or es a conse	mence of).					
ending physical rusa as the tarthe tarth edical and the tarth edical care and tarth edic	resulting in daeth) Last	200 ((01 03 & 00136	querios ory.					
Sa S		d							
es 2 =	Part II. Other eignificant conditions	contributing to death but not	resulting In the u	inderlying causa gi	ven in Part I.	23b. Did to	obacco use co	ntribute to the cause of	f death?
d by the latache						101	/ee 2 10	3 Probably 4 □ U	Inknown
bed by									
requires man been signed b should be date						24a. Wes a	an autopsy	24b. Were eutopsy fin available prior to	
as be 2 sho						ponor	111001	completion of ca of death?	use
0 - 5 -						.0-	• • • • • • • • • • • • • • • • • • • •		
C Pa							es 2 No	1 1 1 es 2 □ 1	NO
certificate rector, pag	25. Was case raferred to medical exeminer?	142-2-4				eth (Check only or			
To To	1 XYes 2 □ No	Hospitel: 1 Inpatiant	ER/Outpatie	III JUDA		Homa 5 ☐ Rasid	ence 6XOth	ar (Specify) at sc	cene
neral neral	27. Manner of Death	28a. Date of Injury (Month, Dey Year	28b. Tima o	of 28c. Inju	ry at rk?	28d. Describe h		11	
Attending Physicien: ordeath. ector: After this certific by the funeral director, filtcation: To Be (1 Naturel 5 Pending 2 Accident invastigation		1100		Yes 2□No	moter ve	hicle co	lision	
al Director: After the in by the funeral Certification:	3 ☐ Suicida 6 ☐ Could not b	289. Piece of injury - A	t home, ferm, st	reet, fectory, office		28f. Location (S	treet and Numb	per or Rurat Route Numb	oer,
	4 Homicide	building, etc. (Sp.	1	and			n, State) R+	70	
24 hours at Funeral Dietaly filled i	29a. Certifier 1 ☐ Certifying Pt	velcian: To the heet of mu	-/1	h occurred at the ti	me date and alco-	Myers VIII	-	anner es etetod	
within 24 hours after To the Funeral Director Completaly filled in Medical Ceri	(Check only 2 Medical Exam	nysician: To the best of my miner: On the basis of exam							
within 2 To the complet	one) A	end menner stated.							
N C C	29b. Signature end title of certifier	201		29c. Licens				d (Month, Day, Year)	
	Nonnana	Albute no		0.	C.M.E.		June 10	, 1999	
5	30. Neme and addrass of person who	completed cause of death (Item 23a) (Type.	Print)					
)	Demos	Trafabrila	Con		n Street	. Baltim	ore. Ma	ryland 2120)1
Charles	31. Dete filed (Month, Day, Year)	32. Registral's Si	gnature		-	,	OLO, IN		_
State Registrar	TIN1:	1999 b Sem	wa ,	O. 100	uks				
Tregistial	AA T	THE PARTY OF A			11				

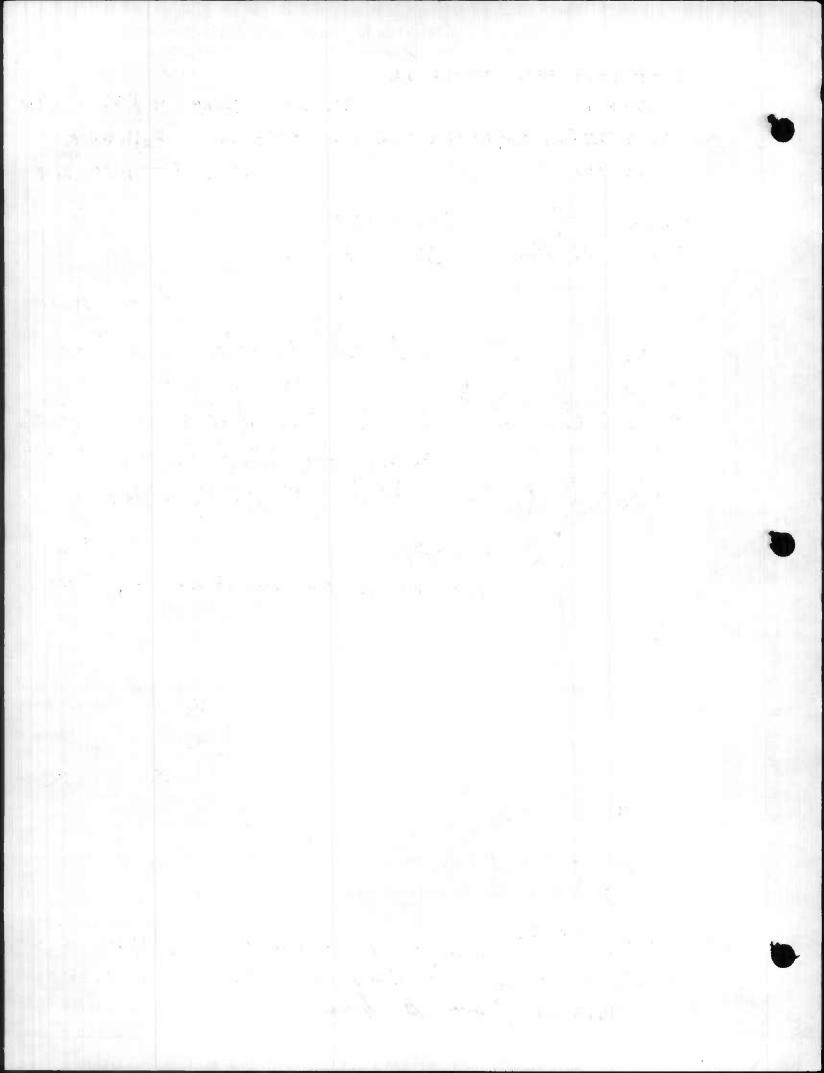


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Beg. No 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month **Physician** Rober Brown June /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Nama (If not institution, giva streat end number) Examiner Bal onvis HOPKINS Bayview Medical Center Baltimore If Undar 1 Yaar If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign
 Dountry) **Funeral** Deys 218-28-73 Months Hours 10 M 20 F Director Usual Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits show r than "natural", or items 23a or 28a-f show the Medical Experient must be notified at 1 XYas 2 No Funeral Director mor 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street end Number with d 04 deeth 0/ 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Raca - American Indian, Black, Whita, etc. 11 Marital Status Was Decedent Ever in U,S. Armed Forces? Peges 1 end 2 should be filed within 72 hours efter nent of Heelth end Mentai Hygiene. int: If Itam 27 Is merked other than "natural", or ite 1 Yas 2 2 No 1 Nevar Married 2 Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: AFFICAN by 3 Widowed 4 Divorced Merican Yeer or Detes: Completed 16e. Decadent's Usual Occupation (Give kind of work done during most of working life. | DO NOT use retired! 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) a ra ith end Mental Hygier 27 is marked other the r traumatic event, the 0 s Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Melden Sumeme) 17. Fatha Be 0 Va 19b. Meiling Address (Street end Number or Rurel Floute Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) (Brother Severn 44 other 20b. Place of Disposition (Nama of 20e. Method of Disposition /Date 20c. Location - City or Town, State cametery, cremetory or other placa) ò 1 ABurial 2 Cramation 3 Ramoval from State permit. Pege Depertment of Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility 21. Signature of Funeral Service Licenses Hom osep 21216 th Ave. W. Nor Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Finel Hemopt disease or condition resulting in death) Examiner Examiner carcinoma of the small ears cel The law requires that the death certificate be executed the buriel-trensit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in death) Last pue Due to (or es e consequenca of) Division of Vital Records, P.O. Box 68760, physicien Physician/Medical Dua to (or as a consequence of) 80 use 0 signed by the all 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Pert I. 1 XYes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed peeu has pege 2 2 No 20 No 1 TYAS 1 TYes certificate Hospital or Attanding Physician: director, 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) 1 Yes 2 No Other: 4☐ Nursing Homa 5☐ Residence 8 ☐ Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA After this illed in by the funeral 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 1 Natural 2 Accident 5 Pending investigation deeth. 1 Yes 2 No efter deeth 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, straet, factory, offica building, etc. (Specify) 4 ☐ Homicide within 24 hours e To the Funeral D completely filled 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the tima, deta and place, end due to the cause(s) and mannar es steted.
2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the ceuse(s) end manner steted. 29a. Cartifian edical To the 29c. Licansa number 29d. Date signed (Month, Dev. Year) 29b. Signature and title of certifier 9 RES-000 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) Hopkins Hospital, Baltimore, MD Robert Johns ininger 31. Dete filed (Month, Day, Yeer) 32 Registrer's Signeture State

DHMH 16 Rev 6/95

Registrar

JUN 1 5 1999



WRC Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 99-3249-005 State of Maryland / Department of Health and Mental Hygiene 9 AARON ITEM: #20B PER F.H. G772 BROWN Certificate of Death 1. Decement's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Dey Month Year **Physician** 1999 JUNE 08, 4:35 PM. /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner NORTHWAET HOSPITAL RANDALLSTOWN more Birthplace (State or Foreign H Linder 1 Year 5. Social Security Number 7. Age (In ygs. last birthday) If Under 24 Hrs 9 **Funeral** 98-6284 Days Months Hours 1 M 2□ F Yrs. Director Usuel Residence of Decedent 10a. Stete 10b. Count 10c. City, Town or Location r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 Yes 2 No Director larviana MOY 10f. Zin Code 10e, Street and Number 10g. Citizen of Whet Country? Funeral OL Wes Decedent Ever in U,S. Armed Forces?

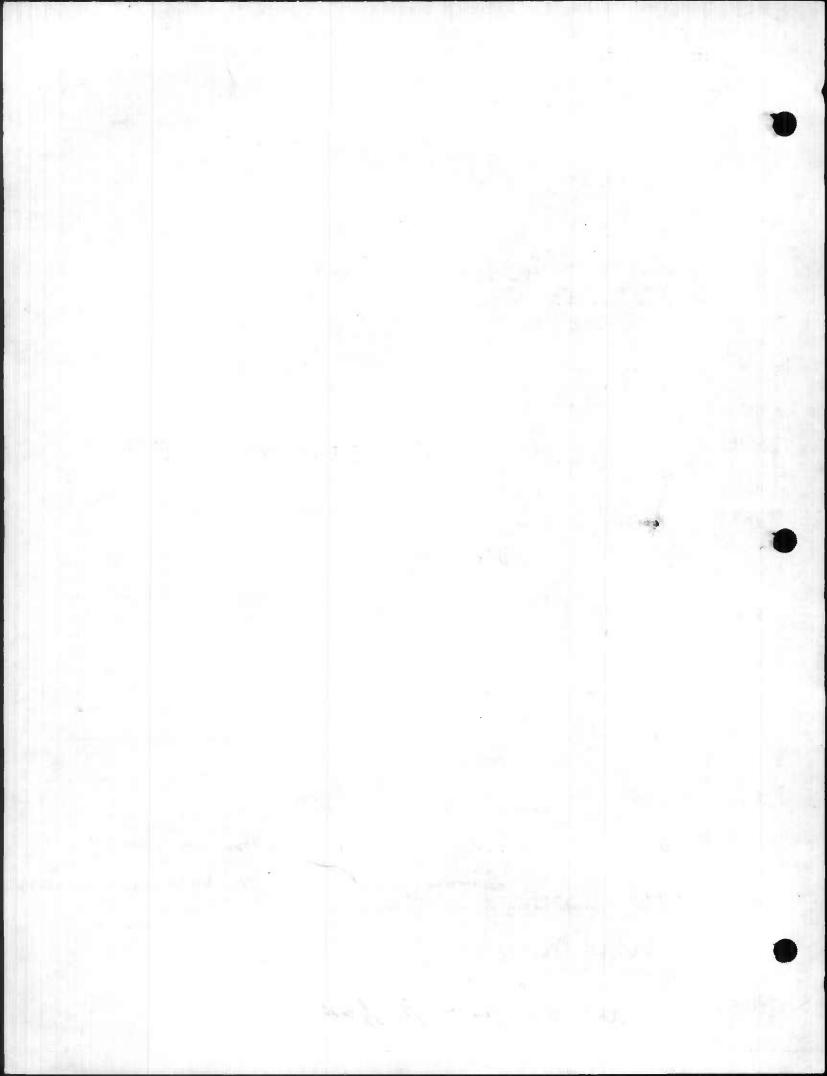
1 Yes 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. 14. Race -American Indien 11. Merital Status Bleck, White, etc. hours after 1 Never Merried 2 Merried altimore. Maryland 21215-0020 1 ☐ Yes 2 ◯XNo Specify: Specity: þ American 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hyglene. Elementerly/Secondary (0-12) College (1-4or 5+) ider filed other 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be permit. Pages 1 and 2 should be Department of Heelth and Mental Important: If Item 27 is merked or any injury or other treumatic ave egor ear Drow P Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) row 2/2 20b Place of Disposition (Name of 20a. Method of Disposition / Date 20c Location City or Town, Stete / BALTIMORE, MD. lery, crematory or other place) 1 Buriai 2 ☐ Cremetion 3 Removel from State SION 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licens 22. Name and Address of Fac unera Bal-North Ave. W. List only hilications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, one cause on each line. Approximete Intervel Between Onset and Deeth Physician /Medical Immediate Cause (Finel Mouning disease or condition resulting in death) Examiner Due to (or as e consequence of) certificata be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest Due to (or as e consequence of): Box 68760 Physician/Medical Due to (or es e consequence of) 88 P.O. | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings eveilable prior to Completed 24a. Wes en eutopsy completion of cause of death? 1 ☐ Yes 1 Yes 2 No 2 No certificate of Vital To the Hospital or Attending Physicien: within 24 hours after deeth.

To the Funeral Director: After this certifica completely lilled in by the funeral director: g Be 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA edicai Certification: To 1 X Yes 2 No 28d. Describe how injury occurred 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? Division 1605P 5 Pending investigation 1 Divaturel taro 6-8-99 Smisser Dronkers 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stefe) 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify). 4 Homicide POOL 3900 HILRORD HILLRO BALMORS MY SWIMMING 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E. JUNE 09, 1999 Munto 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

HATHUR HILL Penn Kommun My 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State JUN 1 5 1999 Registrar **DHMH 16 Rev 6/95** 0 2

ORIGINAL



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg No 1. Decedent's Name (First, Middle, Last 2. Date of Death 3. Time of Deeth BRIMER Month **Physician** WOROTHO 2:18 PM June 1999 /Medical 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HOSPITAL CENTER KANDALLSTOWN BALTIMORE NORTHWEST If Under 1 Year | If Under 24 Hrs. Months Deys Hours Min. 5 Social Security Number 6 Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dev. Year) **Funeral** 10 M 20 F 499-30-8499 Director July 17, 1931 Missouri Usuel Residence of Decedent with the Maryland 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours after death with the Marylan nent of Health end Mental Hygiena.
int: If Item 27 is marked other then "natural", or Items 23a or 28a-f show ury or other traumatic event, the Modical Examiner mant be recited. 1 ☐ Yes 2 🕅 No Director Baltimore Reisterstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 154 W. Chestnut Hill Lane 21136 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indian Black, White, etc. 1 Never Married 2 Married Specify: White 1 Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 6 Social Security Management Assistant 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be R. Kipp Briney Lena Higgens 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Neme/Reletionship (Type, Print) Roy Brimer Husband 154 W. Chestnut Hill Lane, Reisterstown, MD 21136 Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 Cremetion 3 ☐ Removel from State permit. Page Depertment of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) Carroll Cremation Ser. 6/16/99 Hamstead, MD 21. Signeture of Fungfal Service Licensee 22. Name and Address of Fecility 11824 Reisterstown Rd. Eline Funeral Home Reisterstown, MD 21136 nec 23a. Perly Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heer failure. List only one ceuse on each line. Approximate Intervel Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Final DISEASE HEART ATHEROSCLEROTIC disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner physician and s the buriel-transit Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events. certificata be axec Division of Vital Records, P.O. Box 68760, Physician/Medical that initieted events resulting in death) Last Due to (or es a consequence of): 88 eşn signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No þ 24b. Were eutopsy findings aveilable prior to 24a. Was an autopsy performed? Completed completion of cause of death? page 2 2 No 1 Yes 1 ☐ Yes 2 ☐ No certificata Hospital or Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 20 No 0 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? Netural 5 Pending aftar death. 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide filled in 24 hours a Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the cause(s) end menner es steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29a. Certifier To the Hosp within 24 hor To the Fune completely fi edical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Jusan W. Wens MD 122751 June 13, 1999 30. Neme end address of person who completed cause of death (Item 23a) (Type, Print) NORTHWEST HOSPITAL CENTER, RANDALISTOWN Jusan W. Owens, MD Mayland!

Registrar

State

JUN 1 5 1999

31. Dete filed (Month, Day, Year)

32. Registrar's Signature

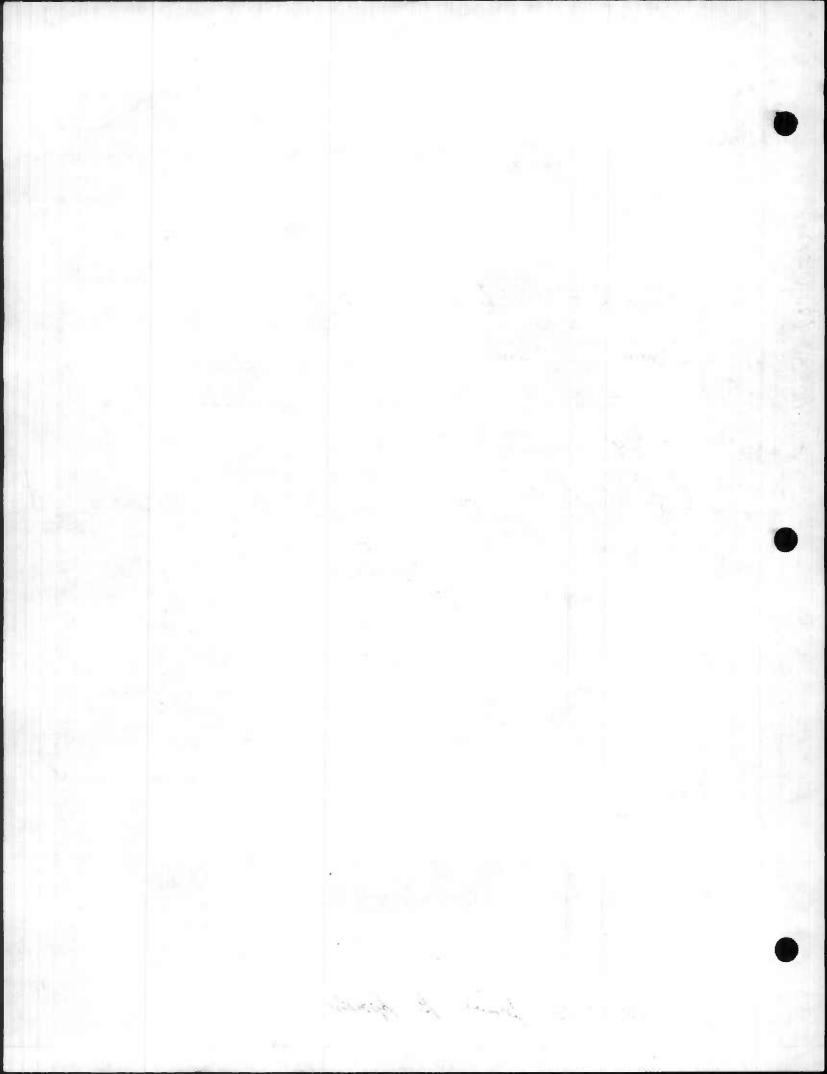
DHMH 16 Ray 6/95

en file deseg it als set Charlest American Company

The second of th

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 9 8 2

100	T. Daniel W. N.	- / / ¹⁰⁰ A A A ² J M - I -	-41			tificate				Reg. No.		0 5 0 %
Physician	1. Decedent's Na	me (First, Middle, La							2. Dete of De Month	Dey	Year	3. Time of Death
/Medical		FI FI	rances Eli	zabet	h Bow	en			Jui	ne 13, 199	9	1:04 PM
Examiner	4a Facility Neme	(If not institution, give	e street and number	r)			4	b. City, Town, or	Location of Deat	4c. Coun	ty of Death	
		Marine	er Health of C	atonsvill	e			Cat	onsville		Balti	more
Funeral	5. Social Security	Number 6. S	ex 7. A		last birthday)	If Under 1		If Under 24 Hr		th		plece (State or Foreign ntry)
Director	212-05 Usual Residence	5-1427	□M 200 F	90	Yrs.	Months	Days	Hours Min	May 15			Maryland
Po m	10a. State	10b. County		10c. City	, Town or Lo	cation						10d. Inside City Limits
f ahow											-	1 Yes 2 No
with the Mannetter a parameter and precedent	Maryland 10e. Street and N		imore			10f. Zip (tonsville		10g. Citizen of	What Cou	nto/?
death with the Maryland ms 23s or 28s-f show ms 15s or 28s-f show ms 15s or 28s-f show						1024		04000		rog. Onzon or		
eral	-	wood Ave.	140 101 - 5 4 -	A (C	0 40 1	Mar Davida	-4 -616	21228		140	U.S.	
	11. Marital Stetus		12. Wes Deceden Armed Forces 1 Yes 2	2	5. 13. V	f Yes, specif	fy Cube	en, Mexican, Pue	Specify Yes or No rto Rican, etc.)	Ble	eck, White,	can Indien, , etc.
b F.		rried 2 Merried 4 Divorced	1 ∐ Yes 2 ☐ If Yes, Give / Year or Dates		1	□ Yes 2	No	Specify:		Speci	ify:	White
led within 72 hoi lyglans. Tr. ma madern tr, ma madern Completed	10.	15. Decedent's Ed	Jucation		16a. Deced	lent's Usuel	Occup	ation	43	16b. Kind of I	Business/In	dustry
ple ple	Elementary/Sec	ecify only highest gra	College (1-4or	54)	life. L	DO NOT use	retired	during most of wo	orking			
y with	"UNI		" UNIC"	3+)			Office	e Worker			Busin	iess
d other		(First, Middle, Last)			TETET		3,1100		me (First, Middle	Maiden Suma	me)	
		Ahram G	ary Bowen						No	llie Mae H	all	
d Men marks marks	10a Informant's I	Neme/Relationship (,		10h Mailin	a Address	(Street	and Number or F	Tural Route Numb			n Codel
the the the												3000)
s 1 and 2 should f Health and Mer tem 27 le marke other treumatic	Mr. Th	nomas Gary	Son						nascus, Man	/land 208/ 20c. Location		own State
80=8		Sposition 3 C	Removal from State	9 200. P	lece of Disposemetery, cren	natory or oth	ner plac	xe)	Date	200. Location	- Ony or I	Own, Sidle
4 # 6 9		5 Other (Specif)			Me	etro Crer	mator	ry	06/14/99	Balt	imore, I	Maryland
ppertm poorter ty Injui	21. Algnatus of F	rupiliral Service Light	1500		22	. Name end	Addres	ss of Facility				
Depe man	1 Stend	Will. No	1	Maner	20-	Sla	ck Fu	uneral Home	e, P.A.	City MD	21042	
	23a, Part1, Enter	the disease or com	nlications that cause	MOOS.					Pike Ellicott		21043	Approximate
	shook, or he	the disease, or compart failure. List only	one cause on each	line.	. 50	4	o. ay	, , , , , , , , , , , , , , , , , , , ,	4			Intervel Between Onset and Death
Physician /Medical	Immediate Cause	/Finel		p.		1	-	1				1.1
Examiner	disease or conditi	ion	8.		20 bil	who	~		rune	-		19
		,		Due to (or	r es a conseq	uence of):	11	2 1.	1	1		
n and del-transit	10 / E 0 /		h	alm	sur.	M	n	netive	/mg	ws	lario	5 40
and tran	Sequentially list of	conditions,		Due to (or	es a conseq	uence of):		1 1	K			
be ex locian i burdel	Sequentially list of any, leading to ceuse. Enter Und Cause (Disease of that initiated even	derlying			ATT	Pho	50	lenti	C Al	~ las	Pal	8 4
ifficate be executed g physician and as the burlei-transit fedical Examir	that initiated even	its Last	C	Due to (or	es a consequ	uence of):		1				
de la la la la la la la la la la la la la					/) 1 -	1 0	the				55
death certification of the standing of the sta			d				ne	~~~				-
o ettan d for u	Part II Other sign	ificant conditions o	ontributing to death	but not resu	ulting in the ur	aderivian ca	use ak	en in Part I	23h Did	tohacco use c	ontributte t	to the cause of death
y chet	Tankin Gardi diga		orthoding to coath	Dut Hot 103t	and at the at	loonying ca	uso yiii	on wir on i.		Yes 2 LING		bably 4 Unknow
- 00									. ''	108 22210	30110	Debty 4 Onkno
een signed in hould be del									24a Was	en autopsy	24b. W	/ere eutopsy findings
									perfe	med?	a ¹	vailable prior to empletion of cause/
npi											0	death?
Page Con									10	Yes 2 UNO	1	Yes 2 No
certificate has t lirector, page 2 a	25. Was case refe	erred to medical						26. Place of De	eath (Check only	one)		
× 00 F	examiner?	LNO	Hospitel: 1 Inpat	tient 2 🗆	ER/Outpatien	t 3 DOA	Oth	er: 4 Nursing	Home 5 ☐ Resi	dence 6 🗆 O	ther (Spec	ify)
er this neral di	27. Manner of Des		28a. Dete of In (Month, D		28b. Time of		c. Injun		7	how injury occu		
Attending ir death. actor: Affei by the fune Ification	1 Naturel 2 Accident	5 Pending investigation		ay (ear)	Injury	м		Yes 2 □ No				
within 24 hours after death. To the Funeral Director: After this complately filled in by the funeral Medical Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	289. Place of II	njury - At ho etc. (Specify	me, ferm, stre	eet, factory,	office		28f. Location (City or To	Street and Num wn, State)	nber or Rui	al Route Number,
Hospital 24 hours a Funeral D tely filled	29a. Certifier	1 Certifying Ph	ysician: To the best	t of my know	wiedge, deeth	occurred e	t the tin	ne, date end plac	e, end due to the	ceuse(s) end n	nanner es :	stated.
in 24 hour he Funer plately fill edical	(Check only one)	2 Medical Exam	niner: On the besis and manner s	of examinet	ion end/or inv	estigation, i	in my o	pinion, deeth occ	urred et the time,	date end place	, and due	to the cause(s)
within To the compia	29b. Signature an	d title of certified		10	,	29c.	License	e number		29d. Date sign	pd (Month)	Day, Year)
· \$ 1 8		1 . / .		1			0		210	1-1	14	199
	1	10	M	NY	w cia	~	1)	29	164	01	11	
	30. Neme and edd	Iresi of person who o	completed cause of	don'th (Item	23a) (Type, I	Print)		1 4 2	IN 1	111	61	e 11
	and	celino	010	166	vend	1/2	/	120	V . 12	+ lux	120	13 W 182
State Registrar	31. Dete filed (Mo	nth, Day, Year)	37. Regist	trer's Signat	uray.	Spain	6	13.5		V		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death

18983	

	Exami
	Funeral Director
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours effer death with the Meryland Department of Health and Mentel Hygiene. Important: If Item 27 is merked other than "natural", or items 23a or 28a-f show eny injury or other traumatic event, the Medical Exercises from the posts. Pages.
	Physician /Medical Examiner

requires that the death certificate be executed ettending physician end for use es the buriel-tran P.O. Box 68760 bed signed by detach Records. Deed pege 2 certificate Division of Vital director this After Attending i or Attending setter death. in by t

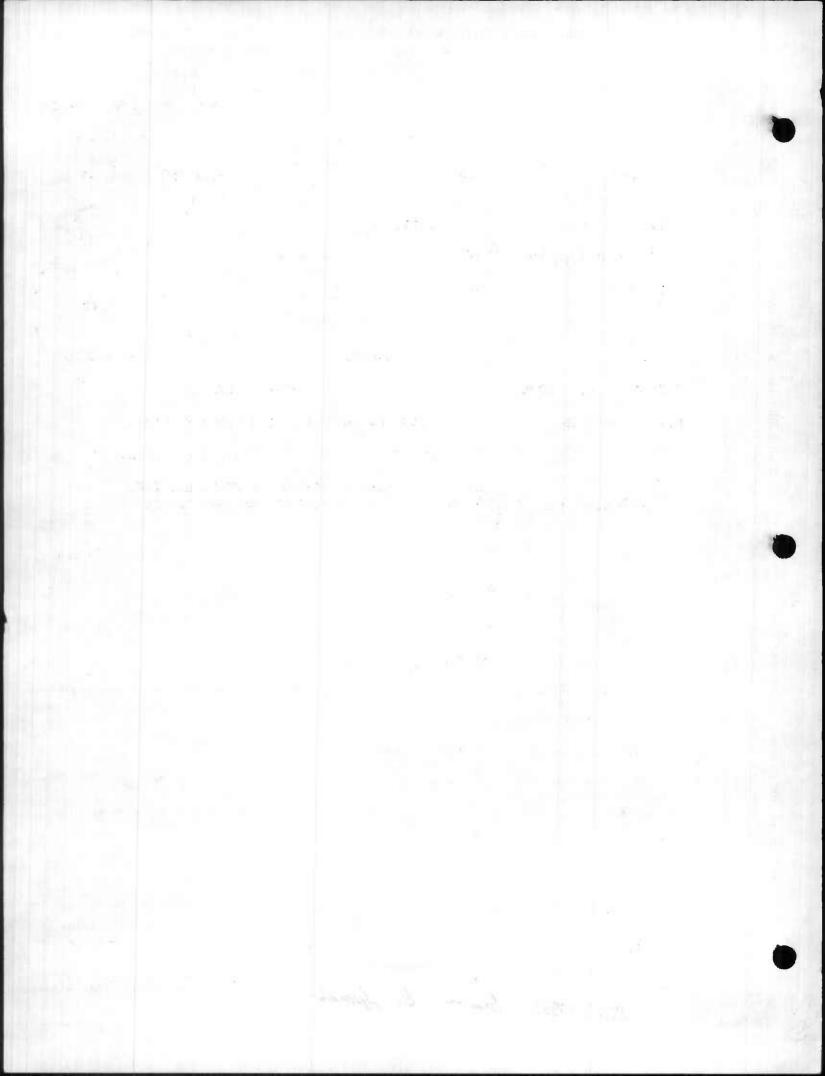
1. Decedant's Nama (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth Month Year **Physician** TONI COOK E 1999 14:05 pm 0 /Medical 4a Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death JOHNS HOPKINS BAYVIEW MEDICAL CTR BALTIMORE 21224 If Undar 1 Yaar Months Deys Hours Min. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplaca (Stata or Foraign Country) MM 2 F 04/17/1950 MD Usual Rasidence of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ¥ Yas 2 □ No Director MD N/A BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What.Country? U.S.A. 312 21202 Funeral 12. Was Decedent Evar in U.S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxicen, Puerto Rican, etc.) 14. Race - Amaricen Indian, 11. Marital Status Bleck, White, etc. 1 ☐ Yes 275 No If Yas, Giva Navar Marriad 2 Married 1 Tas 2 No Specify: by 3 Widowed 4 Divorced Yaar or Dates: BLACK Completed 16a. Decedent's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) Collaga (1-4or 5+) LABORER CONSTRUCTION 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be FREDERICK V. COOK MYRTLE MURRAY 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stete, Zip Code) 7909 FREETOWN RD. MYRTLE GOODWIN GLEN BURNIE 21060 20b. Place of Disposition (Nama of camatary, crematory or other place)
MT • ZION 20a. Mathod of Disposition

1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Dete 20c. Location - City or Town, Stata 6/11/99 BALTIMORE, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensaa 22. Name and Addrass of Facility JAMES A. MORTON & SONS F. H., INC. Usques 1701 LAURENS ST. BALTO., MD 23e. Part 1. Enter the disease, or complications the caused the deeth. Do not entar the mode of dying, such as cerdiac or respiratory arrast, shock, or haart failure. List only ona causa of each lina. Approximata intarvel Batween Onsat and Death Immediate Ceusa (Final disaasa or condition rasulting in daath) SEPSIS days Due to (or es e consequança of): Examiner AIDS year Sequantially list conditions, if any, laading to immadiate ceusa. Entar Underlying Causa (Disaesa or injury that initiated evants rasulting in daath) Last Dua to (or as a consaquance of): ear Physician/Medical Dua to (or as a consequance of): Drug 0 years Abuse Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown I neumothorax à 24b. Wara autopsy findings aveilabla prior to completion of ceusa of death? 24a. Was an autopsy Completed Subcutaneous Emply sema performadi 2 No 1 Yas 28 No 1 Yas Preumo mediastinum Be 25. Was cesa referred to medical axaminar? 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Rasidanca 6 Othar (Specify) 1 Yes 2 No 2 1 ☑ Inpatiant 2 ☐ ER/Outpetlent 3 ☐ DOA 28a. Data of Injury (Month, Dey Year) 27. Mannar of Death 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be determined 3 Suicide 28e. Plece of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Hospital C4 hours al Tertifying Physician: To the best of my knowledge, daath occurred at tha time, date and plece, and due to tha ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred et tha time, date and plece, and due to the cause(s) and manner stated. To the Hospi within 24 hou To the Funer completely fil edicai 29a. Certifian (Check only one) 29b. Signatura end titla of certifiar 29c. Licansa number 29d. Data signad (Month, Day, Year) MI 99005 JUNE han 07/1999 30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) JOHNS HOPKINS BAYVIEW MEDICAL STR, DEPT OF MEDICINE, 4940 EASTERN AVENUE 31. Data filed (Month, Day, Yaar) 1999

32. Registrer's Signatura

State Registrar

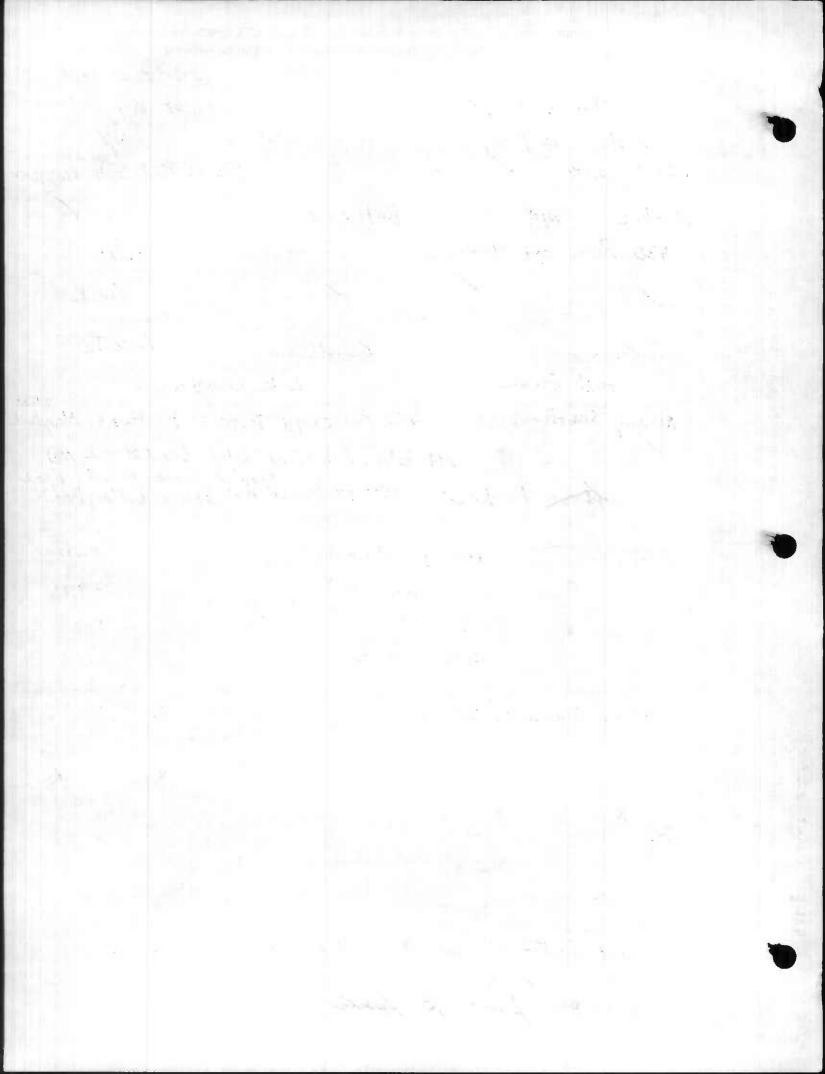


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Mancy 09:44 AM Cooper JUNE 1799 08 /Medical 4a Facility Name (If not institution, give street and gumber) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Hospita 8. Date of Birth Month, Day, Y If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 6 Sax . Aga (In yrs. last birthday) 9. Birthplace (Stete or Foreign 220 - 03 - 3640 **Funeral** 10 M 201 Months Deys Hours 7/ Yrs. Director Usual Residence of Decedent 10e State 10c. City, Town or Location 10h County 10d. Inside City Limits ? Is marked other than "natural", or itema 23a or 28a-f ahov treumatic avent, the Medical Exact set must be notified at Baltimore 1 TYas 2 No Maryland Directo 10f. Zip Code 10e. Street and Number 10g. Citizan of What Country? Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status Black, Whita, atc. nit. Pages 1 end 2 should be filed within 72 hours after entment of Health and Mertal Hygiene. ortant: If item 27 is marked other than "natural; or ite injury or other traumatic avent, in waters! 1 ☐ Never Married 2 ☐ Married Specify: Black 1 Yes 2 No Baltimore, Maryland 21215-0020 þ 3 Nidowed 4 Divorced Completed 16e. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Şecondary (0-12) College (1-4or 5+) Beautician untrown 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) . Canghay 19a. Informant's Name/Relationship (Type, Print),
Alancy Smith - NIECE 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Rosecro Baltimore, Maryland wall 20b. Place of Disposition (Neme of cemetery, cremetory or other p 20a. Method of Disposition Date 6/14 1 DBurial 2 □ Cramation 3 □ Removal from State Depertment o Important: If any Injury or Cemeter 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Address of Facility Kevin A. 21. Signature of Funeral Service Licensee 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiac or respiratory errest, shock, or heert failure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Arpiration 2 WECKS Examiner Examiner 2 Days Garto into hinte physician and the burial-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of): ANEMIA Division of Vital Records, P.O. Box 68760, 14CAT Physician/Medical Dua to (or as a consequance of): Mellitur Diabete Y CATS USB Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? stroke, Diverticularie, 1 Yss 2 No 3 Probably 4 Unknown Dimention 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was en eutopsy performed? NANKY COOPER 2 No 1 Yes 2 No 25. Was cese referred to medicel exeminer? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Natural 5 Pending aftar death. investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 3 Suicida 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homlcide 24 hours a Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steled.

Medical Examiner: On the besis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) and manner stated. 29a. Certifier Medical within 24 hor To the Fune completely fi (Check only one) 29b. Signatura and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) Frents, no House offices JUNE 8, 1999 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) Baltimore, Maryland 21229 Feinstein, MD 900 cutin the

State Registrar 31. Date filed (Month Day Year) 9

32. Registrar's Signatur



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Day Month Yeer MARIAN CADY June 10 1999 7:30 am /Medical 4a. Fecility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner STELLA MARIS HOSPICE TOWSON BALTIMORE 5. Social Security Number If Under 1 Yaar | If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Yeer) Birthplaca (State or Foreign Country) **Funeral** Months Deys 1 MX 20 F 212-03-6044 Yrs. Director 94 MARYLAND Usuel Residence of Decedent the Maryland 10a. State 10b County 10c. City. Town or Location 10d. Inside City Limits must be notified at MD. BALTIMORE TOWSON Director 1 ☐ Yes ½ X No 10e. Street end Number 10f. Zip Code 10a. Citizen of What Country? death with 2300 DULANEY VALLY ROAD 21204 U.S.A. Herns 12. Was Decedant Evar in U.S. Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Reca - Amaricen Indien, Bleck, Whita, etc. "naturel", or item-Armed Forces?

Yas XXNo
f Yes, Giva filed within 72 hours after XX Naver Married 2 Married 21215-0020 1 ☐ Yes XX No Specify: h WHITE Specify: 3 ☐ Widowed 4 ☐ Divorced Completed The Medical 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadant's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) SECRETARY TELEPHONE COMPANY 12 YEARS 7 is marked other traumatic event. Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surneme) . Pages 1 end 2 should be fill ment of Heelth end Mental Hant: If item 27 is merked oth jury or other traumatic even Be WILLIAM P. CADY MARIAN MULKERIN 2 19a. Informent's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) WILMER F. CADY, JR. (NEPHEW) 3713 YOLANDO AVENUE, BALTIMORE, MD., 21218 20b. Pleca of Disposition (Nema of cemetery, cremetory or other p 20e. Method of Disposition 20c. Location - City or Town, Stata XX Burial 2 Cremetion 3 Removel from State Depertment of Important: If eny Injury or once. NEW CATHEDRAL CEMETERY 6-14 BALTO., MD., 21229 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility
HENRY W.JENKINS AND SONS COMPANY
4905 YORK ROAD, BALTIMORE, MARYLAND, 21212 21. Signatura of Funeral Service Licensee 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Batwaen Onset and Death **Physician** /Medical Immediate Ceusa (Final END STAGE DEMENTIA diseasa or condition resulting in deeth) Months Examiner Due to (or es e consequence of): The law requires that the death certificate be axecuted bunial-tran Sequentially list conditions, if eny, leeding to immadiate causa. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Dua to (or es e consequence of): 68760 Physician/Medical the Due to (or as a consequenca of): for use es attanding Pert It. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobecco uea contribute to the cause of death? á 1 Tes 2 No 3 Probably 4 N Unknown signed t Q 24b. Were eutopsy findings evailable prior to completion of cause of daeth? page 2 should Completed 24e. Wes en autopsy performed? has been 1 Yes 2 No certificata 1 ☐ Yes 2 ☐ No Vital filled in by the funeral director. or Attending Physician: Be 25. Was casa raferred to medical 26. Plece of Death (Chack only one) Other: Nursing Home 5 Rasidence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA of this 27. Menner of Death Date of Injury (Month, Dey Yaar) Certification: 28b. Time of 28d. Describe how injury occurred After t 28c. Injury at Work? Division 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident after death 6 Could not ba 3 ☐ Suicide 28e. Plece of Injury - At homa, farm, street, fectory, office building, etc. (Spacify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital owithin 24 hours a To the Funeral D All Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end mennar stated. 29a. Certifier Medical 29b. Signatura end title of cartifiar 29c, Licanse number 29d. Dete signed (Month, Day, Yaar) 30. Name end eddrass of parson who complated causa of death (Itam 23a) (Type, Print)

2300 Dulaney Valley Rd

32 Registrer's Signature

Timonium, Md 21093

Registrar
DHMH 16 Rev 6/95

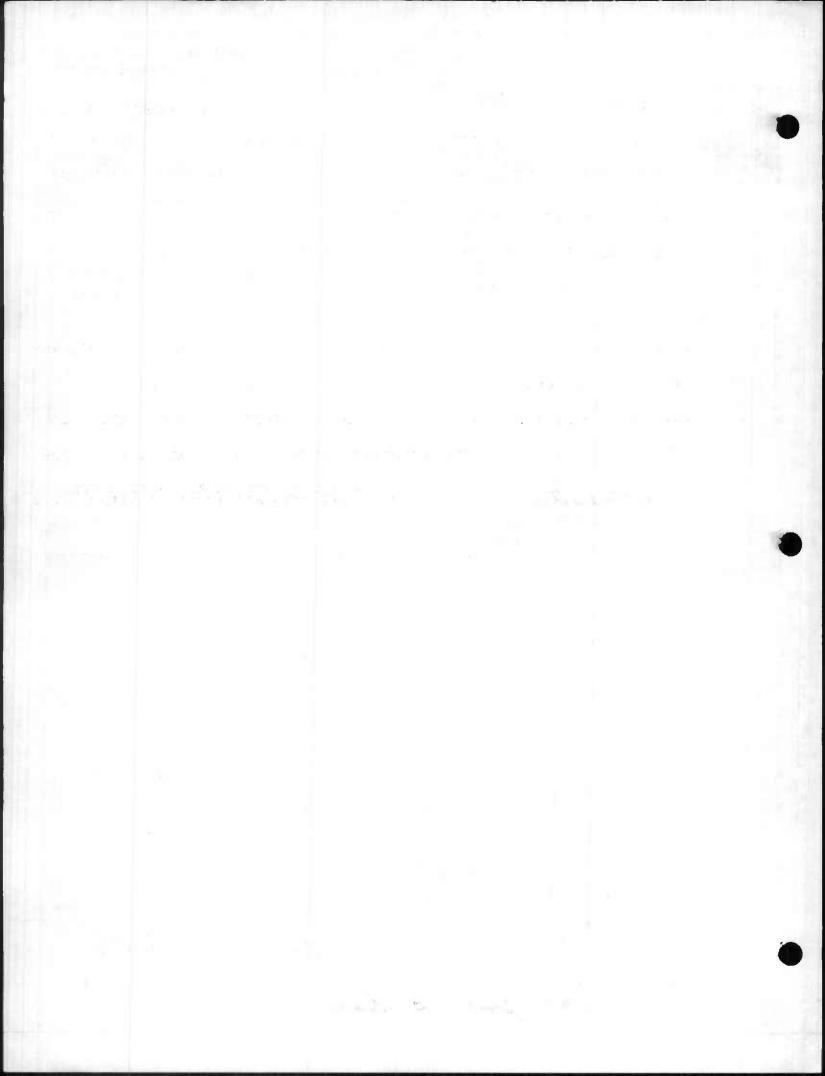
State

Tariq Mahmood, M.D.

31. Dete filed (Month, Day, Year) 1999

MARIAN

CADY



Baltlmore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

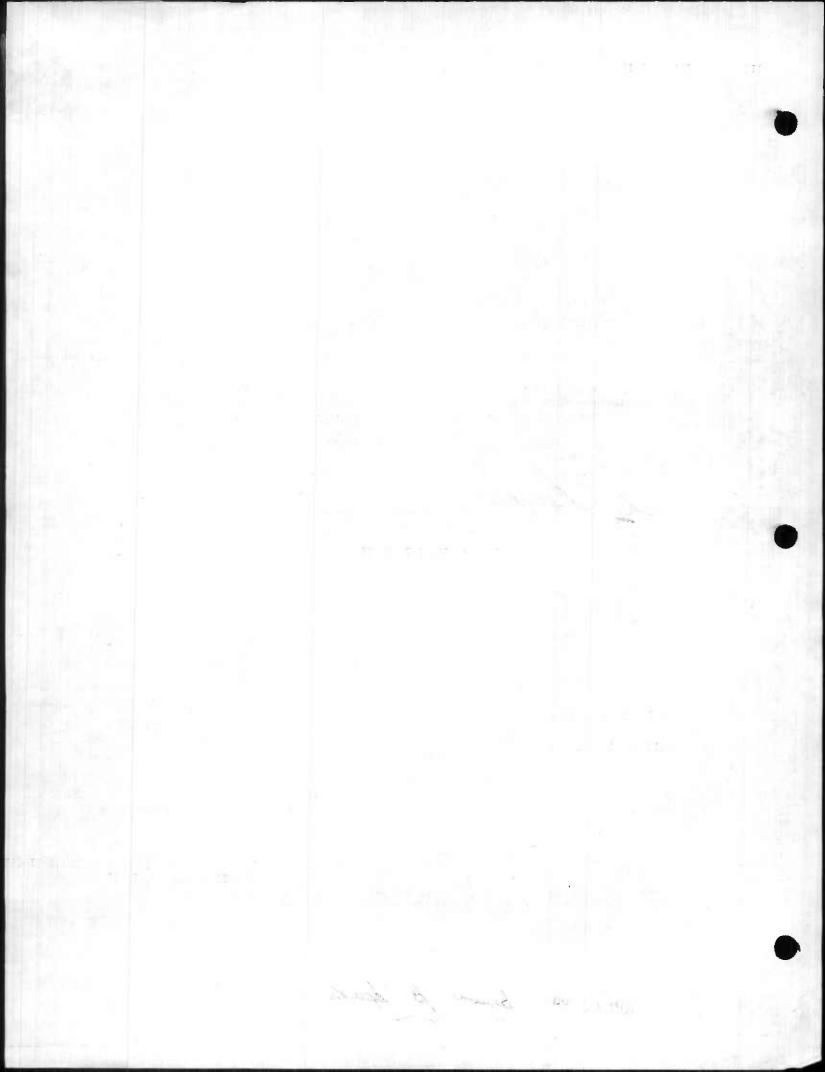
To the Funeral Director: After this certificate has been signed by the attending physician and completally filled in by the funeral director, page 2 should be detached for usa as the bunal-transit

Division of Vital Records, P.O. Box 68760,

tis T 1& PRT II 27,-28a-	State of R	Maryianu		partment o <i>ertificate d</i>		na iv	lental Hygi	33	189	186
1. Decedent's Name (First, Middla,		99 0.0.		entificate	of Deau			g. No.	1 9	Time of Death
							2. Date of Death Month	Day	Year	11.0
Carson Olive 4a Facility Name (# not institution,					Ah City Tow	- or Lo	June 0	9, 1999 4c. County		1:00 A.M
		ərj								
Liberty Medical 5. Social Security Number		Age (In yrs. las	et hirthda	y) If Under 1 Ye		4 Hrs.	8. Date of Birth (Month, Day,		V/A 9. Birthplace	(Stete or Foreign
214-64-1020	10XM 2□ F	4			ays Hours	Min.		Year) L955	Country)	
Usual Residence of Decedent							10 10	. دردا	Maryl	
10a. Stata 10b. County		10c. City, 1								nside City Limits
Md. N/A	1	Bal	ltın	nore Ci				4		X) Yes 2 □ No
10e. Street and Number				10f. Zip Coo	de		10	g. Citizen of v	Vhat Country?	
1808 N. Duke			46	212		- /On		U.S.	e - American In	
11. Marital Status	12. Was Deceder	s?	10	Was Decedent If Yes, specify (of Hispanic Origi Cuban, Mexican,	Puerto	ecify Yes or No- Rican, etc.)	Blac	k, White, etc.	
Nevar Married 2☐ Marrie 3☐ Widowed 4☐ Divorced	d 1 ☐ Yas 2 ☐ If Yes, Give Yeer or Dates		0	1□ Yes 2√	No Specify:			Specify	Black	K
15. Decedent's	Education		16a, Dec	cedent's Usual Oc	conation		1	Ah. Kind of Bu	usiness/Industr	v
(Specify only highast Elementary/Secondary (0-12)			(Giv	ve kind of work do . DO NOT use re	one during most of tired)	of work	ing			
Elementary/Secondary (0-12) 9th	College (1:40	or 5+)		aintena				Apart	ment	
17. Father's Name (First, Middla, La	ast)	= Mari	W.	1000	18. Mother	's Name	e (First, Middle, M	aiden Sumer	10)	
Edward N. Cu	rtis				Ine	z M	atthews			
19a. Informent's Name/Relationship	ip (Type, Print)			-	reet and Number	r or Run	al Route Number,	City or Town,		
Delroy T. Cur	tis/Brot					St	reet, E			
20e. Method of Disposition 1 🖾 Burial 2 Cramation 3 4 Donation 5 Other (Spe		20b. Plac	ca of Disp netery, cr	position (Name or rematory or other	of plece)		Date 2	0c. Location -	City or Town, S	
7 - 9		11CL	CCI	n Star		10	113/33	Caton	PATTI	
21. Signature oleBerraral Service to	can who	VICE.				- 1				
21. Signature old Reportal Service I	Lienne	,		William	ddress of Facility	row	n Commu	nity	Funera	al Home
23a. Parú Entectho disease, or c	DIEDULU complications that caus	sed the death.		₩ 1111 414 1206 W	dress of Facility Nort	row h A	n Commu venue,	nity Balt.	Funera Md. 2	al Home 21217
1/10	DIEDULU complications that caus	sed the death.		₩ 1111 414 1206 W	dress of Facility Nort	row h A	n Commu venue,	nity Balt.	Funera Md. 2	al Home
23a. Pard Enterthe disease, or c shock, or heart failure. List or Immediata Cause (Final	DEPUBLIC complications that cause only one cause on each	sed the death.	Do not e	WITTIES 1206 W enter the mode of	dress of Facility Nort	row h A	n Commu venue,	nity Balt.	Funera Md. 2	al Home 21217 proximete rival Between
23a. Pard Enter Me disease, or coshock, or heart failure. List or	DEPUBLIC complications that cause only one cause on each	sed the death. h line.	Do not e	WITTIES 1206 W enter the mode of	dress of Facility Nort	row h A	n Commu venue,	nity Balt.	Funera Md. 2	al Home 21217 proximete rival Between
23a. Pard Enter Me disease, or coshock, or heart failure. List or Immediata Cause (Final disease or condition	DEPUBLIC complications that cause only one cause on each	sed the death. h line.	Do not e	WITING WITE AND ADDRESS OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF T	dress of Facility Nort	row h A	n Commu venue,	nity Balt.	Funera Md. 2	al Home 21217 proximete rval Between
23a. Pard Enter Me disease, or control of the shock, or heart failure. List of the shock of the	DEPUBLIC complications that cause only one cause on each	sed the death. h line. NARCOTIC Due to (or a	Do not e	WITING WITE AND ADDRESS OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF THE MODE OF T	dress of Facility Nort	row h A	n Commu venue,	nity Balt.	Funera Md. 2	al Home 21217 proximete rval Between
23a. Pard Enterthe disease, or coshock, or heart failure. List of Immediata Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	omplications that cause on each aACUTE	sed the death. h line. NARCOTIC Due to (or a	Do not e	Winner and A 1206 W enter the mode of DXICATION sequence of):	dress of Facility Nort	row h A	n Commu venue,	nity Balt.	Funera Md. 2	al Home 21217
23a. Pard Enter Me disease, or control of the shock, or heart failure. List of the shock of the	DEPUBLIC complications that cause only one cause on each	sed the death. h line. NARCOTIC Due to (or a	Do not e	Winner and A 1206 W enter the mode of DXICATION sequence of):	dress of Facility Nort	row h A	n Commu venue,	nity Balt.	Funera Md. 2	al Home 21217 proximete rval Between
23a. Pard Enter the disease, or coshock, or heart failure. List of Immediata Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	omplications that cause on each aACUTE	sed the death. h line. NARCOTIC Due to (or a	Do not e	Winner and A 1206 W enter the mode of DXICATION sequence of):	dress of Facility Nort	row h A	n Commu venue,	nity Balt.	Funera Md. 2	al Home 21217 proximete rval Between
23a. Pard Enter the disease, or coshock, or heart failure. List of Immediata Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	omplications that cause on each aACUTE	sed the death. h line. NARCOTIC Due to (or a	Do not e	Winner and A 1206 W enter the mode of DXICATION sequence of):	dress of Facility Nort	row h A	n Commu venue,	nity Balt.	Funera Md. 2	al Home 21217
23a. Pard Enter Me disease, or coshock, or heart failure. List of Immediata Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	DEPULLATION STATE CAUSE OF SACRETE a. ACUTE b	NARCOTIC Due to (or a	Do not e	Winter and A 1206 W anter the mode of DXICATION sequence of):	odress of Facility M C B Nortl dying, such as c	row h A	n Commu venue, or respiratory arre	nity Balt.	Funera Md. 2	al Home 21217 proximete rval Between set and Death
23a. Pard Enter the disease, or or shock, or heart failure. List of immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. ACUTE b	NARCOTIC Due to (or a	Do not e	Winter and A 1206 W anter the mode of DXICATION sequence of):	odress of Facility M C B Nortl dying, such as c	row h A	n Commuvenue, or respiratory arre	nity Balt.	Funera Md. 2	al Home 21217 proximete rval Between set and Death
23a. Pard Enterme disease, or or shock, or heart failure. List of limited disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. ACUTE b	NARCOTIC Due to (or a	Do not e	Winter and A 1206 W anter the mode of DXICATION sequence of):	odress of Facility M C B Nortl dying, such as c	row h A	n Commuvenue, or respiratory arre	Balt.	Funera Md. 2 Applinte Ons	cause of death
23a. Pard Enter the disease, or or shock, or heart failure. List of immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. ACUTE b	NARCOTIC Due to (or a	Do not e	Winter and A 1206 W anter the mode of DXICATION sequence of):	odress of Facility M C B Nortl dying, such as c	row h A	n Commuvenue, or respiratory arre	Dacco use cons 2 No	Funera Md. 2 Applinte Ons Tribute to the 3 Probably	al Home 21217 proximete rval Between set and Death
23a. Pard Enterne disease, or coshock, or heart failure. List of Immediata Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions. PERI - RENAL ABSCE	a. ACUTE b	NARCOTIC Due to (or a	Do not e	Winter and A 1206 W anter the mode of DXICATION sequence of):	odress of Facility M C B Nortl dying, such as c	row h A	n Commu venue, or respiratory arre	Dacco use cons 2 No	Funera Md. 2 Applinte Ons Tribute to the 3 Probably	cause of death utopsy findings le prior to tion of cause
23a. Pard Enterine disease, or coshock, or heart failure. List of Immediata Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions.	a. ACUTE b	NARCOTIC Due to (or a	Do not e	Winter and A 1206 W anter the mode of DXICATION sequence of):	odress of Facility M C B Nortl dying, such as c	row h A	n Commu venue, or respiratory arre	Decco use constant autopsy	Funera Md. 2 Applinte Ons Probably 24b. Were a availab comple of deat	cause of death utopsy findings le prior to tion of cause
23a. Pard_Enterme disease, or or shock, or heart failure. List of Immediata Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other algnificant conditions. PERI - RENAL ABSCE SEIZURE DISORDER 25. Was case referred to medical examiner?	a. ACUTE b	NARCOTIC Due to (or a	Do not e	Winter and A 1206 W anter the mode of DXICATION sequence of):	e given in Part I.	row h A	n Commuvenue, or respiratory arre	Decco use constant autopsy ed?	Funera Md. 2 Applinte Ons Probably 24b. Were a availab comple of deat	cause of death cause of death utopsy findings le prior to thou of cause n?
23a. Pard_Enterme disease, or or shock, or heart failure. List of limited disease, or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other algnificant conditions. PERI - RENAL ABSCE SEIZURE DISORDER 25. Was case referred to medical examiner? 18 Yes 2 \(\square\$ No	a. ACUTE b	NARCOTIC Due to (or a	Do not e INTO as a conse as a conse as a conse as a conse as a conse as a conse	Winner and A Winner tha mode of DXICATION sequence of): sequence of): sequence of): sequence of):	ediress of Facility Nort! dying, such as c	row h A Acardiac of Deat	23b. Did tot 1 Ye 24a. Was en perform 1 Check only one	Decco use constant of the state	Funera Md. 2 Applinte Ons Intribute to the 3 Probably 24b. Were a availab comple of deat 1 Probably	cause of death cause of death utopsy findings le prior to thou of cause n?
23a. Pard_Enter Me disease, or or shock, or heart failure. List of shock, or heart failure. List of shock, or heart failure. List of shock, or heart failure. List of shock, or heart failure. List of shock, or heart failure. List of shock, or heart failure. List of shock, or heart failure. List of shock, or heart failure. List of shock, or heart failure. Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other algnificant conditions PERI – RENAL ABSCE SEIZURE DISORDER 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Pending	Depute complications that cause on each a. ACUTE b	NARCOTIC Due to (or a	Do not e	Winner and A 1206 W anter the mode of DXICATION sequence of): sequence of): sequence of): sequence of): sequence of):	e given in Part I. 26. Placa Other: 4 Nur.	row h A Acardiac of Death	23b. Did tot 1 Ye 24a. Was en perform (Check only one 5 Resider 28d. Describe hor	nity Balt. st, st, st, st, st, st, st, s	Funera Md. 2 Applinte Ons Intribute to the 3 Probably 24b. Were a availab comple of deat 1 Probably	cause of death cause of death utopsy findings le prior to thou of cause n?
23a. Pard_Enterifie disease, or or shock, or heart failure. List of lisease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other algnificant conditions. PERI - RENAL ABSCE SEIZURE DISORDER 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Pending investigal investigal investigal investigal process.	b. ACUTE b. C. d. Hospital: 128a Dete of Ir (Month). 128a Dete of Ir (Sed the death. NARCOTIC Due to (or a Due to (or a) Due to (or a) Due to (or a) An but not resulting atient 2 EF njury Dey Year) 9-99	Do not e INTO as a conse as a co	Winner and A Winner tha mode of DXICATION sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of):	e given in Part I. 26. Placa Other: 4 Nur. Injury at Work? 1 Yes 2 🖄 N	row h A Acardiac of Death	23b. Did tot 1 Ye 24a. Was en perform (Check only one me 5 Resider 28d. Describe hor	Decco use constant of the cons	Funera Md. 2 Applinte Ons Intribute to the 3 Probably 24b. Were a availab comple of deat 12 Ve	cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death
23a. Part Enter Me disease, or or shock, or heart failure. List of	b	Sed the death. NARCOTIC Due to (or a Due to (or a) Due to (or a) Due to (or a) An but not resulting atient 2 EF njury Dey Year) 9-99	Do not e INTO as a conse as a co	Winner and A Winner tha mode of DXICATION sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of):	e given in Part I. 26. Placa Other: 4 Nur. Injury at Work? 1 Yes 2 🖄 N	row h A Acardiac of Deat	23b. Did tot 1 Ye 24a. Was en perform 1 Check only one me 5 Resider 28d. Describe hor City or Town,	Decco use constant of the street of the stre	Probably 24b. Were a availab comple of death 12ver (Specify) red Proposity of the ser or Rural Ro	cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death
23a. Pard_Enterme disease, or or shock, or heart failure. List of	b	bed the death. NARCOTIC Due to (or a Due to (or a Due to (or at Due to (or at Due to (or at Due to (or at A but not resulting atient 2 EF piury Dey Year) 20 9-99 Injury - At hom. etc. (Specify) AT HOME	Do not e INTO as a conse as a co	Winner and A 1206 W enter the mode of DXICATION sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of):	e given in Part I. 26. Placa Other: 4 Num Injury at Work? 1 Yes 2 Num	row h A Acardiac of Deat	23b. Did tot 1 Ye 24a. Was en perform 1 Check only one me 5 Resider 28d. Describe hor UNK 28f. Location (Str. City or Town, 1 BAL TIMORE	Decco use constant of the structure of t	Funera Md. 2 Applinte Ons Interibute to the 3 Probably 24b. Were a availab complete of deatt 1 Probably red Per (Specify) red Per (Specify) RD T	cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death
23a. Part_Enter Me disease, or coshock, or heart failure. List of shock, r heart failure. List of shock or heart failure. List of shock or heart failure. List of shock or heart failure. List of shock or heart failure. List or shock or heart failure. List or shock or highly shock or heart failure. List or shock or highly shock or heart failure. List or shock or highly shock or heart failure. List or shock or highly shock or heart failure. List or shock or highly shock or heart failure. List or shock or highly shock or highly shock or heart failure. List or shock or highly shock	b. ACUTE a. ACUTE b. C. d. Be contributing to death SS Hospital: Minpa 28a. Dete of In (Month, In 28b. Placa of building, FOUND Physician: To the best xaminer: On the basis	Due to (or at Du	Do not e INTO as a conse as a co	Winner and A Winner tha mode of DXICATION sequence of): se	e given in Part I. 26. Placa Other: 4 Nur. Injury at Work? 1 Yes 2 N	row h A Acardiac of Death sing Ho	23b. Did tot 1 Ye 24a. Was en perform 1 Check only one me 5 Resider 28d. Describe hor City or Town, 1 BAL TIMORE end due to the ca	Decce use constant of the state	Funera Md. 2 Applinte Ons Intribute to the 3 Probably 24b. Were a availab comple of deat 1 Ve	cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death cause of death
23a. Pard_Enter-Me disease, or coshock, or heart failure. List of shock, or heart failure. List of	b. ACUTE a. ACUTE b. C. d. Hospital: Minpa ation to be end be Place of Ir (Month, Is 28e. Place of Ir (Month, Is (Mon	Due to (or at Du	Do not e INTO as a conse as a co	Winner and Action of the course of the cours	e given in Part I. 26. Placa Other: 4 Nur. Injury at Work? 1 Yes 2 N	row h A Acardiac of Death sing Ho	23b. Did tot 1 Ye 24a. Was en perform 5 Resider 28d. Location (Str. City or Town, 1 BAL TIMORE end due to the, da	Decco use constant of the street of the stre	Funera Md. 2 Applinte Ons Intribute to the 3 Probably 24b. Were a availab comple of deat 1 Ve	cause of death cause of death

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 32 Registrar's Signature knnis 1 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Yeer 1999

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Death 1. Decedent's Nama (First, Middle, Last) 3. Tima of Death Day Month Physician 9:15 AM **Roland James Combs** June 13, 1999 /Medical 4a Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 2216 Rockhaven Ave Catonsville Baltimore If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 1 M 2 ☐ F 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Director 66 213-30-9772 March 11, 1933 West Virginia Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location r than "naturel", or items 23s or 28s-f show the Madical Examiner must be notified at 10d. toside City Limits 1 ☐ Yes 2 No Director **Baltimore** Maryland Catonsville 10e. Street and Number 10f. Zio Code 10g. Citizen of What Country? 21228 2216 Rockhaven Ave U.S.A death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Meritet Status Bleck, White, etc. flied within 72 hours after 1 Yes 2 No If Yes, Give Year or Detes: 1 Never Merried 2 Merried Baitimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Flour Mill Welder 8 permit. Pages 1 and 2 should be file Department of Health and Mentel Hy important: if frem 27 is marked other important; or other traumatic event bates. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be James Elvin Combs Minnie E. Lofton 19e. tnforment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2216 Rockhaven Ave. Catonsville, Maryland 21228 Wife Ms. Marian Combs 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Buriat 2 Cremetion 3 Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Good Shepherd Cemetery 06/16/99 Ellicott City, Maryland w of Fungral Service Licens 22. Name end Address of Fecility Slack Funeral Home, P.A. 3871 Old Columbia Pike Ellicott City, MD 21043 M00535 Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, mock, or heart failure. List only one cause on each line. Approximate tntervel Between Onset end Death **Physician** tmmediete Cause (Finel disease or condition resulting in death) /Medical Due to (or es a consequence of):

MY FLD DYS PLASIA Examiner Examiner physician end the buriel-transit that the death certificate be executed Sequentially list conditions, if any, teading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Box 68760 Physician/Medical Dua to (or as a consequence of): signed by the a Part It. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I 23b. Did tobacco use contribute to the cause of death? P.O. 1 Yes 2 No 3 Probably 4 Unknown Records, Á 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes en eutopsy parformed? 1 Yes 2 No 1 Yes 2 No certificata Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

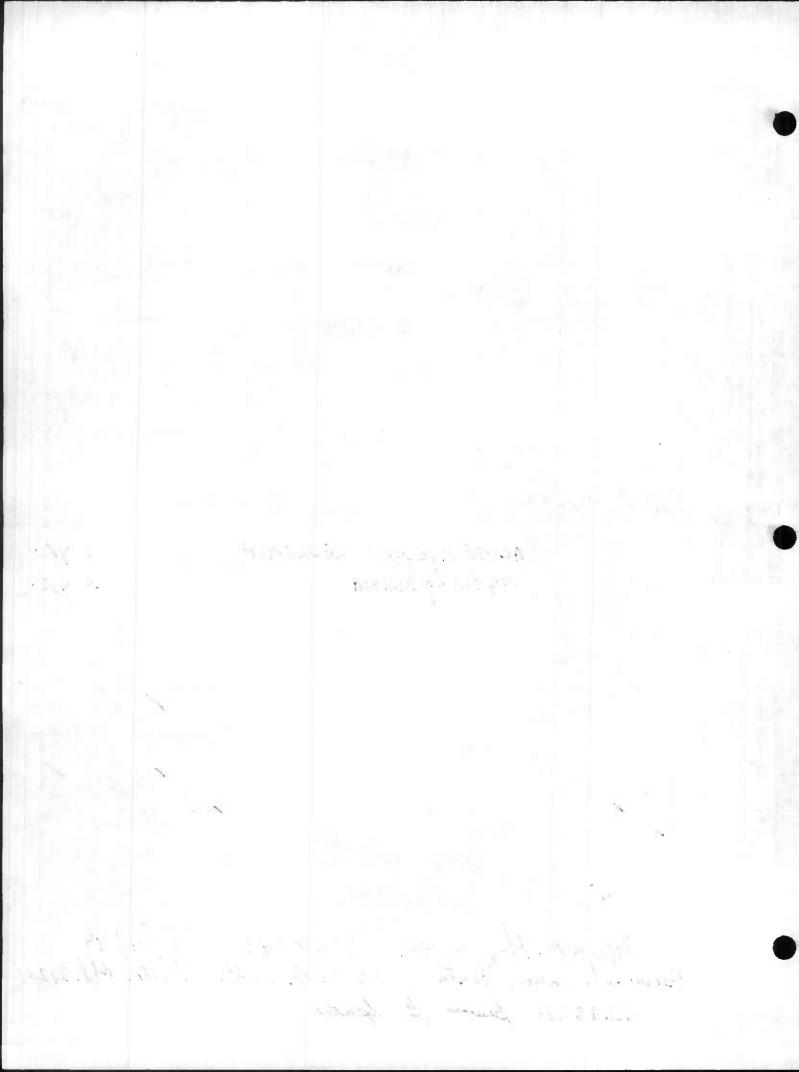
To the Funerel Director: After this certifica completally filled in by the funeral director; p. 8 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Pasidence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury at Work? 27. Manner of Death 28a. Date of tnjury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 1 (ANatural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 29a, Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the cause(s) end manner es stated. Medicai (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 08246

State Registrar 31. Dete filed (Month, Day, Year) JUN 1 5 1999

of person who completed cause of death (Item 23a) (Type, Print) 32. Registrer's Signeture

S. Shew H. Battr.

22



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death Grace Myra DuBois 10, 1999 June 8:52 PM 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Anne Arundel Medical Center Anne Arundel Annapolis H Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (Stata or Foreign Country) Months Days Yrs. 24, 1943 Pennsylvania 219-76-8793 Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits N Yes 2 No Anne Arundel Annapolis 10f. Zin Code 10g. Citizen of What Country? 12 Sargent Court 21401 USA 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Datas: 1 Never Married 2 ☐ Married 1 ☐ Yas 2 ☑ No Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b, Kind of Business/Industry Sheltered Elementary/Secondary (0-12) College (1-4or 5+) Crafts Workshop 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Horace Conard DuBois Edith Kathryn Wiest 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Muriel Ross Griffith/Half-Sister 204 Gloucester Dr. Glen Burnie, MD 21061

20b. Place of Disposition (Nama of Disp 20b. Place of Disposition (Nama of cematary, crematory or other place) 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 6/12/99 Baltimore, 21. Signatury of Funeral Service L 22. Neme and Addrass of Fecility Cremation Society of MD, Inc. Chegorchik Edward A. 299 Frederick Road Baltimore, 21228 MD_ 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death DAIS Neunovia Due to (or as a consequence of): Dua to (or as a consequence of):

Physician /Medical Examiner

physician and s the burial-transit

USB 88

signed by the a

page 2

director,

certificate

this funeral

After

To the Hospital or Attending within 24 hours effect death. To the Funeral Director: Affa completely filled in by the fun

Hospital or Attending Physician: 24 hours after death.

Box 68760,

P.O.

Records.

Division of Vital

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

death

hours after

filed within 72

Hygiene.

permit. Pages 1 and 2 should be filed will Department of Health and Mental Hygient Important: if Item 27 Is merked other that any Injury or other traumetic event, the page.

aitimore, Maryland 21215-0020

Director

Funeral

à

Completed

8

2

Examiner

Physician/Medical

by

Completed

8

edical Certification: To

5. Social Security Number

Maryland

11. Marital Status

10e. Street and Number

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Immediata Cause (Final disease or condition resulting in death)

loors

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.

23b. Did lobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

r 0/2 one

24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yas 2 No

25. Was case referred to medical examiner? 1 Yes 2 N 27. Manner of Death

28a. Date of Injury (Month, Day Year) 5 Pending investigation

Hospitat: 1 Impatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 ☐ Nursing Homa 5 ☐ Rasidence 8 ☐ Other (Specify) 28d. Describe how injury occurred

29a. Certifier

1 ANaturat

2 Accident 3 Suicide

4 Homicide

112 Certifying Physician: To you hast of my knowledga, death occurred at the tima, data and place, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end mannar is stated.

29b. Signature & atte of certific

6 Could not be

29c. License number

29d. Data signed (Month, Day, Year) 99

Location (Street and Number or Rural Route Number, City or Town, State)

State

Registrar

30. Nama and addrass of person who completed cause of death (Item 23a) (Type, Print)

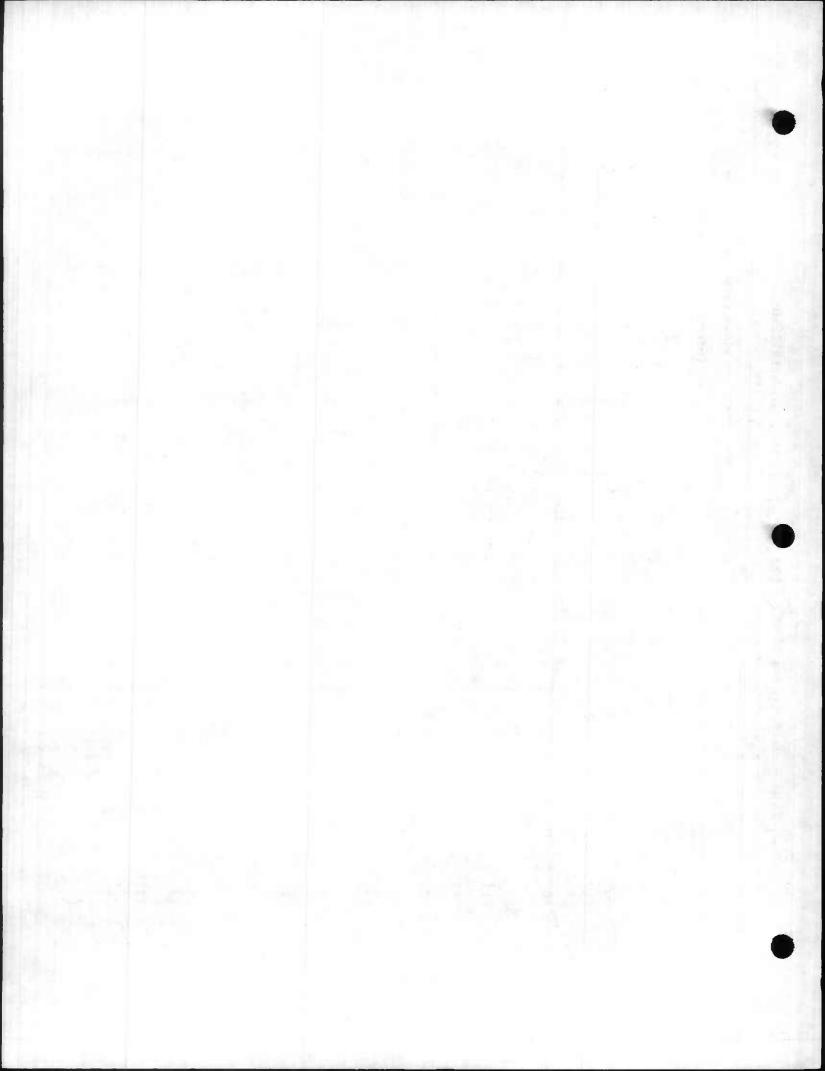
26. Placa of Death (Check only ona)

31. Data filed (Month, Day, Year)

JUN 1 5 1999

32 Registrar's Signatura

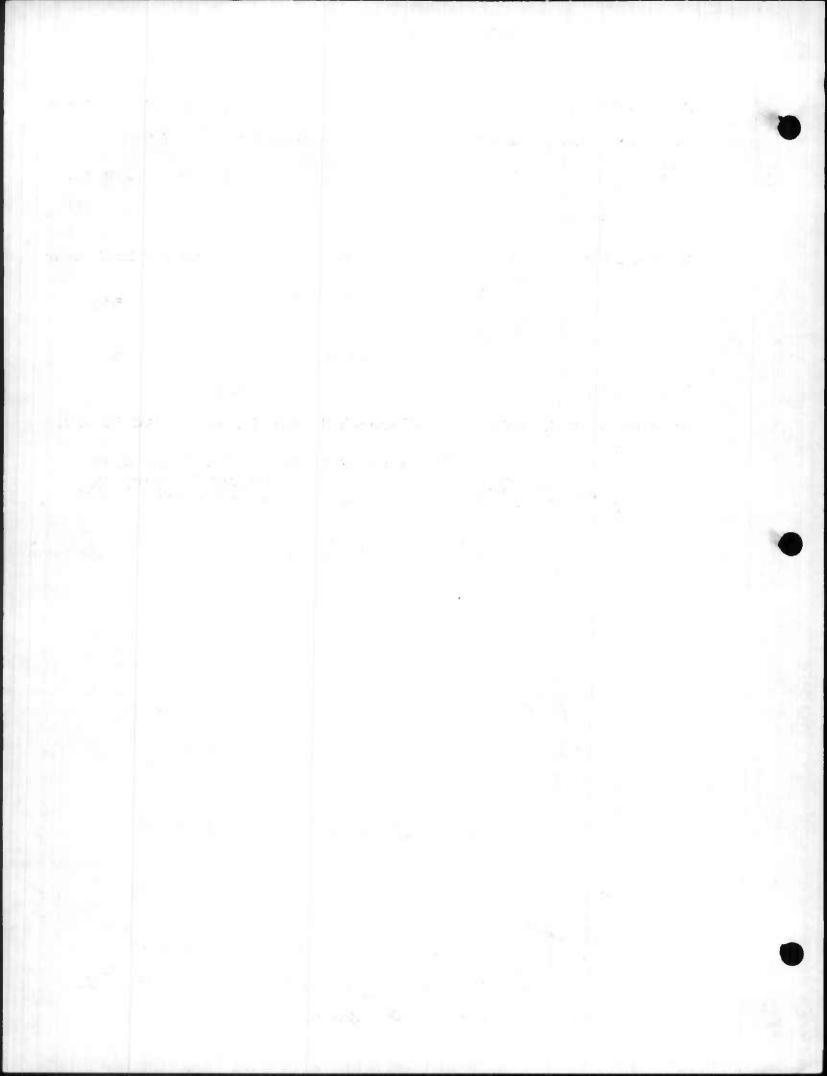
28e. Place of Injury - At home, farm, street, factory, office building, alc. (Specify)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 18989

ysician ledical	Maria Davida O D					0.6			3. Time of Death	
	Mary Doris C. Dav		June	12, 1999	Year	8:00 PM				
aminer	4a. Facility Name (If not instit	4b. City, Town, or Lo								
	Genesis Elder Car				Brooklandvi		Balti	% .		
eral ctor	5. Social Security Number 172–32–8719 Usual Residence of Decedan	6. Sex 1 □ M 2 💢 F	7. Age (In yrs. last birthda) 93 Yrs.	Months Days		8. Date of Birth (Month, Day, July 05,	Year) 1905	9. Birthpla Countr Salem	nca (State or Foreign), Mass.	
	10a. State 10b. Co.		10c. City, Town or L	ocation				100	d. Inside City Limit	
al Director	PA. Erie	Co.	Erie				1 □ Yes 2 🖔			
lrec	10e. Street and Number			10f. Zip Code		1	10g. Citizen of Whet Country?			
<u>a</u>	5416 East Lake Ro	ad		1651	11	l	United States of America			
by Funeral Director	11. Marital Status 1 □ Never Married 2 □ I 3 □ Widowed 4 □ Divor	Armed F	2 X No	Was Decedent of H If Yes, specify Cub 1 ☐ Yas 2 🛣 No	Hispanic Origin? (Spean, Mexican, Puerto Specify:		ce - Americen Indian, ack, White, etc. fy: White			
P	15. Dece	dent's Education	16a. Dec	edent's Usuai Occup	pation		16b. Kind of Bus			
Completed	Elemantary/Secondary (0-1	ghest grade completed, 2) Coilege	(GiV life.	e kind of work done DO NOT use retire	during most of work d)	ng		,		
S	12	01		Home Make				Home		
Be	17. Father's Name (First, Mid				18. Mothar's Name		Maiden Sumame	1)		
2	Thomas V. Chandle				Katherine Morris					
	19a. Informant's Name/Relat				end Number or Aura					
	Mrs. Feather Ann 20a. Method of Disposition	Davis(Daugite	20b. Place of Disp	Wetheredsvi		Baltimore,	20c. Location - C			
	1 ☐ Burial 2 💆 Cremati 4 ☐ Donation 5 ☐ Othe	on 3 Removal from	State cemetery, cre	ervice Corpo			14/1999 Towson, Maryland			
	21. Signature of Funeral San									
any injury or other traumetic event, to Med once. To Be Complet	1 John on	2 L. 9	uck Towson Funeral Home, Inc. 250 York Rd. Towson, Md. 21204							
n al er	23a. Perty. Exter the diseaset shock, or heart feilure. Immediate Cause (Final disaasa or condition resulting in death)	a.	each line.	g Deme	ng, such as cerdiac d	or raspiratory arm	est,	1	Approximate ntervel Between Onset and Death	
luer	,		Due to (or as a cons	quence of):						
Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events		Due to (or as a conse	equence of):						
Medical	resulting in death) Last									
lan		<u> </u>								
Physician/N	Part il. Other algnificant cond	littons contributing to o	leath but not resulting in the	underlying cause gi	ven in Part I.	23b. Did to			the cause of death	
Y P	1 Jun	of Ca				1 🗆 Y	es 2 No	3 Proba	ibly 4 Unknow	
Completed by	Dril	eles				24a. Was a perform		avai	e autopsy findings lable prior to pietion of cause eath?	
E	Atr	ivel fil				1 □ Ye	s 2 No	1 🗆	Yes 2□ No	
Be	25. Was casa raferred to med examiner?	ical			26. Place of Death	(Check only on	e)			
2	1☐ Yes 2☐ No	Hospital: 1 🗆	Inpatient 2 ER/Outpatie	ent 3 DOA	ner: 4 Nursing Ho	me 5 Reside	ence 6 Othe	r (Specify)		
Certification:	Z L Hoordon	estigation	of injury oth, Day Year) 28b. Time Injury	Wo	ry et rk? Yes 2 □ No	28d. Describe ho	ow Injury occurre	bd		
E	3 Suicide 6 Co 4 Homicide det	aid not be ermined 28e. Place build	e of Injury - At home, farm, sing, etc. (Specify)	traet, factory, office		28f. Location (Street and Number or Rural Route Number, City or Town, State)				
edical Ce	29a. Certifier (Check only one)	cat Exeminer: On the b	e best of my knowledge, dea lesis of examination end/or in oner steted.	th occurred at the tin	me, date end place, opinion, deeth occurr	end due to the ca	ause(s) end men ate and place, a	ner es ste nd due to t	ted. he cause(s)	
Medical Cert	29b. Signature and title of	1		29c. Licens			9d. Date signed		ay, Year)	
	//0	EU.	MUS	02	9569 Greene	E	5/14/9	9		
			se of death (Item 23a) (Typa	m.c.n		/	/ /-		300	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

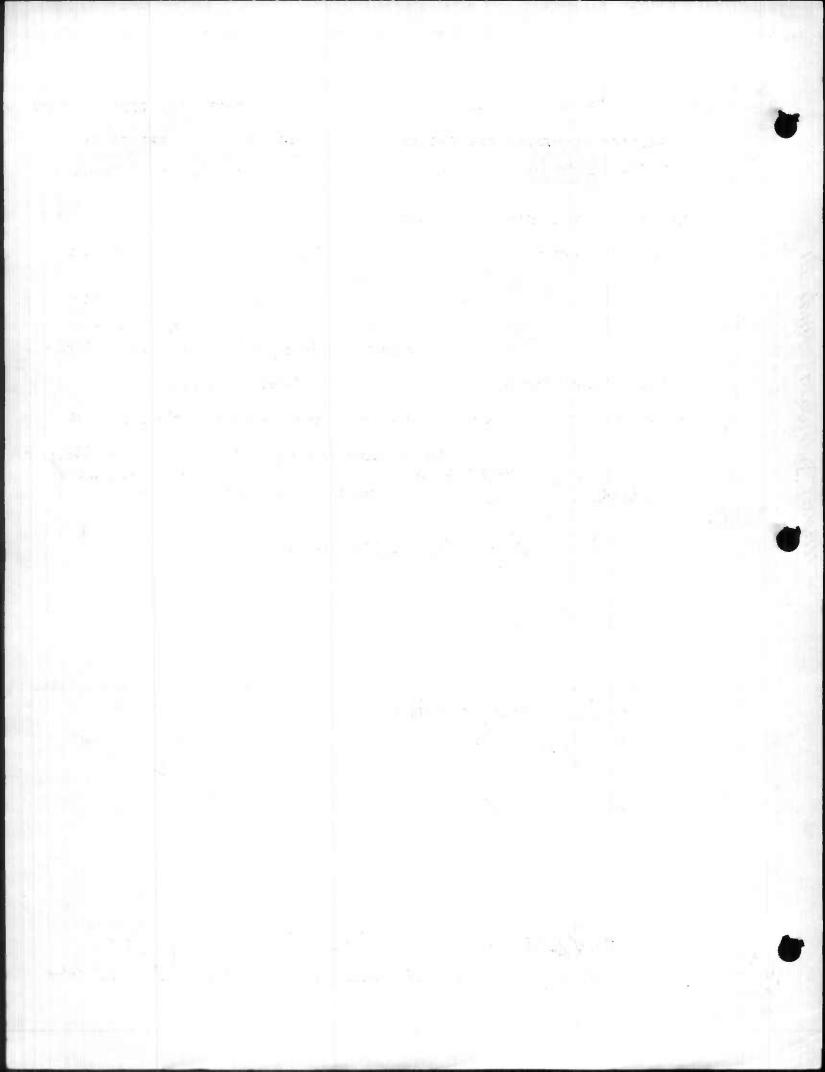
State of Maryland / Department of Health and Mental Hygiene Q 1 9 9 0

nysician		I. Decedent's Nama							2. Data of De Month	eath Day	Yaar	3. Tima of Death	
Medical			Andrew		rwart				JUNE	10, 1	999	3:30PM	
xaminer	4	e. Fecility Neme (#							or Location of Daath 4c. County of Death				
	6	GREATE . Social Security Nu		IMORE M	MEDICA. 7. Aga (In yrs. I		TER If Under 1 Yea	TOWS			TIMO		
neral ector		212-07-5	070	Sex 120 M 2□ F	82		Months Days	Hours Mid	NOV. 6	, 1916	Mar	laca (Stata or Foreign try) Yland	
	-		10b. County		10c. City	y, Town or Lo	cation				1	Od. Insida City Limits	
to to	Maryland Baltimore Co. Carney											1 ☐ Yes 2 💆 No	
Sirec		0e. Straet and Num	bar				10f. Zip Coda			10g. Citizen of V			
rair		2917 Er	ie Aven					21234		United States			
Examiner must be nutified at by Funeral Director		1. Merital Status 1 Navar Marria 3 Widowed	1 🔀 Yas	12. Was Decedent Ever in U,S. Armed Forcas? 1 12 Yas 2 □ No If Yas, Giva Yaar or Datas; WWII			Hispenic Origin? (ban, Maxican, Pua Specify:	Specify Yas or No irto Rican, atc.)	Specify	an Indien, atc. nite			
natural', refeal Exp		15. Decedant's Educ (Spacify only highest grada		ducation	cation 16a. Decer		dant's Usual Occu	upation a during most of w	arkina	16b. Kind of Bu			
	-	Elementary/Secon		Collega (1-40/5+)					Baltin		•		
important: If them 27 is marked other than 'natural any injury or other traumatic event, the Medical once. To Be Completed		7 Fathada Nama //	2	2 Contract Admi						Highways			
		17. Fether's Name (First, Middle, Last) Andrew Michael Derw							18. Mothar's Nama (First, Middle, Melden Sumer. Teresa Kinlein			ne)	
		19a. Informent's Nar				19b. Mailie	ng Address (Stree	et and Number or I			Stata, Zip	Coda)	
		Mr. Rober			son)		Erie Av		ltimore,			1234	
		Oa. Mathod of Dispo	osition		20b. P	lace of Dispo	sition (Nama of matory or other pl		Data	20c. Location -	City or To	wn, Stata	
		1 (A) Burial 2 L 4 ☐ Donation	JCremation 3 L 5 ☐ Othar (Spec	□Ramoval from S ify)					6/14/99	Balti	more	, Maryland	
		21. Signature of Fun	nerel Service Lice	ensaa Michae	el E. Can	napp 22	2. Nama end Add	ress of Fecility		5305 H	arfor	d Road	
6 6		Mid	200	. Can	7/.		LEONARD	J. RUCK	, INC.	Baltimo	ore, I	MD 21214	
		23a. Part1. Entar the shock, or haart	a disaasa, or cor t failura. List only	nplicetions that ca y ona causa on as	aused tha deeth ach line.	n. Do not ant	ar tha moda of dy	ring, such es cardi	ac or raspiratory a	arrast,		Approximata Intarvsl Batwean Onsat and Death	
cian dical niner				1-	in L)				!	Onout and Douth	
	1	Immedieta Ceusa (F diseesa or condition rasulting in death)	-inal	a. AS/	1110176	ou //		ollia	/				
ě	ľ	diseesa or condition	inal I	a. AS/	Dua to (or	gu //		olla					
transit aminer		diseesa or condition rasulting in death)		a. AS/	`	or as a consecutive as	quence of):	ollia	/				
ourial-transit		diseesa or condition rasulting in death) Sequentially list con if any, laading to imreuse. Enter Under Cause (Diseasa or It		a. AS/	`		quence of):	ollia					
the bu		diseesa or condition	idition <i>s</i> , madiata tying njury	a. AS/ b	Dua to (or		quenca of):	ollia					
es the bu		diseesa or condition rasulting in death) Sequentially list con if any, laading to imr cause. Entar Undar Cause (Disaasa or Ir Intat Initiated evants	idition <i>s</i> , madiata tying njury	a. A S// b	Dua to (or	r as e consec	quenca of):	ollia					
es the bu		diseesa or condition rasulting in death) Sequentially list con if any, laading to imr cause. Entar Undar Cause (Disaasa or Ir Intat Initiated evants	iditions, madiata tying njury ast	a. A S	Dua to (or	r as e consec	quence of): quence of):			tobacco use co	i i i i i i i i i i i i i i i i i i i	o the cause of death'	
etached for use es the bu		diseesa or condition resulting in death) Sequentially list con if any, laading to imreause. Enter Under Cause (Diseasa or it into Intitated evants resulting in death) Li	ditions, madiata thing nijury ast		Dua to (or Dua to (or ath but not resu	r as e consec	quence of): quence of):		23b. Dld	tobacco use co		o the cause of death' bably 4 □ Unknow	
be detached for use as the but by Physician/Medical		diseesa or condition resulting in death) Sequentially list con if any, laading to imreause. Enter Under Cause (Diseasa or it into Intitated evants resulting in death) Li	ditions, madiata thing nijury ast		Dua to (or Dua to (or ath but not resu	r as e consec	quence of): quence of):		23b. Did	Yes 2010	3 Prol	bably 4 ☐ Unknow	
be detached for use as the but by Physician/Medical		diseesa or condition resulting in death) Sequentially list con if any, laading to imreause. Enter Under Cause (Diseasa or it into Intitated evants resulting in death) Li	ditions, madiata thing nijury ast	a. AS/	Dua to (or Dua to (or ath but not resu	r as e consec	quence of): quence of):		23b. Did		3 Prol	bably 4 Unknown ere autopsy findings ailabla prior to mplation of cause	
2 should be detached for use as the but pleted by Physician/Medical		diseesa or condition resulting in death) Sequentially list con if any, laading to imreause. Enter Under Cause (Diseasa or it into Intitated evants resulting in death) Li	ditions, madiata thing nijury ast		Dua to (or Dua to (or ath but not resu	r as e consec	quence of): quence of):		23b. Did 1 □ 24a. Wes	yes 2 no	3 Prol	ere autopsy findings ailabla prior to mplation of cause deeth?	
2 should be detached for use as the but pleted by Physician/Medical		diseasa or condition rasulting in death) Sequentially list confi any, laading to imreause. Enter Under Cause (Diseasa or it that Initiated evants rasulting in death) L.	ditions, madiata thing nijury ast Caro		Dua to (or Dua to (or ath but not resu	r as e consec	quence of): quence of):	given In Pert I.	23b. Did 1 □ 24a. Wes peri	Yes 2 No	3 Prol	bably 4 Unknown ere autopsy findings ailabla prior to mplation of cause	
rector, page 2 should be detached tor use as the but Be Completed by Physician/Medical		diseesa or condition resulting in death) Sequentially list con if any, laading to imreause. Enter Under Cause (Diseasa or it into Intitated evants resulting in death) Li	ditions, madiata thing nijury ast Caro	hospital:	Dua to (or Dua to (or ath but not result	r as e consec r es e consec ulting in the u	quence of): quence of): quence of): quence of):	given In Pert I. 26. Place of D	23b. Did 1 □ 24a. Wes peri	Yes 2 No	3 Prol	ere autopsy findings ailabla prior to mplation of cause deeth?	
I director, page 2 should be detached tor use as the but To Be Completed by Physician/Medical		disease or condition resulting in death) Sequentially list confi any, leading to impeause. Enter Under Cause (Disease or Inhat Initiated events resulting in death) L. Pert II. Other significations of the configuration of the configuration of the configuration of the condition of the condition of the configuration of the	ditions, madiata lying njury ast Caro School ad to madical	Hospital: 1 1 1 1	Dua to (or Dua to (or ath but not result partient 2 -	r as e consecutive es e	quence of): quence	given In Pert I. 26. Place of D Nthar: 4□ Nursing	23b. Did 1 □ 24a. Wes peri 1 □ eath (Check only Homa 5 □ Res	Yes 2 No	3 Prol	ere autopsy findings ailabla prior to mplation of cause deeth?	
I director, page 2 should be detached tor use as the but To Be Completed by Physician/Medical		disease or condition resulting in death) Sequentially list confi any, leading to impause. Enter Under Cause (Disease or Inhat Initiated events resulting in death) L. Pert II. Other significations of Death 1	ditions, madiata lying night ast	Hospital: 1 Sir	Dua to (or Dua to (or ath but not result	r as e consecutive se e	quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of):	given In Pert I. 26. Place of D Nthar: 4□ Nursing	23b. Did 1 □ 24a. West perf 1 □ eath (Check only Homa 5 □ Res 28d. Dascribe	Yes 2 No s en eutopsy ormad? Yas 2 No ona) Idence 8 Oth how injury occur	3 Prol 24b. Www.co.co.of 1 [ere autopsy findings ailabla prior to mplation of cause deeth? Yas 2 No	
by the funeral director, page 2 should be detached for use as the but iffication: To Be Completed by Physician/Medical		disease or condition resulting in death) Sequentially list confi any, leading to impedie to impedi	ditions, madiata lying njury ast Caro	Hospital: 1 Sir	Dua to (or Dua to (or ath but not result Dua to (or	r as e consecutive as e	quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of):	26. Place of D Nthar: 4 Nursing ury at ork? Yes 2 No	23b. Did 1 □ 24a. Wes perf 1 □ eath (Check only Homa 5 □ Res 28d. Dascribe	Yes 2 No s en eutopsy ormad? Yas 2 No ona) Idence 8 Oth	3 Prol 24b. Www.co.co.of 1 [ere autopsy findings ailabla prior to mplation of cause deeth? Yas 2 No	
by the funeral director, page 2 should be detached for use as the but iffication: To Be Completed by Physician/Medical		disease or condition resulting in death) Sequentially list confi any, leading to impause. Enter Under Cause (Disease or Inhat Initiated events resulting in death) L. Pert II. Other signification of Death 1 Chatural 2 Accidant 3 Suicide 4 Homicide 29e. Certifiar (Check only	ditions, madiata lying njury ast COYO ad to madical No 5 Pending invastigatic 6 Could not datarminace	Hospital: 1 3 and 1 and	Dua to (or Dua to (or Pua to (or Pua to (or Puath but not rest ER/Outpatier 28b. Time o	nt 3 DOA C at that the cocurred at that	26. Place of D Nthar: 4 Nursing ury at ork? Yes 2 No	23b. Did 1	Yas 2 No ona) Idence 8 Oth how injury occur (Street and Numb. wm, Stata)	3 Prol 24b. Windows 24b. Windows 24c Annual Security 1 Procedure 24c Annual Security 2	ere autopsy findings allabla prior to mplation of cause deeth? Yas 2 No No No No No No No No No No		
by the funeral director, page 2 should be detached for use as the but iffication: To Be Completed by Physician/Medical		disease or condition resulting in death) Sequentially list confi any, leading to impause. Enter Under Cause (Disease or Inhat Initiated events resulting in death) L. Pert II. Other signification of Death Natural Natural Natural Natural Natural Natural Natural Natural Condition of Death Natural	aditions, madiata lying njury ast Cart conditions Caro Selfa ad to madical No 5 Pending invastigation of datarminate conditions and call not datarminate conditions and call madical executions.	Hospital: 1 Str. 28a. Data of (Month) be 28a. Place buildin	Dua to (or Dua to (or Pua to (or Pua to (or Puath but not rest ER/Outpatier 28b. Time o	nt 3 DOA Contact In a cocurred at the vastigation, in my	26. Place of D than: 4 Nursing ury at ork? Yes 2 No e	23b. Did 1	Yes 2 No s en eutopsy ormad? Yas 2 No ona) Idence 8 Oth how injury occur (Street and Numb wm, Stata) I causa(s) and ma date end place,	3 Prol 24b. Www.co. of 1[nar (Specifiered) ber or Rura annar as s and dua to	ere autopsy findings ailabla prior to mplation of cause deeth? Yas 2 No No No No No No No No No No		
peterly filled in by the funeral director, page 2 should be detached for use as the but edical Certification: To Be Completed by Physician/Medical		disease or condition resulting in death) Sequentially list confi any, leading to impause. Enter Under Cause (Disease or Inhat Initiated events resulting in death) L. Pert II. Other signification of Death 1 Chatural 2 Accidant 3 Suicide 4 Homicide 29e. Certifiar (Check only	aditions, madiata lying njury ast Cart conditions Caro Selfa ad to madical No 5 Pending invastigation of datarminate conditions and call not datarminate conditions and call madical executions.	Hospital: 1 3 and 1 and	Dua to (or Dua to (or Pua to (or Pua to (or Puath but not rest ER/Outpatier 28b. Time o	nt 3 DOA Contact In a cocurred at the vastigation, in my	26. Place of D than: 4 Nursing ury at ork? Yes 2 No e	23b. Did 1	Yas 2 No ona) Idence 8 Oth how injury occur (Street and Numb. wm, Stata)	3 Prol 24b. Www.co. of 1[anar (Specifiered) ber or Rura annar as s and dua to	ere autopsy findings ailabla prior to mplation of cause deeth? Yas 2 No No No No No No No No No No		

DHMH 16 Rsv 6/95

State Registrar

NAME: DerWart, Andrew



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended Item#20b perFH G772 6/15/99 EW Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death 3;55pm June 1999 Clara Ellison 4b. City, Town, or Location of Death 4e Facility Name (If not institution, give street end number) 4c. County of Death Arundy 5 m Burnia Anna Mort If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. March 23, 5. Social Security Number 6 Sev 7. Age (In yrs. last birthday) Birthplace (Steta or Foreign Country) Year) 10M XDF Months 1912 Virginia 214-22-636 Usuel Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Md. Anne Arundel Baltimore 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 939 Victory Avenue 21225 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yaer or Detes: 14. Race - American Indien, Bleck, White, etc. 11. Meritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 Yes 2 No Specify: 3 ₩ Widowed 4 Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Coast Guard Yard Employee Federal Government 17. Father's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) George Powell Haddon Caldona Branham 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stele, Zip Code) Mona L. Skaggs (Daughter 5603 Park Road Baltimore, Maryland 21225 20e. Method of Disposition W☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stete 6/18/99 Haddon Cemetery 6/15/99 Haddonfield, Virginia 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Eurorel Service Licensee Revin E. Ecker 22. Name and Address of Fecility McCully-Polyniak Funeral Home P.A. 23a. Pert1. Enter the disease, or complications thef caused the deefh. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Approximete Intervel Between Onset end Deeth STOKE Immediate Ceuse (Final disease or condition resulting in deeth) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated evants thet initieted evants resulting in death) Lesf Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown n-emia 24b. Wara autopsy findings eveilable prior to completion of cause of death? 24a. Wes en autopsy performed? 1 Yes 2 No 1 ☐ Yes 25 No 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA

Physician /Medical Examiner

Physician

/Medical

Examiner

Directo

Funeral

à

Funeral

Director

mant be n

8

Hygiene. other than "nature ent, the Medical E

permit. Pages 1 and 2 should be filed within 72 it. Department of Health and Mental Hygiene. Important: If New 27 is marked other than any injury or other transmissed other than 2006.

72 hours after

Saltimore, Maryland 21215-0020

68760

Division of Vital Records.

5

this

The law requires that the deeth

or Attending

To the Hospital o within 24 hours aff To the Funeral DI completely filled in

Examiner Physician/Medical by Completed Be To Medicai Certification: After death. after deat

2 Accident

3 ☐ Suicide

29e. Certifier

4 T Homicide

25. Wes case raferred to medical axeminer? 1 Yes 25 No 27. Menner of Death

5 Pending investigation 6 Could not be datarmined

K

30. Name end eddress of person who complated ceusa of death (Itam 23a) (Type, Print)

28b. Time of Injury

28c. fnjury at Work? 1 Yes 2 No 28e. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

28d. Describe how injury occurred

Colan Burnia

17 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner steted. 29b. Signeture and title of corpline

m

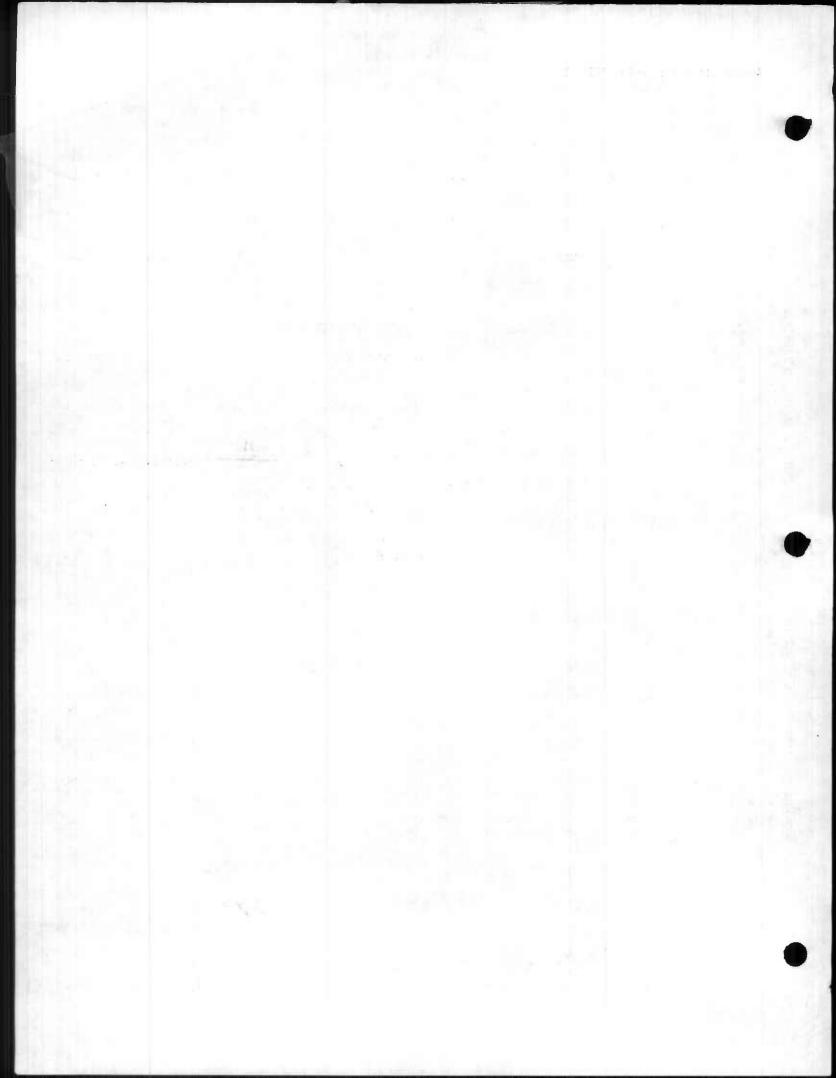
29c. License number

29d. Date signed (Month, Day, Year) June

31. Deta filed (Month, Day, Year)

ORIT 32. Registrer's Signeture

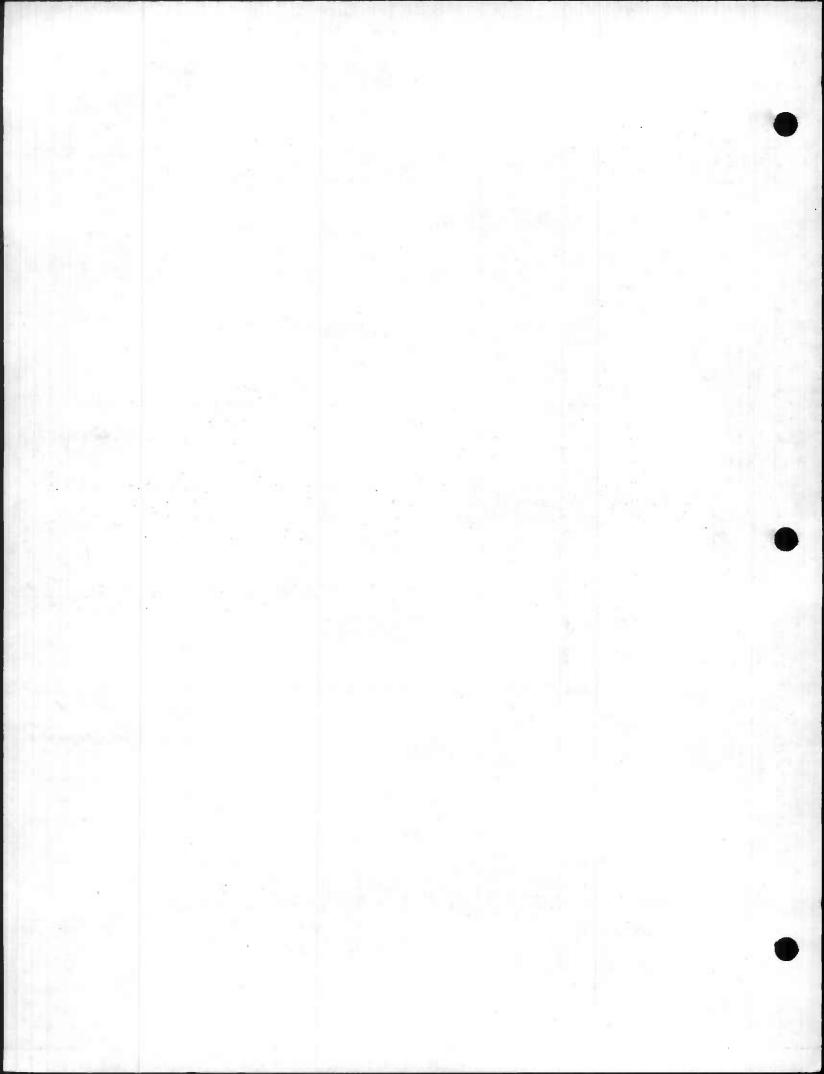
State Registrar **DHMH 16 Rev 6/95**



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 18992

							Cert	ificat	e of	Death			Reg. No.	, 0		
		_	I. Decedent's Name (First, Middle, La	st)								2. Date of De	ath		3. Tin	ne of Death
	Physician /Modica	_	Esther M. Fors	vth								Month 6	Day	year 9	0	152 A
	/Medica Examine		a Facility Nama (If not institution, giv		r)				-11-	4b. City, To	wn, or Lo	ocation of Death		y of Death	1	
			Carroll County G	eneral Ho	spita	11				West	mins	ter	Car	rol1		
	Funeral	5	. Social Security Number 6. S	Sax 7. A	ga (In yrs.			-	1 Year	If Under	24 Hrs.	8. Data of Bir	th	9. Birthol	lace (St	ete or Foreign
	Director	1	216-28-9032 Jsual Rasidanca of Decedant	I□M 2√F	8	35	Yrs.	Months	Days	Hours	Min.	(Month, Da Aug. 9	, 1913	S. D		:a
Jeno	W =	1	10a. Stata 10b. County 10c. City, Town or Location 10d. Inside Cit											le City Limits		
the Men	ed within 72 hours effer deeth with the Meryland yejene. 1, pre Medical Essentials must be notified at Completed by Funeral Director	ector	Maryland Baltimore Hampstead									Wa		Yas 25t No		
eth with			1001A Scarlet Oak Court 21074									U.S.A.				
21215-0020 d within 72 hours efter de		à	1. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	t Ever in U ? I No	r in U,S. 13. Was Decedent of Hispanic Origin? (Sp If Yas, specify Cuban, Maxican, Puarto 1 ☐ Yas 2☑ No Specify:						ecify Yas or No Rican, atc.)	Bla	ce - America ack, Whita, a dy: whi	atc.	n.	
5-0 72 h		2	15. Decedant's Ed	ducation	16a. Decedent's Usual Occupation					t of word	ž.,	16b. Kind of E	dusinass/Inc	dustry		
12		2	(Specify only highest gra Etamantary/Secondary (0-12)	5+)	(Give kind of work done during most of working life. DO NOT use retired)						ing					
2		5	12	01,	Nurse							Sch	001			
	T 7 5 d		7. Fathar's Nema (First, Middla, Last))						18. Motha	r's Name	a (First, Middla,	Maiden Sumai	ma)		
Maryiand	should be and Mentel marked o		Oswald Mauch							Agnes	s Ama	anda Hi	tz			
Shou	T is marke traumatic		19a. informant's Name/Ralationship (Type, Print)		19b.	Mailing	Addrass	(Street				er, City or Town	, Stata, Zip	Code)	
Z 2	473		Mary M. Matthews													
1 and	if of Heel If Item 2 or other	2	Oa. Mathod of Disposition		20b. I			tion (Na		er Koa	10, 1	Millers	20c. Location	- City or To	wn. Stef	a
Baitimore,	ment of ant: If it ury or o		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specification)	y) a	9	cematary	y, crema	atory or o	ther pla	ce)	1					
Bail	permit. Pages Department of Important: If it any Injury or pages.		21 Sonature of Junaral Service Licer Ronald	S. Nade	Direc	tor	St	ate	Ana	_			W. Balt	imore	Str	eet
//	Shape of the control		shock, or heart feilure. List only immediate Cause (Finel disease or condition resulting in death)			Z_ or as a c	conseque	1 4 c	oc A	77	AL Sp	/NF	ARCT7	ON	Onset of	PRS
Box 68760, sath certificeta be executed		Modical Cal	Gequentially list conditions, if any, leading to immediate auses. Enter Underlying Ceuse (Disease or Injury hat initiated events esulting in death) Last	b	Dua to (c	oras a c	onseque	ence of):							70	7 407
m f	attendi for us	5														
P.O.	d by the attend detached for us.	eć	art II. Other significant conditions o	ontributing to death	but not ras	sulting In	the und	derlying o	ausa giv	ven in Part I			tobacco use co Yss 2□No			use of death?
of Vitai Records, Physician: The lew requires th	cate hes been signed by the atterage 2 should be detached for Combleted by Physicia	To not on the											an autopsy rmed?	ava	ailable p	psy findings rior to n of cause
F - 1	s certificate hes director, pege 2 To Be Comp	5										10	Yes 2 No	15	Yas	20 No
<u> </u>	ertifica sctor, p		5. Was case rafarred to medical							26 Piece	of Dogs	h (Check only o	/ 3			7
of Vita Physician:	nis cert direct		exeminar?	Hospitel:	ماله ادد:	ÉR/Out	mations	3 D	Oth	or:			dence 6 □Ot	(0		
O E	rthis prei di		7. Mannar of Death	28a. Data of Inj		28b. T			28c. Inju		-		how injury occu		"	
Division of Attending	wrunt at hours enter that the funeral Director: After the completely filled in by the funeral Medical Certification:		1 Natural 5 Pending invastigation 3 Suicida 6 Could not be	(Month, D	ay Year)	In	ijury	М	10	rk? Yas 2□	No				10-1-	Al E
Div	el Director: led in by the Certifical		4 Homicida detarmined	28e. Ptece of Ir building, e	tc. (Specia	(y)	m, stree	at, rector	y, onice			City or To	Street and Num vn, Stete)	Der Or Hura	7 HOULE	Number,
To the Hospital	To the Funeral completely filled	2	29a. Certifier (Check only one) 1 ★ Certifying Ph. 2 ★ Medical Exam	ysician: To the best ninsr: On the basis of menner s	of examina	wledge, ition and	deeth o	occurred stigation	at tha tir , in my c	me, date an opinion, dee	d place, th occurr	and dua to the red at the tima,	cause(s) end m date and place,	anner es st , end due to	ated.	ise(s)
To the He	To the		9b. Signature and title occertifiar	//				290	. Licens	se number			29d. Date sign	gd (Montty/	Day, Ye	ar)
	W		1 -) 4	Can !	_			3	,	- DA	>	7515	1/	7/9	5	
		-	O Nome and a series			. 07			> ~	> X O	2	Care	DC / 7	100	1	
		3	0. Nema and addrass of person who o		daath (Itar 1 D	n 23a) (1		rint)	- 0	520	74	GENE	RAL	TOSA	77	,
	-01	3	1. Date filed (Month, Day, Year)	32. Regist	7	atura	1 -0	~~			-	00100			1/5	diame.
	State	ľ	11 Suto 1100 (1101117, Day, 10017)		. or o orgine	/	4	/		1						



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Death leyome 4b. City, Town, or Location of Death 4a Fecility Neme (If not institution, give street end number, 4c. County of Death Saltimore Affairs Medical Center - Baltimore N/A exerans If Under 1 Year if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dev. Year) 9. Birthplace (State or Foreign Months Days Hours Min 1**X**M 2□ F Yrs 215-10-9311 82 MARYLAND MAR. 27, 1917 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No GLEN BURNIE ANNE ARUNDEL MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21061 U.S.A. 512 DOGWOOD DRIVE 12. Was Decedent Ever in U,S. Anned Forces? 14 Yes 2 No 194 If Yes, Give Yeer or Dates: 194 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Raca - American Indien Black, White, etc. 1941-1 Never Married 2 Married Specify:WHITE 1 ☐ Yes 2 No Specify: 1946 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) Elementary/Secondary (0-12) SUPERVISOR 6 WESTINGHOUSE 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) KUHN WINTERED COLDEN **JAMES** 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1081 FOXCROFT RUN, ANNAPOLIS, MD. 21401 JANICE BOYETTE (DAUGHTER) 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 Donetico 5 Other (Specify) GLEN HAVEN MEMORIAL PARK 6/16/99 GLEN BURNIE, MD. 4 Donation 22. Name and Address of Facility SINGLETON FUNERAL HOME, P.A., 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 or complete the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete interval Between Onset and Death Immediate Cause (Final Minutes disease or condition resulting in death) Due to (or as a consequence of): weeks MON Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequence of): weeks that initiated events resulting in death) Last Due to (or es e consequence of) 5 5 month P 5 Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evellable prior to 24a. Was an autopsy performed? earl Failure completion of cause of death? 25. Was case referred to medical examiner? 2 8 No 1 ☐ Yes 2 No 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Impatient 2 ☐ ER/Outpatient 3 ☐ DOA 28h. Time of 28d. Describe how Injury occurred 28c. injury at Work?

Examiner the death certificate be executed physician and the burial-transit Division of Vital Records, P.O. Box 68760, as esn ō signed by the a thet The lew requires irector, page 2 s or Attending Physician: director, this funeral After deeth.

after deetl Director:

24 hours after Funeral Dire letely filled in b

within 2 To the

þ Completed Be 2 Certification:

Physician/Medical

Physician

/Medical

Examiner

Funeral

Director

r 28a-f show

"natural", or itema 23a or adical Examiner must be r

Pages 1 end 2 should be filed within 72 hours after onent of Health and Mental Hygiene.
Int: If item 27 is marked other than "natural", or the irry or other traumate event, the Medical Example inty or other traumate event, the Medical Example.

permit. Pages Department of Important: If it any Injury or o

Physician /Medical

Examiner

Director

Funeral

by

Completed

2

death with the Marylend

State Registrar **DHMH 16 Rev 6/95**

1 Yes 2 No 27. Manner of Death 28a. Date of injury (Month, Day Year) 1 Netural 5 Pending Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) end manner es steted. edical 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifie

31. Date filed (Mo

JUN

29c. License number

29d. Dete signed (Month, Day, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, Stele)

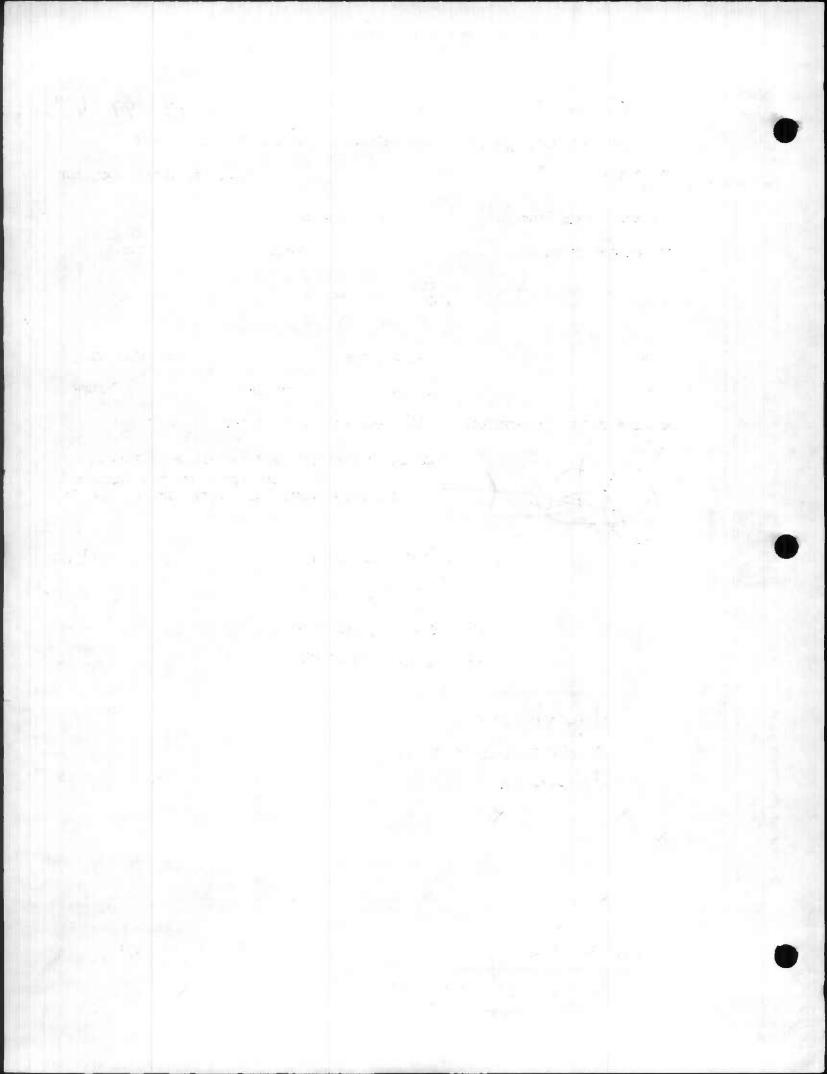
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

1 TYes 2 No

6

VA HOSPITAL, GREENE STREET, BALTIMORE, MD. unawan

32. Registrer's Signate 5 1999

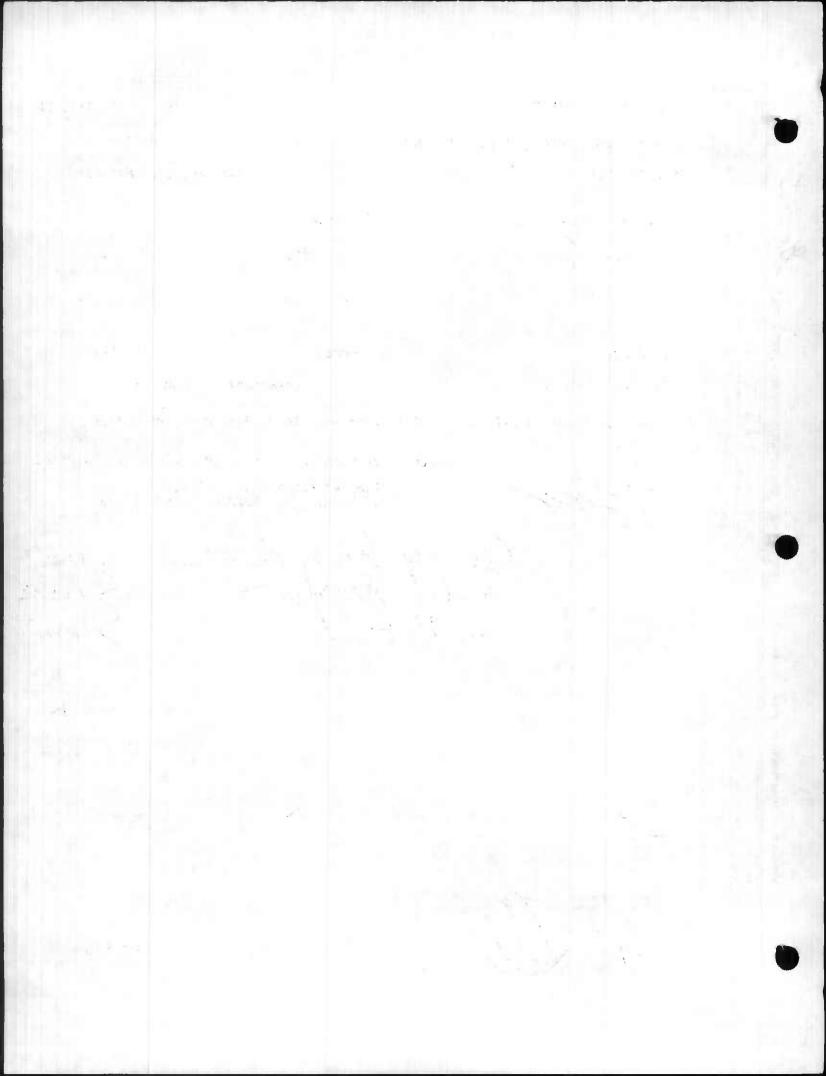


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Marie C. Gerst 1999 1:15 PM June ' /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Manor Care Nursing Home - Ruxton Towson 5. Social Sacurity Number 7. Age (In yrs. lest birthday) if Undar 1 Year if Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) July 10, 1918 6. Sex Birthplaca (Steta or Foreign Country) **Funeral** 1 M 2 M F Months Days Hours 80 Maryland Director 212-12-0201 Usual Residence of Deceden 10a State 10h Counts 10c. City. Town or Location 10d. insida City Limits 1 Yes 2 No Maryland Baltimore Baltimore notifie Directo 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? b r than "natural", or items 23e or the Medical Examiner must be 21236 U.S.A. 4313 Four Mill Road Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 14. Raca - American Indian, Black, White, etc. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) filed within 7 Hyglene. Flementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 7th Grade 18. Mother's Name (First, Middla, Maiden Sumeme) permit. Pages 1 and 2 should be the Department of Health and Mental Hy important; if from 27 is mented oths any injury or other traumatic event. 17. Father's Name (First, Middle, Last) Be Catherine Droll Nunnaman Charles 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 4313 Four Mill Road, Baltimore, MD 21236 Joseph J. Gerst (husband) 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2X Cramation 3 ☐ Ramoval from Stata Green Mount Crematory 6/12/99 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, Maryland 22. Name and Address of Facility
Schimunek Funeral Home, Inc. 21. Signature of Funeral Service Licensee 9705 Belair Rd., Baltimore, MD 21236 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Examiner certificate be executed ician and burial-trens Sequentially list conditions, if any, laading to Immadiate cause. Entar Underlying Causa (Diseasa or injury that initiated evants resulting in daath) Last physician s s the burial-Box 68760 Physician/Medical 88 attending signed by the at d be deteched for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 1 ☐ Yes 2 ☐ No 3 Probably 4 Ninknown þ 24b. Wera autopsy lindings available prior to 24a. Was an autopsy performed? Completed completion of causa of daath? 1 Yas 20 No 1 ☐ Yes 2 ☐ No Division of Vital certifica director. 25. Was case raferred to medical axaminar? Be 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred Certification: 28b. Tima of 28c. Injury at Work? After 1 (Natural 5 Panding investigation death. 1 Yes ne Hospital or Attandi n 24 hours after death ne Funeral Director: A 2 Accidant 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, streat, factory, offica building, atc. (Specify) 2 4 ☐ Homicide To the Hospital or A within 24 hours after To the Funeral Direcompletely filled in b 1 Certifying Physician Total basis of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: In the basis of maminiation and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifier Medical 29b. Signature and title of certifier 29d. Data signad (Month, Dey, Year) 29d Licansa number

State Registrar 31. Date filed (Month Pay, 195) 1999

Ayman Akkad. 7600 Osler Drive. Towson, MD

cause of death (Itam 23a) (Type, Print)



	ART I, II, 27			WR.	Certific	cate of	Death		Reg. No J	185	195	
ian	1. Decedent's Name (First, Middle, Last)							2. Date of De Month	Day	Year	Time of Death	
cal .	MONTE D. GASE							June 10, 1999 10:49 or Location of Death 4c. County of Death				
	4a Facility Name (If n								,			
	Brown 's Mo 5. Social Security Nurr					Pike	Ellicott	8. Date of Bir	Howa		/State or Foreign	
5. Social Security Number 383 44 3456 6. Sex 7. Age (In yrs. last birthday) 15								1 1946	Country) Tex	(State or Foreign		
F	Usual Residence of Do	ecedent 0b. County		100 City	, Town or Location					404 6	nside City Limits	
	Maryland	Howa	rd	Toc. Oity	, Town or Location		lumbia				Yes XXNo	
10e. Street and Number 10f. Zip Code 21045									q			
-	11. Marital Status	72000 10	12 Was Decerions	Ever in U.S	5. 13 Was E	ecedent of		ecify Yes or No		d State		
Armed Forces 1 Never Merried 2 Merried 1 Yes 2 Merried 3 Widowed 4 Merried Yes Options 1 Yes 2 Merried Yes Give				?		specify Cul		arto Rican, atc.) Bleck, White, at			ite	
ŀ	15	5. Decedent's E	ducation		16a. Decedent's	Usuel Occu	upation		16b. Kind of B	usiness/Industr	у	
	Elementary/Second	only highest gradual (0-12)	College (1-4or	5+)	life. DO No	ot use retin		Clothing				
1	17. Father's Nama (Fil	irst, Middle, Last	")				18. Mothar's Nema	a (First, Middle	, Maiden Sumen	na)		
	Manuel			I	Aranda		Gla	adys	М.	Gase		
	19a Informent's Name Ashlee E.							or Rural Route Number, City or Town, State, Zip Code) Ltimore, MD 21221				
	20a. Mathod of Dispos 1 Burial 2 2 4 Donation 5	Cremetion 3 [Removal from Stete	CE	matary, crematory	of Disposition (Nema of tary, crematory or other place) n Mount Crematory 6/1				City or Town, Simore,		
-	21. Signature of Fune	_			CAFA	Step	ress of Fecility ohen D. Lol					
-	23a Parti Enter the	ellest X	Human	of the dooth			en Pastures				21286 proximate	
	23a. Part1. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										rvel Between set end Deeth	
	Immediate Causa (Fir	nel										
	disease or condition resulting in death)		e. ATHEROS		C CARDIOVA		DISEASE			1		
1				550 10 (OF	as a consequence	J 017.				1		
-	Sequentially list condi	itions,	b	Due to (or	es a consequence	e of):						
1	Sequentially list condi if any, leading to imme cause. Enter Underly Cause (Disease or inj	ediate ring ury	C									
	that initiated events resulting in death) Las		J	Due to (or	es e consequance	of):						
			d									
1	Part II. Other significa	ant conditions	contribution to death to	but not ros-	iting in the underly	ing cause =	tiven in Part I	23h DI-	tobacco use co	ntribute to the	cause of dedth?	
l									Yes 2 No	3 Probably		
1	ALCOHOLISM WI	TH PANCRE	ATTITIS AND I	FAITY N	1E I AMORPHOS	15 UF 1	LIVER				, Johnson	
1									en eutopsy ormed?	eveilabl	utopsy findings le prior to	
١										of death	tion of cause	
								15	Yes 2□No	1 EYa	s 2□ No	
4	25. Was case refarred examiner?	to medical	Heavitel.				26. Plece of Deet					
-	1 Yes 2 No 27. Manner of Death)	Hospitel: 1 Inpati			J DUA			idence 6 DOtt		t scene	
1	1 🖾 Natural	5 Pending investigatio	28a. Date of Inju (Month, Da	ay Year)	28b. Tima of Injury M	28c. Inje	ury at ork? ☐ Yes 2 ☐ No	Zou. Describe	how injury occur	n⊌0		
L	2 Accident 3 Suicide 4 Homicide	6 Could not b	28e. Place of In	jury - At hot	me, ferm, street, fe			28f. Location (City or To	Street end Numl	ber or Rural Roo	ute Number,	
			Constitution of	, sp sony,				, 0				
					dedge death con	rrad at the I	time data and place	and due to the	anunala) and m	anner as stated		
	29a. Certifier 1[Certifying Pt	nysician: To the best niner: On the basis o end mennar st	d examineti	on and/or invastig	ation, in my	opinion, daath occurr	ed at tha time,	data and plece,	and dua to tha	cause(s)	
	29a. Certifier 1[(Check only 20	Medical Exar	niner: On the basis o	d examineti	on and/or invastig	ation, in my	opinion, daath occurr	ed at tha time,	data and plece,	and dua to tha	cause(s)	
	29a. Certifier 1E (Check only 20 one)	Medical Exar	niner: On the basis o	d examineti	on and/or invastig	ation, in my	opinion, daath occurr	red at tha time,	data and plece,	and dua to tha ed (Month, Day,	cause(s)	
	29a. Certifier 1E (Check only 20 one)	Medical Example of certifier	niner: On the basis o	of examineti	on and/or invastig	ation, in my	opinion, daath occurr	red at tha time,	data and plece, 29d. Date signe	and dua to tha	cause(s)	

Registrar

JUN 1 5 1999

may be much been for

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 2. Date of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) Day Year **Physician** TIBSON 16:07 1999 JUNK 10 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town or Location of Death 4c. County of Death Examiner BAYVIEW lohns HOPKINS BAUIMORE If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Deys Hours 1 M 2□ F Yrs 244 56 5403 59 Director MAR.11,1940 North Carolina Usual Residence of Decedent the Maryland 10a. State 10c. City, Town or Location 10d. Inside City Limits 10b. County rthan "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at Md. N/A Yes 2□ No BALTIMORE Director 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code with 3803 REISTERSTOWN ROAD 21215 U.S. OF A.

14. Race - American Indian,
Black, White, etc. Funeral daath 12. Was Decedent Ever In U,S. Armed Forces?

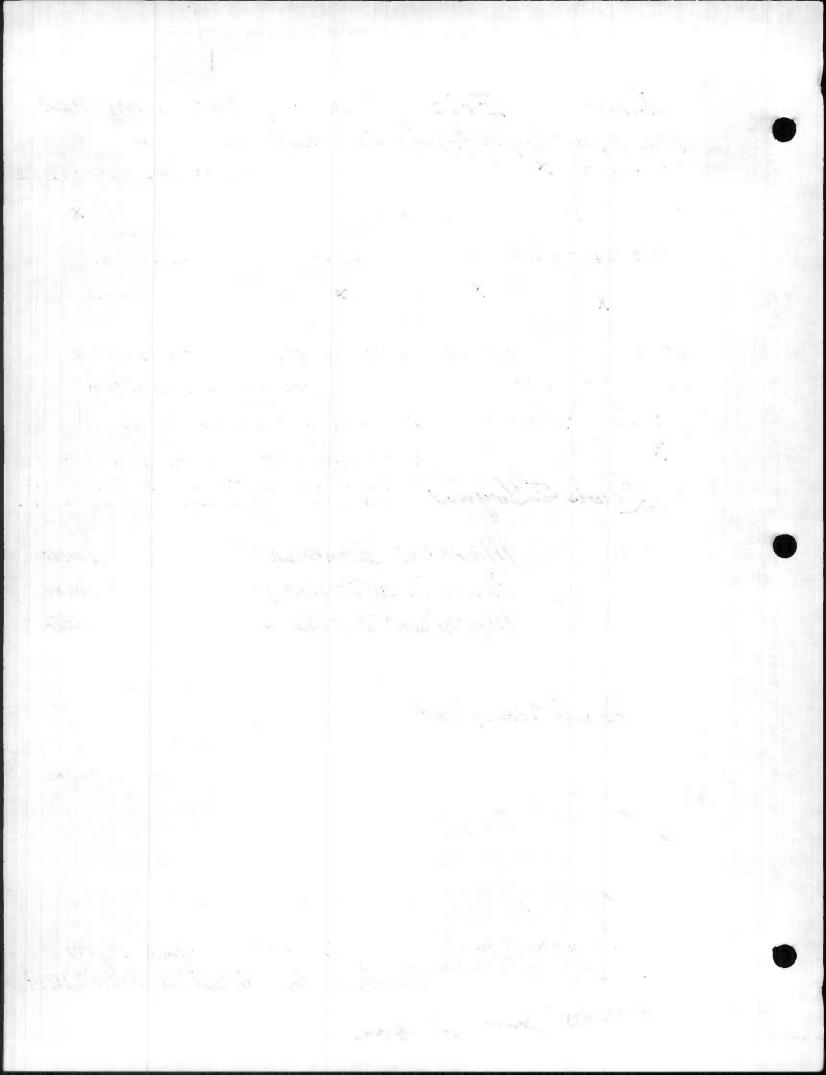
1 Yes 2 No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours aftar Hygiana. 1 Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 No Specify: BLACK Specify: ò 3 ☐ Widowed 4 Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Etementary/Secondary (0-12) Cotlege (1-4or 5+) UNKNOWN UNKNOWN CEMENT FINISHER CONSTRUCTION . Pagas 1 and 2 should be filed w tmant of Haaith and Mantal Hygiei tant: If Item 27 is marked other ti jury or other trsumatic event, In 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be MANNIE NOAH GIBSON ROSA LEE PETERSON GIBSON 19a Informant's Name/Relationship (Type Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) NOAH GIBSON (BROTHER) 107 MEADOWLARK PLACE DURHAM, N.C. 27712 Baltimore, 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State Department of Important: If eny Injury or page. MT. ZION CEMETERY 6/16/99 BALTIMORE - MARYLAND GWYNN 21. Signature of Juneral Service Licens 11 1 S 22. Name and Address of Facility LEWIS T. GWYNN FUNERAL HOME 21215-6393 724 4517 PARK HEIGHTS AVENUE BALTIMORE . MD. 23a. Part1. Enter the disease, or complications that yoused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failure. List only one cause or each line. Approximate Intervat Between Onset and Deeth **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical Examiner Examiner physician and s tha bunal-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last requires that the death certificate be axecu P.O. Box 68760 Physician/Medical Due to (or as a consequence of) attanding pl signed by the a 23b. Did tobacco uss contribute to the cause of deeth? Part II. Other eignificent conditions pontributing to death but not resulting in the underlying ceuse given in Part I. 3 Probably Anknown TRANS PLANT 1 Yee 2 No Records, P 24b. Were autopsy findings available prior to completion of ceuse of deeth? should b 24a. Was an autopsy Completed ata has 2000 1 ☐ Yes 1 Yes 2 No cartificata Division of Vital 25. Was cese referred to medicel examiner? director, Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Aftar this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? Certification: ** Hospital or Am.

** hours after death.

** I Director: After.

** by the fur Attanding 1 Matural 2 ☐ Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 T Homicide To the Hospital o within 24 hours aff To the Funeral Di completaly filled in Certifying Physicien. Let me best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as steted.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. 29a. Certifier edical 29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifier 29c. I Icense number ann 23 30. Name and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print) Rusas JOHNS LVan 31. Date filed (Month, Day, Year) 32. Registrar's Signeture State JUN 1 5 1999 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nema (First, Middle, Last) 2. Date of Death Day **Physician** June 12, 11:15 PM 1999 Lilly May Garber /Medical 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Glen Burnie Anne Arundel Mariner Health of Glen Burnie Hours Min. 8. Date of Birth AUC 1, 1918 5. Social Security Number If Under 1 Year 9. Birthplace (State or Foreign Pennsylvania 7. Age (In yrs. last birthday) **Funeral** 1 M 2 TYF Months Deys Yrs. 214-20-9681 80 Director Usuet Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or itema 23s or 28s-f show ship injury or other traumatic event, the Medical Examinat must be notified at some. 10a State 10b. Counts 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director Glen Burnie Anne Arundel 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7355 Furnace Branch Rd. 21060 IISA Funeral Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, Whita, etc. 12. Was Decedent Ever in U,S. Armed Forcas? 11. Merital Status 1 Yes 2 No If Yes, Give X Year or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 X Widowed 4 ☐ Divorced Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Baker Bakery 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Martha Kittle Guy Tenney 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Rebecca Rossback/granddaughter 1356 Monaco Drive Severn, MD 21144 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☐ Burial 2 MCremetion 3 ☐ Removat from State Metro Crematory, Inc. 6/14/99 Baltimore, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Lights 22. Name end Address of Facility Cremation Society of Maryland, Inc. Molin ! 299 Frederick Rd. Baltimore, MD 21228 Edward A. Gregorchik 299 Frederick Rd. Balti:

23a. Part. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical RESPIRATORY FAILURE Examiner NEUMONIA Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Division of Vital Records. P.O. Box 68760. ARCINOMA Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown py 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy FIBRILLATION 20 No 1 ☐ Yes 2 ☐ No After this cartificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred edical Certification: 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28l. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at tha time, data and place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) DO054288 154288 JUNE 14, 1999 GLEN BURNIE MD 21060 1445 FURNACE BRANCH RU

State Registrar

DHMH 16 Rev 6/95

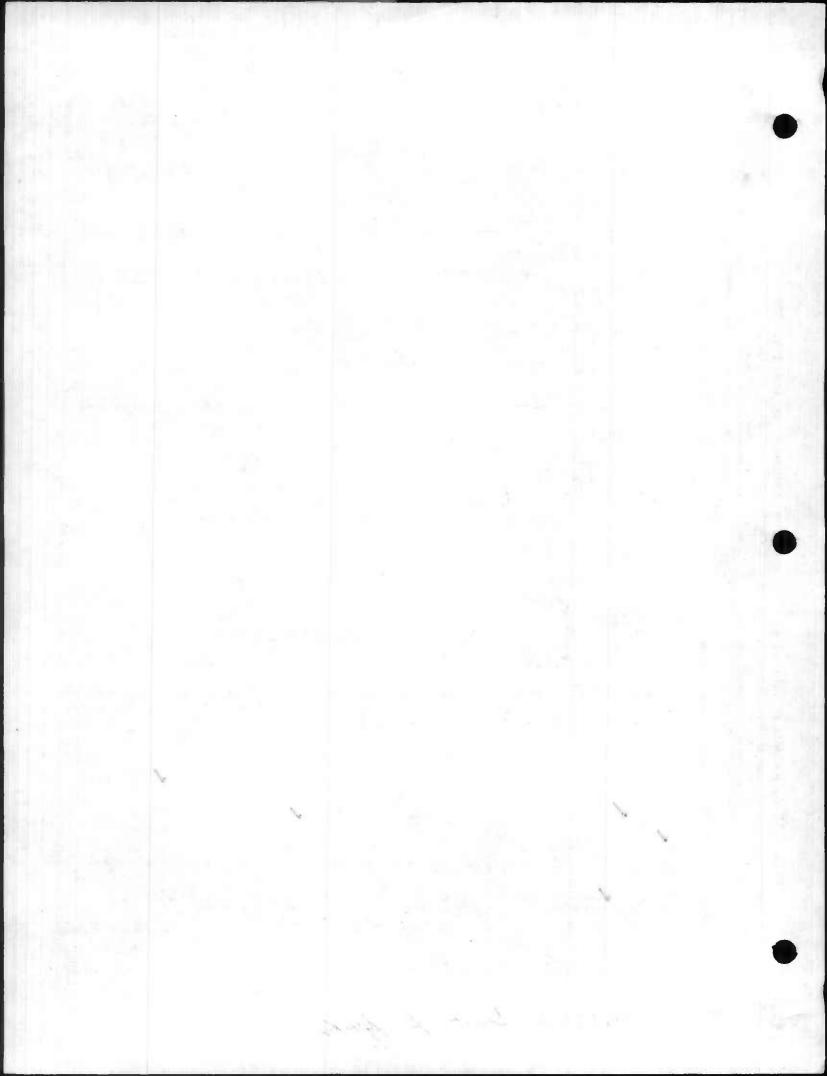
JUN 1 4 1999

RAMASWAMY 31. Date filed (Month, Day, Year)

30. Neme and eddress of parson who completed cause of death (Item 23a) (Type, Print)

32. Registrer's Signature

RANGARAJAN



99-3354-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. jhm State of Maryland / Department of Health and Mental Hygiene **JAMES** Certificate of Death 908 Reg. No. TYDIE 1. Decedeni's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death JUNE 13, **Physician** 1999 James Edward 08:10 AM Harley, Jr., /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SINAI HOSPITAL BALTIMORE n/a | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | July 17, 1 6. Sax 1 M 2 □ F 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1958 Director 212-70-5831 40 Maryland Usual Rasidence of Decedent the Maryland 10a. Steta 10b. County 10c. City. Town or Location Show 10d. Inside City Limits r than "natural", or frame 23a or 28a-f sho the Madical Examiner must be notified at XXYas 2 No Director Baltimore n/a 10e. Street and Number 10f, Zip Code 10g. Citizen of What Country? 2902 Rock Rose Avenue 21215 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yas 2 ☐ No Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 72 hours after Never Married 2 Married 21215-0020 If Yas, Giva Year or Datas: 1977 1 Yes 2 No Specify: Specify þ 3 Widowed 4 Divorced Black Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry I Hygiene. Elemantary/Secondary (0-12) Collega (1-4or 5+) permit. Pages 1 and 2 should be filed will Department of Health and Mental Hyglen, Important: if item 27 is marked other tha any lnjury or other traumatic avant, ma. DRGs. Plumber Farnen & Dermer, Inc. Baitimore, Maryland 18. Mothar's Name (First, Middle, Maiden Sumama) 17. Fathar's Nama (First, Middla, Last) Be James E. Harley, Sr. Mamie Burns 19e. Informent's Name/Ralationship (Type, Print) Father 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) James E. Harley, Sr. 2902 Rock Rose Avenue Baltimore, MD 21215 20e. Method of Disposition
1 Disposition 3 Removal from State 20b. Place of Disposition (Nama of cematery, cramatory or other place) Data 20c. Location - City or Town, Stata 4 ☐ Donation 5 ☐ Other (Specify) Garrison Forest Veteran | June 21 Owings Mills, MD of Funeral Service 22. Nama and Address of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls Pkwy
Baltimore, MD 21216

23a. Part1. Enter the disaasa, or complications that capsed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on even line. Approximata Intervel Between Onset and Death Physician /Medical Immediata Causa (Final diseasa or condition rasulting in death) **Examiner** Due to (or as a consequence of) Examiner physician and the burial-transit certificate be executed Sequentially list conditions, if sny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last Dua to (or as a consequence of): Box 68760 Physician/Medical Due to (or as a consequence of) for use as P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 20 No 1 Yes 3 Probably 4 Unknown should be detr Records. by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 Yes 2□ No 2 No Division of Vitai Attending Physician: director 25. Was casa raferred to medical 26. Place of Death (Check only ona) Be 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) Certification: To 1 ☐ Inpatient 2 ☐ 5R/Outpatient 3 ☐ DOA funeral 28a. Date of Injury (Month, Pay Year) 27. Mennar of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurre After 5 Panding 1 Netural 8 after death. 1 Yas investigetion 755 2 Accident 6 Could not be detarmined 3 Suicide 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) (Street and Number or Rural Routa Number, own State) 28f. Location 2 ŏ 2. 1010 24 hours To the Hosp within 24 hou To the Fune completely fil 29a Cartifler 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. Medical Modical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signet the and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) OCME JUNE 14, 1999 ss of person who completed cause of death (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

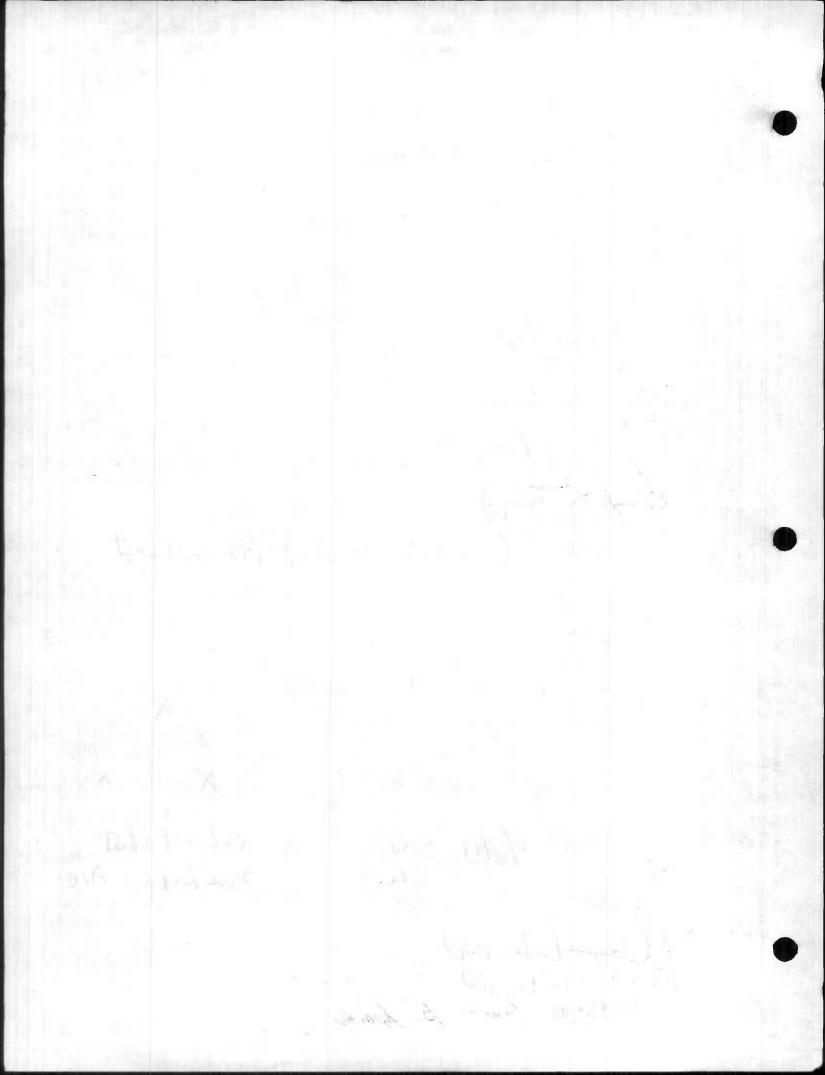
974 6+1

Registrar

State

JUN 15 1999

Registrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month 3. Time of Deeth A . HARTMAN 3:15 PM TUNE 10 1999 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth COLONIAL MANOR ANNAPOLIS AN If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) ANNE ARUNDLE 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) 6. Sex Birthpleca (State or Foreign Country) 1 M 2 F Months Days Yrs. 215-10-1456 JULY 17, 1912 MD Usual Residence of Decedent 10e. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 Yes 2 TNO MD ANNAPOLIS ANNE APUNDLE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? STREET 1313 WEST 21401 U.S.A 11. Maritel Status 12. Wes Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispenic Orlgin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: 3 Widowed 4 □ Divorced WHITE 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 13 JUHNS HUPKINS RECEPTIONIST 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) W. LINTHICUM FUDRENCE JONES 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) JOYCE HELVESTON DAUGHTER 1010 MT. HOLLY DR. ANNAPOLIS OLIS MD 21401 20c. Location - City or Town, Stete 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e, Method of Disposition Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from Stata JUNE 14 4 ☐ Donetion 5 ☐ Other (Specify) MOREUAND MEM. PARK 1999 PARK VILLE, MD. 22. Name and Address of Fecility EVANS CHAPEL OF MEMORIES 21. Signature of Funeral Service Licensae 8800 HARFORD RD. PARKVILLE, MD. 23e. Pert1/Erker the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiac or respiratory arrest, shock, or heer failure. List only one cause on each line. Immediate Ceuse (Final disease or condition resulting in death) mentica Due to (or es e consequence of): Sequentially list conditions, if eny, leading to immediata cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Dua to (or as a consequence of): Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dld tobacco use contribute to the cause of death? 1 Yes 25 No 3 Probably 4 Unknown 24b. Were eutopsy findings evellable prior to completion of cause of death? 24a. Wes en eutopsy 1□ Yes 2☑No 1 Yes 2 No 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28e. Dete of Injury (Month, Dey Yeer)

Physician /Medical Examiner

The law requires that the death certificate be executed

o

۵

Division of Vital Records,

Examiner and the burial-tran physician

Physician

Examine

Funeral

Director

must be notified at

Hems ?

6

'natural'

i Hygiene.

. Peges 1 and 2 should be fit ment of Health end Mentel Hant: If item 27 is marked oth jury or other traumatic even th end Mentel h

permit. Pege Depertment of Important: if any injury or once.

other traumatic event.

The Medical Examiner

Director

þ

Completed

Be 2

with the Maryland show

filed within 72 hours efter

21215-0020

Baltimore. Maryland

/Medical

Physician/Medicai þ Completed Be 2

27. Menner of Deeth

1 Neturel

2 Accident

3 Sulcide

29a. Certifian (Check only one)

4 - Homicide

signed by t director, funeral Certification: s after dea.

Medicai

this certificate

After

or Attending Physician:

Hospital 24 hours 24 hours a

To the To the To the

State Registrar 29b. Signeture and title of certifier ma Wall

5 Pending invastigation

6 Could not be determined

29c. Licanse number

28c. Injury et Work?

1 Yes 2 No

1 Certifying Physicien: To the best of my knowledge, death occurred et the time, date and piece, and due to the cause(s) end menner es steted.

2 Medical Exeminer: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner stated. 29d. Date signed (Month, Day, Yeer)

JUNE 14 1999

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

28d. Describe how Injury occurred

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

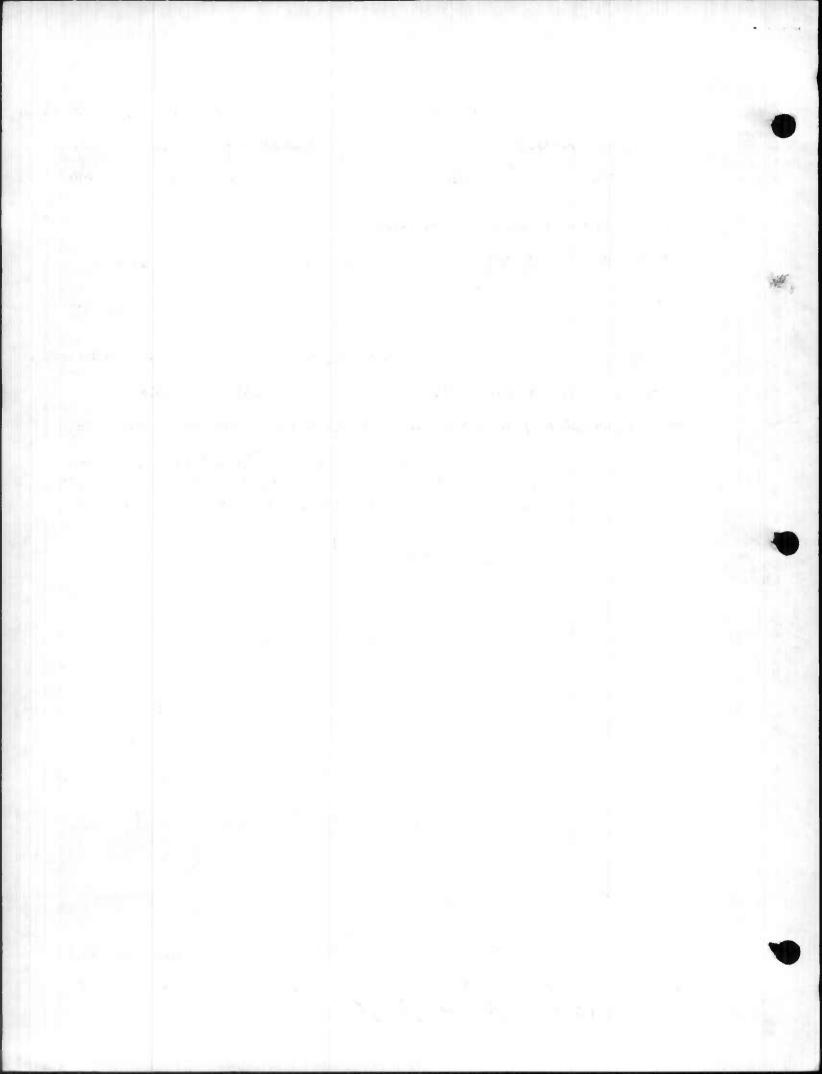
DABBS, WILLIAM 31. Date filed (Month, Day, Year)

JUN 1 5 1999

17 DEFENSE HWY. ANNAPOLIS , MD. MD. 32. Registrer's Signeture

28b. Time of

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Deta of Deeth 3. Time of Death 1. Decedant's Nema (First, Middle, Last) Irene Hardin June 4b. City. Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, giva street and number) Medicino Paton 1more niv Birthplece (State or Foreign Country) M D 5. Social Security Number Deys Hours Min 1 M 2 F 220-66-5243 Usuet Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ¥ Yas 2 No Baltimore 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 21202 USA 1830 St. Paul Street Apt. #101 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 23 No If Yas, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indian Black, Whita, etc. 1 Navar Married 2 Married 1 Yas 2 KNo Specify: Specify: Black 3 Widowed 4 Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) Laborer various trades 10th Grade 18. Mothar's Name (First, Middle, Maidan Sumeme) 17. Fethar's Neme (First, Middle, Last) Clarence Hardin Mary Saunders 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 21225 19e. Informant's Name/Relationship (Type, Print) 2714 Bookert Drive Baltimore, Maryland Cherry Ann Mary 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition Burial 2 Cramation 3 Ramoval from Steta Voshell Mem.Gardens 06-17-99 Dundalk, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility Baltimore, Maryland 21202 WM.C. March FH 1101 E. North Avenue 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errast, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onsat and Deeth End stage acquired minune deficiency. Due to (or as e consequence of). Synchronic. Immediate Ceuse (Final disease or condition resulting in deeth) Endocardites 2 weale Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequence of): Dua to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? Pert II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 3 Probably 4 Unknown 1 Yes 2 No 24b. Were eutopsy findings available prior to 24a. Wes an eutopsy completion of cause of deeth? 1 Yes 2 No 1 Yas 2 No 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1 Inpatiant 2 ER/Outpetient 3 DOA

28d. Dascribe how Injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29d. Date signed (Month, Day, Year)

June, 11, 1999.

Physician /Medical Examiner

Physician

/Medical

Examiner

10a. State

Director

Funeral

by

Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Exercitys must be realled at

12 should be filed within n and Mantel Hygiene.

Pages 1 end 2 nent of Health a ant: If Itam 27 Is

0

the Marylend

daath

IRene Hardin

Examiner Physician/Medical

physicien and the bunal-transit as 980 e datached Sign Pe certificate has t irector, page 2 s this funeral

þ

Completed

Be

2

Certification:

Medical

27. Manner of Deeth

1 Natural

2 Accident

3 ☐ Suicide

29e. Certifier

4 Homicide

(Check only one)

cartificata be axecu Division of Vital Records, P.O. Box 68760 eftar deeti Director: ò 24 hours e To the Hosp within 24 ho To the Fune completely fi

> State Registrar

31. Date filed (Month, Day, Year) 1 5 1999

29b. Signatura and title of cartifier

32. Ragistrer's Signeture

28e. Dete of Injury (Month, Day Year)

and menner steted.

28c. Injury at Work?

12 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete and place, end due to the cause(s)

29c. Licansa number D 3497 4

1 Yes 2 No

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

CHARL MEHTA, MD. 8775 cloud leap ct, #224, columbia, MD21045-

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

5 Pending Investigation

6 Could not be determined

Christano

